

# Corporate Parenting Panel report



8 December 2021

## FOR INFORMATION: THEMATIC AUDIT REPORT - PATHWAY PLAN

Report sponsor	<b>Sophie Marshall</b> Head of Safeguarding and Quality Assurance
Report author	<b>Phil Roberts</b> Safeguarding Improvement Officer

Exempt / confidential / not for publication	<b>No</b>
Council Plan reference	<b>Ref number / Not in Council Plan</b>
Wards affected	<b>All wards / list individual wards</b>

The Audit outcome and resultant recommendations are detailed below in response to the action arising from the Corporate Parenting Panel meeting held on 22 June 2021.

Feedback from the Thematic Audit Report - Pathway Plan prepared by Safeguarding and Quality Assurance.

The resultant work from this Audit and the recommendations will be reviewed in January 2022 to ensure completion by the Head of Safeguarding and Quality Assurance. The work will also remain as part of the Audit cycle undertaken by the Quality Assurance service within Children's Services.

## Thematic audit report - Pathway Plans

### What's working well?

#### Recording

Many of the records audited tell the story of the case. Case summaries were almost all up to date and contained relevant information outlining the position and progress of the young person.

#### Planning

Young people's eligibility for services are appropriately applied. Most pathway plans are reviewed, were up to date and included relevant actions. Planning for where the young person will live, managing their finances, contact with family and hobbies is good. For SEND cases appropriate referrals to adult services have been made.

Developing skills for living independently are well considered. In instances where scores were lower this related to young people not always wanting to do things (e.g., regularly preparing their own meals) despite workers encouraging them to do so.

Plans are regularly reviewed, at least every 6 months or when a change in situation requires.

#### Management oversight

Manager's oversight of plans was generally clear. However, in some instances comments were not added when plans were signed off – this is an area for improvement.

#### Work with young people

There is evidence of young people being involved in developing their plans. Parents/Carers are also included in line with young people's wishes. Advocacy is made available where young people require it both through the commissioned advocacy service and by professionals identified by the young person.

Young people are generally seen alone on visits. But in some instances, this is not happening regularly. The purpose for visits is clear in almost all cases.

#### Multi-agency working

Input from other agencies in preparing the pathway plan is clear. Personal Advisors actively seek updates from other agencies to ensure their work with the young person is being progressed.

#### Outcomes

The majority of cases evidence good outcomes for the young person. In a small number of instances these could be recorded more clearly.

### What are we worried about?

#### Recording

Some areas of case recording were weaker. Case closure records reviewed were too brief and needed to be fuller. Some case summaries had gaps in relevant historic information. There is a mixed quality of chronologies. This relates to the need to bring the chronology up to date and review to ensure the correct information is included.

## Planning

Some pathway plans are not up to date, fully completed and signed off. They are either in draft and overdue or elements have not been updated e.g., timescales referring to actions from the previous plan revision.

A small number of pathway plans did not include sufficient detail in relation to health needs. For one young person who was pregnant it was the view of the auditor that further consideration should be given to developing their independent living skills as a parent.

In some cases, plans did not express clearly enough contingency plans if the plan was not working.

While it is evident discussions are being held with the young person involving extended family and friends in the planning process this is not always clearly and comprehensively recorded.

## Management oversight

There are several cases where recording of supervision lacks sufficient detail and, in some instances, reflective supervision is limited or not recorded. There are also some gaps in supervision in some cases.

Additionally, there is not sufficient evidence that supervision rigorously and explicitly progresses the young person's pathway plan.

## What needs to happen?

Action	Who	By when
PAs to ensure closing summaries include sufficient detail. If required a practice standard to be developed and shared within the team.	PAs / Team Manager	End July 2021
PAs to ensure chronologies are regularly updated in line with practice expectations. Managers to consider any training needs in relation to chronologies for individual workers.	PAs / Team Manager	September 2021
Allocate a monthly team audit day to look at case summaries with a focus on ensuring relevant historic information is included.	Team Manager / Linked IRO	September 2021
Team meeting to consider reasons health information not always being included in sufficient detail and when pathway plans are signed off managers to ensure all health needs are fully incorporate.	Team Manager	August 2021
Team meeting to consider expectations and how to record contingency plans effectively pathway plans.	Team Manager	August 2021
Managers to ensure they comment on plans when signing of reviews.	Team Manager	Immediate
PAs to ensure outcomes for young people are explicitly recorded in all cases.	PAs	August 2021
Supervision needs to happen in line with expectations for all cases and recording needs to be sufficiently detailed. Supervisors to prioritise attending planned supervision training in July 2021.	Team Manager	July 2021
To ensure gaps in supervision are addressed the Head of Service should have regular reports to hold managers to account on timeliness.	Head of Corporate Parenting	June 2021

A meeting is planned in January 2022 to review completion of tasks.