Appendix 1

Closure report on Care Leavers Improvement Plan

July 2020

Introduction

Following a Focused Visit on the issue of Care Leavers by Ofsted in November 2019, a Care Leavers Improvement Plan was put in place to respond to the four recommendations:

- Consistency in timeliness and quality of pathway plans
- Case recording including records of visits to care leavers, supervision records and management oversight and the management rationale for case closure
- Audit arrangements to consider the quality of work with care leavers
- Risk assessments to articulate measures to address and minimise risk

This paper confirms that all actions have been completed. There will be continuous quality assurance activity in all areas going forward to ensure the progress made is sustained.

Confirmation of action undertaken and the impact for children and families is set out for each improvement area below.

Recommendation 1: Consistency in timeliness and quality of pathway plans

Objective A: Timeliness of pathway plan completion and review is consistently above 90%, measured by 90% in April, May and June 2020.

Evidence of key actions completed

Previous staffing challenges were overcome by increasing the number of permanent Personal Advisers (PAs) and both Team Managers being in permanent roles. This has resulted in robust management oversight on timeliness of pathway plans; managers have used the pathway plan authorisation process to regularly feedback to PAs on the quality of their pathway plans and rejected some where the quality had fallen short of expectations. Regular workshops took place on pathway plans emphasising timeliness and quality. Using management information, both Head of Service (HoS) and the relevant Service Manager have closely monitored performance with Team Managers and identified PAs who required additional support.

Evidence of impact.

Pathway plan case audits and feedback from PAs and managers demonstrate a good understanding that pathways plans must be updated as a result of a significant change in circumstances and at the minimum requirement of six-monthly intervals.

In December 2019, timeliness of pathway plans was 84%. This increased to 91% in March 2020 and 95% at the end of June 2020. Managers in the service are aware of the small number of young people whose pathway plans are not up-to-date and the reasons for this.

Findings from thematic audits in July 2020 in relation to the quality of pathway plans evidence that pathway plans were timely in 94% of cases. The audit findings show that plans were reviewed if there were significant changes in the young person's life.

Objective B: All personal advisers, social workers and frontline managers in LACP receive training on SMART pathway planning for care leavers

Evidence of key actions completed

5 workshops have been offered to all PAs, SWs and managers in the Looked after Children and Permanency Service. 38 members of staff including all PAs in the leaving care teams attended. Workshops focused on the quality of pathway plans, SMART pathway planning and recording.

Evidence of impact

Feedback from participants has been positive and the recent audit findings have evidenced a good understanding of pathway plans from practitioners evidenced on case files. Regular workshops on pathway plans will continue as refreshers on a quarterly basis.

Objective C: Quality of pathway plans is improved to be consistently good

Evidence of key actions completed

A number of quality assurance activities were put in place to ensure there was consistency of good quality pathway plans:

- LAC Tracker Audit activity led by the HoS took place in February 2020 focusing on the quality of pathway plans using a targeted 'pathway plan audit form'. 12 pathway plans were audited. Findings have been shared with Leaving Care Teams and managers provided feedback to PAs in their supervision. Findings were used to shape delivery of workshops to PAs on pathway plans. Learning was also shared within the LACP Management Team.

- In July 2020, The Safeguarding and Quality Assurance Service led audit activity that reviewed the quality of pathway plans. 13 audits were completed.

- Additional activity by Leaving Care Team Managers audited 17 pathway plans and reported to the HoS.

- Managers' regular reviews and sign-off activity. Both Team Managers continue to scrutinise the quality of plans when their authorisation is required. They have placed a case note on Mosaic when authorising plans. Good examples of plans have been shared in both teams and also used in workshops offered to PAs and SWs.

- Achieving consistency in the quality of pathway plans has been a target for all PAs in their annual appraisals.

Evidence of impact

Findings from both the LAC Tracker audit in February, the thematic audits in July 2020 and audits by team managers in relation to the quality of pathway plans evidence impact as follows:

- Improved efforts from PAs to engage young people and encourage co-production of pathway plans.
- Majority of pathway (75%) plans were graded as good by thematic casefile audits in July 2020.
- Voice of young people was clearly recorded, mostly in the first person.
- Pathway plans show evidence of a good relationship between young people and their PAs.
- Improved management oversight, supervision and guidance that improved the quality of pathway plans.
- Evidence of more analysis within pathway plans.
- Language is clear, simple and jargon-free in majority of plans.
- Plans are mostly realistic and appropriately ambitious.

Whilst the audit indicated improved practice, it highlighted the need for continuous improvement in consistent analysis of needs, reducing duplication in recording and evidencing direct work undertaken by the PAs. These areas were subsequently focused on for further improvement and formed the content of workshops and managers' conversations with PAs.

Recommendation 2: Case recording including records of visits to care leavers, supervision records and management oversight and the management rationale for case closure

Objective A: Case recording to be improved including recording of direct work with young people and all forms of communication such as text messages, photos and videos on MOSAIC.

Evidence of key actions completed

- Learning and Development Programme for PAs was revised to include case recording and analytical report writing in December 2019.
- PAs were included in a CYP Learning and Development Programme to improve writing and recording skills.
- 5 Workshops (3 virtually conducted) for staff to focus on improving case recording including one workshop taking place at the LACP Staff Forum in January 2020. All PAs have attended case recording workshops.
- Management meetings and supervision sessions focused on improving the quality of case recordings.
- LAC Tracker audit in March 2020 focused on the quality of visit records for LAC and care leavers. In total case records of 17 LAC and care leavers (9 LAC and 7 care leavers) were audited.
- Thematic audit activity in July 2020 included a section on reviewing the quality of case recording.

Evidence of impact.

Feedback gathered from practitioners who attended the workshops demonstrated that they were impactful. Team managers reported that they started to see more direct quotes from

young people being used in case recording and duplication in records has decreased with case recordings being more purposeful.

Findings from the Thematic Audit in July evidence improvement in case recording. In 94% of cases audited in July, use of language was appropriate. More than half of the cases audited had good quality case recordings.

Whilst improvement has been observed in the quality of case recording, in some cases, text messages and emails were not always recorded on the file. This area will need further focus. Additionally, work is underway to upskill PAs in critical thinking and recording analysis.

Objective B: Supervision records to be improved to include clear management oversight and reflection on progress made in each case and guidance for practitioners.

Evidence of key actions completed

- Workshop with front line managers took place on 27th January 2020 including providing examples of good quality supervision records.
- LAC Tracker audited the quality of case management supervision including recording of supervision. 16 cases of care leavers were audited.
- HoS and three Service Managers in the LACP observed 3 sessions of supervision each (12 supervision sessions in total) in February 2020 and provided feedback to both supervisors and supervisees. Senior managers also reviewed the case recording of the sessions observed and provided feedback to managers on the quality of recording.

Evidence of impact.

LAC tracker audits and observation of supervision evidence the following:

- In over 90% of all cases considered there was clear management oversight and grip.
- Improved practice around reflective supervision with managers appropriately steering the discussion
- Improved picture in relation to previous actions being reviewed
- Auditors and supervisors were able to get a good sense of the young person's lived experience

Additionally, findings from thematic audits undertaken in July 2020 show impact in this area as follows:

- Management oversight was present in almost all cases (94%) reviewed; there was evidence of regular purposeful supervision
- In the majority of cases audited (74%) the quality of case supervision and management was graded as 'good' or 'outstanding'.

Whilst, consistent improvement has been evident, more work is required to achieve greater consistency around recording of supervision which should evidence reflective discussions taking place in supervision.

Objective C: Management rationale for case closures are recorded in a timely way. Care leavers are provided with the rationale for case closures and their feedback is recorded.

Evidence of key actions completed

- Complaints reports and feedback from young people have been monitored regularly by the HOS for LACP.
- All case closures have been reviewed by the relevant Service Manager prior to case being closed to ensure adherence to Brent's practice guidance for social workers and personal advisers.
- The HOS undertook audit activity on all cases closed over a 3-month period in April 2020.
- Thematic audit on care leavers undertaken in July also audited closed cases.

Evidence of impact.

No complaints were received from care leavers regarding case closure since December 2019. Findings from the HoS audit activity show that in all cases, case files included evidence of case closures being discussed with young people whose views were recorded clearly. Management rationale was evidence on those casefiles. Findings of the thematic audit in July 2020 evidence the above. Two closed cases were audited and one of them was graded as 'outstanding'.

Objective D: Visits to care leavers are purposeful and recorded to reflect lived experiences of young people.

Evidence of key actions completed

- Leaving Care Team Managers and the Service Manager undertook deep dive checks to review quality of leaving care visits in March 2020.
- Planned practice observations had to be postponed due to the Covid-19 outbreak. In its place, an audit of quality of visit records was conducted on 26th March 2020 at the LAC Tracker. Findings were shared with all managers and practitioners. As a result of these audits and feedback from sessions with all managers, HOS and Service Managers have prepared 3 pieces of guidance for SWs and PAs when visiting LAC and care leavers:
    1) Practice Guidance for Personal Advisors Visiting Care Leavers who are Parents
    2) Case recording Guidance for SWs Visiting LAC
    3) Case Recording Guidance for PAs Visiting Care Leavers.
- Additionally, workshops on the quality of case recording focused on improving the quality of visit recording.

Evidence of impact.

The LAC Tracker audits and managers deep dive checks show an improvement in visits records, most evidencing young people's voice, lived experiences and present issues. Almost all visits were purposeful and timely.

Findings of the thematic audit in July 2020 evidence the above; in the vast majority of cases (64%) visit have been recorded as good. However, audit activity also shows the need to create greater consistency in content of visit records, which remains an area the Service will continue to work on.

Recommendation 3: Audit arrangements to consider the quality of work with care leavers

Objective A: LAC Tracker Meeting TOR to be reviewed with the view to include ILACS grading.

Evidence of key actions completed

- TOR for the LAC Tracker has been reviewed and updated to reflect a greater focus on quality of practice.
- An overview report of the LAC Tracker feeds into the Quality Assurance and Performance meeting on a 6-monthly basis to triangulate findings and plan service improvement actions. First report was in April 2020 reflecting October 2019 to March 2020 activity.
- All Case Reviews and minutes of the meetings from September 2019 onwards have been shared with Safeguarding and Quality Assurance Service.
- Due to the narrow focus on specific themes being audited, it was agreed that a narrative grading/judgement based on ILACS criteria was more appropriate for this QA activity instead of actual grading.

Evidence of impact.

Feedback from LACP managers and PAs is positive about the learning coming out of the LAC Tracker audits that now have a specific focus on practice.

Objective B: CYP Quality Assurance Activity to include targeted audits of work undertaken with care leavers.

Evidence of key actions completed

The departmental audit programme included care leavers on a consistent basis from December 2019 onwards. The 2020/21 audit programme was revised and it includes targeted practice improvement work relating to care leavers.

Evidence of impact.

The Annual Quality Assurance Activity Report 2019/2020 included specific sections on audit activity relating to care leavers. In July 2020 thematic audit activity focused on all areas of practice requiring improvement as highlighted by the Ofsted Focused Visit. A Service Manager from the Safeguarding and Quality Assurance also attends the LAC Tracker

Objective C: Case transfer audits, completed by team managers to include practice grading with feedback provided to the social worker and manager.

Evidence of key actions completed

- Revised template developed and guidance provided to those completing transfer audits. Case transfer audits have been discussed at the LACP full management meetings with all team managers. Revised draft check list and guidance have been shared with team managers.
- The revised template includes a narrative judgement and rationale based on the ILACS framework rather than an actual 'indicative grading'.

- In March 2020 audit activity was undertaken by LACP Service Managers on case transfers.

Evidence of impact.

Findings from the case transfer audits show that transfer audits take place and this is helping cases transferred to Leaving Care Teams in an up-to-date manner. This has also increased dialogue between sending and receiving managers that has improved joint working arrangements.

Recommendation 4: Risk Assessments to articulate measures to address and minimise risk

Objective A: The Vulnerable Adolescents Risk Assessment tool is in place to define, measure and mitigate risk factors for young people as needed (i.e. custody releases, young people placed out of borough, gang affiliations, etc.).

Evidence of key actions completed

- Both Leaving Care Teams have started to utilise the established Vulnerable Adolescents Risk Assessment (VARA) as a tool when working with care leavers at risk.
- PAs were supported by a Social Work Practice Consultant (SWPC) whose role is to develop practice and staff in relation to vulnerable adolescents and transitional safeguarding.
- All PAs were provided with training on VARA in February 2020. Additionally, 10 PAs were provided with one to one training on the VARA by the SWPC.

Evidence of impact.

PAs and managers provided feedback to senior managers attending team meetings that the introduction of the VARA has supported their understanding of transitional safeguarding. They stated that they are now able to better understand the young person's own views on levels of risk and safety strategies.

Thematic Audits in July reviewed

- In majority of cases audited (62.5%) the quality of VARA was judged 'good' or 'outstanding'. The audits have evidenced a more common use of VARA as a tool to assess and mitigate risks.
- The form is also used to appropriately refer cases to multi-agency risk panels (CEMP or Violence and Vulnerability Panel).

Whilst VARA has been introduced and is being used in the majority of cases, the audits identified the need for further training for PAs around building analysis and critical thinking, understanding change and recognising risk patterns. Work is underway to start in September 2020.

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