

Herefordshire Children's Safeguarding Social Work Self-Assessment to end of September 2020/2021

Overview: - (Chris Baird Director for Children and Families)

Herefordshire children's safeguarding self-assessment has been produced to broadly reflect the child's journey across service areas. It also incorporates reflections on quality assurance, performance management, systems and development and workforce including recruitment and retention.

The self-assessment is updated on a quarterly basis with each head of service/service manager taking an active role in producing the assessment for their area. This continues our approach of developing our performance management culture. This self-assessment is up to the end of the second quarter for the 2020/21 financial year.

The impact of COVID19 has been significant over the period. National guidance has been followed and in some areas Herefordshire has adopted a COVID19+ approach in relation to public and staff safety. Staff have contributed significantly to the response to COVID19. Visits to vulnerable children and families have continued where necessary with use of PPE and following local and national guidance. The council continues to review our approach to service delivery and staff safety and wellbeing; staff have in the main been working from home.

Herefordshire has been rated as requiring improvement for overall effectiveness by Ofsted in the 2018 inspection of local authority children's services. Within this the experiences and progress of children who need help and protection and the experiences and progress of children who need help and protection were judged as requiring improvement. The impact of leaders on social work practice with children and families was judged inadequate, overall in not securing an environment within which good quality social work can flourish, whilst recognising that some areas had improved since the last inspection insufficient progress had been made in a number of key areas.

The Ofsted focused visit of January 2019 looked at the local authority's arrangements for receiving referrals about children who may be in need or at risk of significant harm, children transferring to and from Early Help services, the effectiveness of child protection enquiries and the quality of assessments and interventions for children in need of help and protection. From a very low base action taken by senior leaders had improved the overall stability of the social care workforce and that this had been achieved over a relatively short period of time. Plans for improvement were appropriately focused, with a realistic view of quality of practice which was too variable and not yet good. Revised performance management and quality assurance approaches were starting to show some early impact. The pace of progress was hampered by staff turnover and difficulties in recruiting to key management posts including the lead officer for quality assurance. There continued to be strong political and corporate support for children's services.

These themes were echoed in the Ofsted focused visit of December 2019 which looked at our arrangements for children in need and children subject to a child protection plan. This included elements of contextual safeguarding, particularly peer on peer abuse. Little progress had been made in improving the quality of practice, including the quality of management supervision and guidance and timely recording and response to audits. Work was affected by recruitment. There was recognition that we know ourselves well, that the quality assurance framework provides appropriate and in depth knowledge, that there is senior leadership commitment to the service including resourcing and further plans for development. There was recognition of the work in the children with disabilities team which was noted as being demonstrably different. There was also strong recognition of the extensive strategic and operational work regarding peer on peer abuse, including the work with education settings.

Herefordshire has continued to implement the recommendations from external high-performing Partners in Practice (PiP), from both Doncaster and Essex Councils in 2019. Using PiP support was planned to continue to in 2020 to support our improvement and has the commitment from the DfE. We have taken this improvement work forward in quarter 2 in spite of the impact of COVID19 with reviews being carried out with our looked after children's; child protection; and assessment teams; this was all completed with colleagues from Essex virtually. We also have planned a further review for our MASH and Early Help hub within quarter 3.

Summary: Early Help (Nicky Turvey – Early Help Manager)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

The Early Help approach in Herefordshire is 'Working towards Stronger Families and Connected Communities'.

The Early Help approach in Herefordshire is the Right Help at the Right Time.

Early Help has developed considerably since the introduction of Herefordshire's Early Help Assessment (EHA) which replaced the Common Assessment Framework (CAF). There are 1309 EHAs (September 2020) compared with 500 CAFs in January 2018.

Families with emerging or more complex needs below the threshold of requiring statutory intervention are identified and assessed using the EHA. The assessment is of the whole family and identifies their unmet needs then an outcome focused support plan is drawn up with the family to bring about sustainable change and leave the family stronger for the future. Each family has a 'Key Worker' who is the main link for the family and coordinates the agencies required to bring about the sustainable change.

Partnership working is strong within Early Help in Herefordshire. Data for the year 2019/20: The Key Worker for EHAs - Primary Schools 22.6%, Health Visitors 17.2%, Other Health professionals 10.9%, Secondary Schools 10.2% and Local Authority early help staff 28.3%.

Early Help is fully integrated with the Troubled Families programme (called Families First in Herefordshire), the EHA is linked to the troubled families criteria and outcomes for families to the Herefordshire Family Outcomes Framework, recently updated in line with the new Troubled Families Financial Framework 2020/21.

Early Help Assessments are managed by the Early Help Coordinator team who administer the assessments, support key workers and organise and facilitate Early Help Multiagency meetings (EHMMs). EHMMs are multi-agency meetings where partner agencies meet to discuss cases which are sticking (with the consent of the family), share good practice and discuss any community concerns. These are usually held twice termly in eight locations throughout the county and are well attended by representatives from schools, health professionals, mental health workers, housing associations, Police and voluntary agencies. Due to Covid-19 these are taking place virtually. This has had a positive consequence with improved multiagency attendance at the the meetings. The EHMM's are usually chaired by an experienced Early Help Manager and social care provide a senior social worker at every other meeting to give advice and guidance on cases. The presence of a social care representative since November 2018 has been appreciated by partner agencies.

Early Help internal support services are trained in Make Every Contact Count (MECC) so are equipped to talk to, signpost and support families about healthy eating, oral health (childhood obesity and dental health are both issues in Herefordshire), physical activity, smoking cessation, alcohol consumption, sexual health and mental wellbeing. Early Help delivers Solihull and Triple P parenting programmes to mixed groups of parents from those accessing just universal services to those with children on Child Protection Plans. The programmes are Solihull for parents of children 0-5 years, Triple P standard for parents of

children 2-10, Triple P Teen for parents with teenagers, and Stepping Stones Triple P for parents of children with additional needs. The delivery of parenting programmes to groups of parents in a building have been suspended due to Covid-19 but 'bite sized' parenting workshops and delivery of the parenting programmes are taking place virtually.

There are three specialist family support services working with the whole family with EHAs. They go into the family home and work with individual family members and families as a whole. The three services are: an internal, experienced Early Help Family Support team which works with families with the most complex needs and those families stepping down from statutory intervention; Vennture4families, a commissioned service using a professional link worker and volunteer model; and Homestart, also commissioned which uses a volunteer model. Vennture work with families who are lower level three on the Herefordshire level of needs and Homestart with families with less complex needs. The specialist services seek to address the core issues affecting families systemically such as parenting issues, mental health issues, domestic abuse, problem debts, parental conflict, drugs and alcohol abuse, with a strong focus on worklessness using the Troubled Families Employment Advisor.

Implication to the services of Covid-19 and the work around:

The three specialist services have continued to support families and work with them to bring about sustainable change. Each service has followed their own organisations guidelines as to what they could do. The internal Early Help family Support team suspended home visits at the start of Covid-19 except for a very few cases where work was required to stop the family escalating into statutory services but these visits followed Public Health/Council guidelines and PPE was used if required. Work continued with all families by phone or using 'WhatsApp' video facility. As lockdown has been eased visits have increased, support workers are again working with families in their home or outdoor space following Public Health/Council guidelines.

These specialist services continue to close cases with a 'Family Wellbeing Plan' which leaves the family with information on the success they've achieved and where to go within their family, friends and community if they have a 'wobble' rather than perhaps letting things slide and requiring specialist services intervention again. The plan can have a photo of the family on it and be laminated so it can be put on the fridge for easy access.

The link between Early Help and the Multiagency Safeguarding Hub (MASH) has recently been strengthened to further ensure families receive the Right Help at the Right Time by the formation of the Early Help Hub (EHH). The EHH will be located beside MASH (currently due to Covid-19 the EHH is not yet co-located with MASH) but is in the same building. The EHH takes all level 2 & 3 contacts, including level 3 MARF's thereby ensuring families are offered the 'Right Support at the Right Time' and releasing MASH to spend more time on investigating threshold and level 4 cases. Any cases deemed to be level 4 by the EHH go directly into MASH and vice versa those cases on further investigation by MASH which do not meet threshold go to the EHH for signposting, advice and guidance or support through an EHA being offered as appropriate. The EHH went live on 21/09/20 and in the first week achieved its target of 95% of contacts to the EHH being completed in 72 hours.

Children Centre services was restructured in June 2019 in order to target resources to support the most vulnerable families with children 0-5 years and use some resource to engage and map community assets for families with children 0-18. The service now has a team of early years support workers who deliver one to one support in families' homes using evidence based intervention such as Let's Talk with your Baby, Communication Steps, Bookstart Corner, Solihull Parenting, and they can give guidance and support on, for example, healthy eating, dental health and immunisations. During Covid-19 this service

continued to work remotely with families by phone and Whatsapp video conferencing and visiting in exceptional circumstances and then following Public Health/Council guidelines. The service has now produced videos of some of their programmes so they can work through these remotely with families. As with the internal early help family support team this team is now visiting some families and working with them in their home or outside space as appropriate. Throughout lockdown all the internal early help services were involved in delivering food parcels and dropping off activities and essential items to vulnerable families.

The Solid Roots programme is an investment to improve outcomes for foundation (0-5) children and families. This includes training for early years professionals to ensure children have adequate speech, language and communication skills so that they are ready to engage in school. Training early year's professionals in the Solihull Approach and purchasing Solihull licenses so all parents in Herefordshire can access Solihull parenting courses on line and training the early year's workforce in a range of areas to ensure all children reach a good level of development. During Covid-19 the training for early year's professionals has been suspended but the Solihull on line parenting courses continue to be promoted.

How do you know it? (including outputs being measured)

Early Help Assessment data is collated and analysed on a monthly basis. The data has shown the increase in the number of families being identified, assessed and supported to achieve sustainable change. In 2018 there were 500 Early Help cases with evidence of approximately 30% making sustainable change, in September 2020 there were 1309 early help assessments. Outcomes are measured through the Troubled Families programme's Payment By results (PBR's). In this year's extension of the programme Herefordshire is performing very well. To date 104 PBR's have been claimed and Herefordshire was top of the west Midlands table of the % of PBR's claimed and 33rd in the country.

Early Help assessments are quality assured when received by the Early Help Coordinator (EHC) team. Key workers from partner agencies are supported by the EHC team to improve their assessment skills if required.

The support work of the Early Help family support team is audited on a monthly basis, any actions are addressed within a month through individual supervision sessions or any trends at team meetings. Feedback from families about the service is collated and analysed quarterly in order to develop the service and address any issues. The feedback is almost always positive and compliments about the work of the team are regularly received from families and partner agencies. The two Early Help commissioned services are regularly reviewed at quarterly monitoring meetings.

Areas of strength, evidence

1. Identifying and assessing families in need of Early Help by partner agencies is well established. 500 cases in January 2018 and 1309 in September 2020.
2. Children Centre Services became integrated into Early Help and the EHA is now used to access the service. They are now supporting the most vulnerable families with children 0-5 years.
3. The measure is through Troubled Families payment by results. Herefordshire was top in the West Midlands by the % of PBR's

Areas for development, intended impact, timescales

1. To continue to develop the Early Help Hub by providing a telephone line to offer advice, guidance signposting and support to professionals and the same to families and facilitating the completion of an Early Help assessment if required. Telephone line to go live by 2nd November 2020.
2. To develop a strength based approach within Early Help – Signs of Safety to be rolled out over the next three years. Training to early

<p>achieved against the LA's target for 2020/21 for the first quarter of this fyear and 33rd in the country.</p> <ol style="list-style-type: none"> The Early Help Hub has gone live and in the first week 100% of contacts were completed within 72 hours meeting the target of 95% to be completed in 72 hours. Two primary schools are paying for the 'added value' of having an EH FSW linked to their school as they see the benefit of the work they do. All three specialist family support services are using the closure of cases with a 'Family Wellbeing Plan' This leaves the family with a plan of who to go to within their own network of family, friends and the community before requiring any specialist services, leaving them stronger. 77 early help cases with children under 1 year were audited by an Ofsted inspector whilst seconded to the council during Covid-19. He praised the tenacity of the workers, the case notes and the reflective supervision within early help. 	<p>help staff has started, training to partner agencies is in the planning stage.</p> <ol style="list-style-type: none"> To develop the use of Mosaic as a database for all early help partners. It is used as a caseload management system by internal council teams which allows information to be shared easily when cases are stepped up or down. The development will be through a web based portal. The portal will have controlled access for partners but allowing information to flow both ways. March 2021. Work on the portal has been tested internally and due to start being tested by partner agencies in October 2020. Six partners have agreed to test the system including CAMHs and 2 schools. To improve the knowledge of Herefordshire's community assets available to families and share this knowledge on WISH (Wellbeing, Information & Signposting for Herefordshire) and with partner agencies. Phase 1 completed. Regular checking of information and sharing at Early Help Multiagency Meetings. Development work going on with Adults & Communities Directorate to incorporate this area of work into the Talk Community and Community Hub service.
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Thinking about practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that the early help practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being early help practice has just lost its and the way everyone is working makes you so unhappy.



Rationale for score

77 cases audited by an Ofsted inspector on secondment to the council and he thought early help work was good and the teams were tenacious with their work with families through Covid-19. The Early Help Hub was developed against a tight timescale, started on time and during the first 6 weeks of being in operation have met their headline target of 95% contacts completed in 72 hours. Troubled families payment by results above the central government target at the 7th month stage. To move this score up the scale Early Help Assessment information no longer held on an excel spreadsheet would see an improvement. Impact of the Early Help Hub found to be good for both children and families and to show a reduction in inappropriate contacts to MASH

Summary: MASH and Assessment Service (Sue Rogers – Head of MASH and Assessment)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

The June 2018 OFSTED inspection identified that the “Multi-Agency Safeguarding Hub (MASH) is responsive and ensures that good-quality information sharing results in strong decision-making”. The January 2019 OFSTED focused visit commented “effectiveness of responses in the MASH has been maintained and improved since the last inspection”.

OFSTED noted that a significant number of contacts are signposted away from children’s social care, which would indicate that too many children were being referred that did not reach threshold for intervention. There has been a change in the reporting of Contacts. Police Notifications of Domestic Abuse at levels 2 and 3 are dealt with by the Domestic Abuse Hub. 180 Police Notifications of Domestic Abuse went to the Domestic Abuse Hub. 97% were dealt with within 48 hours. OFSTED noted that Domestic Abuse notifications are not triaged prior to them arriving into MASH and that the process potentially could have left children at risk or not responded to in a timely manner. Work has been undertaken with partner agencies to develop a process that effectively manages the Domestic Abuse notifications. This was enhanced during COVID-19 to respond to a possible increase in Domestic Abuse incidents. This has now been reviewed and a new process has been agreed by partner agencies.

On the 1st September 2020 the new process commenced. Domestic Abuse meetings take place on a daily basis with partner agencies on Domestic Abuse incidents that have been assessed at level 2 and 3 according to the Level of Need Response and Guidance Document. This is to ensure appropriate information sharing and support is provided for children and families. Level 4 domestic abuse incidents are investigated by MASH. Safelives have been consulted and further discussions are planned to consider their models and utilizing their training opportunities.

In September, MASH received 441 contacts. 93% were dealt with within 24 hours. 16% were accepted as level 4 referrals. This is below the target of 20%. Q2 has seen consistency in contacts converting to referrals.

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Head of Service for MASH and Assessment and Early Help visited Redbridge Local Authority in December 2019. Redbridge Local Authority are Ofsted rated “outstanding” and are achieving their target of 95% of contacts being completed within 24 hours. Work has been completed to strengthen our approach, learning from Redbridge to develop the front door. On 21st September 2020 we changed the process. All level 4 multi agency referral forms are received into MASH. Levels 1, 2 and 3 of the Herefordshire level of need response and guidance document are received into the Early Help Hub so targeted support can be offered to children and families.

All MASH contacts have a chronology of past risk, concern and involvement with Children’s Services. Every attempt is made to contact the parents/ carers for consent for multi-agency checks which are routinely requested. It is an expectation that the threshold document will be used by partners to inform making referrals to MASH, and by MASH social workers to determine the best course of action required for that child/family. There is also an expectation consent will be sought by the referring agency prior to a Multi-Agency Referral Form (MARF) being submitted.

There continues to be a strong multi-agency commitment and engagement with the MASH. Police, Health, Early Help and Education are the main agencies based within the MASH and Probation, Youth Offending Service (YOS) and West Mercia Women's Aid are our virtual partners.

The Emergency Duty Team (EDT) service is commissioned by Herefordshire Council. Worcestershire Children First provide the out of hours services for Herefordshire. There is a senior manager from Herefordshire available to make decisions when required.

The OFSTED report of July 2018 outlined an inconsistency in the quality of assessments. During the summer of 2018, much work was undertaken, led by the then Quality Assurance manager to develop skills in completing assessments within the service. It was noted that this was not consistent and the historical concerns were not routinely considered. The focused visit in January 2019 evidenced some improvement in the quality of assessments, but identified some children were not being seen in a timely manner. To address this, there is now an expectation children will be seen within 3 days of a case being allocated for the purposes of an assessment being completed, and this is reported on. Data evidences that 81.30% of children are seen within 3 days of the assessment being initiated. This is an improvement but below the target of 95%. Smaller caseloads and weekly reporting will drive this forward.

Time frames for Children and Family Assessments being completed are set at 95%. The Assessment Service are standing at an average of 93% completed within timescales.

Child in Need cases remain in the Assessment Teams. There are 7.5 full time equivalent Family Support Worker posts within the Assessment Teams who provide support and direct work with the children and families who are subject to a Child in Need plan. Team Managers are chairing the first Child in Need meeting and devising the Child in Need plan. Case supervision is provided by the Team Manager and the Family Support Worker to ensure consistency and that the plan is progressing appropriately. Senior Practitioners chair the Review Child in need meetings. The Child in Need guidance has been up dated.

To address the timeliness of 3 day visits, Children and Family Assessments and caseloads, the Head of Service and Managers have weekly performance meetings to ensure targets are met. Team Managers have a monthly meeting with other Team Mangers, HOS and AD's to present their teams data. They present what is working well and what challenges they have identified. It is a time when peers can offer solutions and support.

Herefordshire's Partners in Practice from Essex spent time in the Assessment Teams in September 2020. The feedback from Essex was they felt the Head of Service had a vision for the service as did some of the Managers and Senior Practitioners, They observed progress in the managers footprint on the Childrens files. Social Workers spoke about the children and families they work with and knew them well. Essex observed progress with the Children subject to Child in Need plans. Family Support Workers are allocated to the case to complete direct work. They saw regular visits to children. They noted further areas for development. They would have liked to have seen consistency of SMART Child in Need plans, family meetings not being undertaken, family safety plans not being put in place and poor quality of assessments in some cases.

How do you know it? (including outputs being measured)

A weekly performance report measures how many contacts that the service receives and the outcome of all contacts following the initial screening process. This has now been broken down to evidence the Police Notifications of Domestic Abuse that go to the Domestic Abuse Hub, the contacts that are sent to the Early Help Hub and the contacts sent to MASH. It measures the numbers being received, the timeliness of completion and outcomes.

Multi-agency audits are completed to review cases that have not been progressed from contact to referral to scrutinize decision making. The outcome of these audits is presented into the MASH Partnership Forum.

The weekly performance report provides details of all strategy meetings, s47s, and Child and Family Assessments. The reports provide information on timeliness and outcomes. Staff performance is recorded and challenged if required. The Monthly Scorecard provides information regarding trends, challenges and volume within the service and what is working well.

Social work practice in the MASH and Assessment Service is monitored through management oversight. Every MASH record, Children and Family Assessment, and s47 is signed off by a manager. Challenge of threshold is used as a learning mechanism both in supervision, team discussions, group supervision and multi-agency performance meetings. The data evidences that personal supervision within MASH and the Assessment Teams is at 97% and case supervision is 87%.

EDT have operational processes and procedures in place which ensures a high level of performance out of hours. Quarterly monitoring meetings take place to provide scrutiny of the service provided.

In April 2020 A MASH and multi-agency response to Child Exploitation audit was completed. 50% were seen as good and 50% required improvement. Some areas of strength were, clear management oversight on all cases, relevant consideration of historical information was given. Areas for development were, The CE tool was not used by the referrer and some of the case had not been signed off within 24 hours.

In April 2020, a pre-birth assessment audit was completed. 1 was good, 2 were requires improvement and 5 were inadequate. An area of strength was Assessment plans identified by Team Managers at the beginning of the assessment are clear and of good quality. To address this the actions were that an immediate review was undertaken of all inadequate rated cases to identify if immediate safeguarding action was necessary. All pre-birth cases that were closed with no further action from January 2020 until May 2020 were reviewed. Senior Practitioners to deliver guidance and training around use of the pre-birth handbook. A re-audit of pre-birth assessments will take place in October 2020.

In June 2020 a thematic audit was completed looking at re referrals into MASH. 1 was good, 5 required improvement and 1 was inadequate. Areas of strength were, Early Help support was offered to families in 6 of 8 cases, indicating that this support is being routinely offered. In cases where further assessment had been declined by parents, there is evidence of staff within the assessment teams adapting their approach in an attempt to engage parents while at the same time respecting their decision to decline assessment. In 5 case examples, re-referrals were for concerns of the same nature as the previous referral. This may

indicate that concerns had not been sufficiently explored within the preceding child and family assessment, or alternatively that referrers are reluctant to hold their concerns below level 4 despite previous assessment.

In June 2020 an audit was completed regarding re-referrals as the numbers of re-referrals was increasing. 1 outstanding, 1 good and 2 required improvement. There was theme identified on the number that were audited so a deep dive audit will take place in October 2020.

In July 2020, the Safeguarding Board requested an audit of People Posing a Risk to Children. This was to identify processes within MASH to ensure appropriate actions are taken. 3 were found to be good, 2 required improvement and 1 inadequate. A work group are developing a flowchart and processes which will be completed by 30th October 2020.

In July 2020, An audit was undertaken looking at the quality of Child in Need visits. The findings were 4 good and 4 requires improvement. Areas for development was the timeliness of recording and the quality of the recording. Increased use of signs of safety practice will allow Social Workers to fully evidence how they are supporting progress and achieving outcomes for children in addition to recognising where more support is needed.

In September 2020 are audit of neglect and the use of the Graded Care Profile was undertaken. The findings were, 1 outstanding, 4 good and 1 requires improvement.

In September 2020, a dip sample of assessments were looked at by the Assistant director and the Head of Service. The assessments and the decision making was of poor quality. This was addressed with the three managers. A package of training will be put in place and further monitoring the quality of the assessment will be on going.

Areas of strength, evidence

1. The MASH works to a well-established multi-agency model.
2. There are experienced social workers collating information from partner agencies to provide clear recommendations and defensible decisions.
3. Good responses to immediate harm to children between Police, social services and our multi-agency partners.
4. Strong threshold decision-making with good impact of social work and early intervention services.
5. Monthly case audits are undertaken across the management structure and recommendations put in place
6. The Domestic Abuse Hub is embedded.

Areas for development, intended impact, timescales

1. The quality of assessment needs to improve. Managers need to work with the Social Worker to plan an assessment, ensure that the assessment has gathered all the information and is triangulated with family members and partner agencies. There needs to be a clear rationale, hypothesis and decision. A training plan will be put into place by 31st October 2020. The plan will include Team Managers, Senior Practitioners and Social Workers. Cases will be audited and appropriately challenged by the Head of Service.
2. Child in Need plans need to be SMART and child focused. Signs of Safety training will be put into place.

<ol style="list-style-type: none"> 7. The Early Help Hub is now in place. 3. Development of the Early Help Hub will improve the timeliness of contacts being completed which will provide children and their families with the most appropriate support and safeguards. 8. Regular supervision is taking place and recorded 9. Audit activity is evidencing that improvements have been made. 10. Caseloads are low and consistent 11. Development of Child in need work with the support from Family Support Workers within the Assessment Teams to ensure all children and families will receive the right services at the right time dependent upon the level of need. Family Support Workers will provide direct work with Children and families. Children's views wishes and feelings will be heard and support provided to reduce the need for children to move to alternate accommodation-Family Support Workers have been recruited and trained. 12. Child in Need guidance has been reviewed and up dated with clear expectations. 13. 7 ASYE's have been recruited to the posts in the assessment teams. Support will be provided by the Social Work Academy. 	<ol style="list-style-type: none"> 3. Case summaries need to be on every case. This is so everyone has a clear summary of what the concerns are, what has been put into place and the safety of the child. 4. Work with partners to reduce the level of inappropriate Multi Agency Referral Forms. Monthly performance meetings with partner agencies will continue. This scrutinizes the quality of Multi Agency Referral Forms, the quality of work within the MASH, decision making and timeliness of contacts. Findings are presented to the MASH Partnership Forum. This will evidence that Children and families are getting the Right Help at the Right Time. 5. 100% case supervisions recorded within 3 months by end of Q3. Staff will feel supported. The case direction will be closely monitored to reduce drift and delay. Head of Service will observe 3 supervision by the end of Q3.Senior Practitioners will provide reflective supervision individually and within a group. This will improve practice to be completed by end of Q3. 6. Thematic audits will be completed. October 2020 Re referral deep dive audit. November 2020, Pre-birth Assessments. 7. Completion of strategy meetings, s47's, Child and Family Assessments and 3 day visits to meet targets of 95% within timescales. – HoS and Team Managers will drive forward the consistency of the work being completed. This will ensure the safety of children and that the appropriate support is provided. 8. The Child in Need Guidance needs to be embedded within the teams. We will evidence that it is being followed and that it is producing positive impact for the children and families. There is a CIN plan audit in October 2020. 9. Signs of Safety implementation-a multi-agency approach to working with children, young people and their families to identify and manage needs, risks and family strengths where children are in need of help and protection. Some training has taken place but further training has been planned. All Team Managers, Senior Practitioners and Social Workers need to attend. 10. Embed the learning culture. Thematic audits will continue for MASH and the Assessment Teams. The learning from the audits will be shared by
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	way of reflective workshops, supervision with the Social Worker and Managers and support from the Academy. Social Workers will have support from Senior Practitioners within the teams. Evidence of improved practice will be seen through further audit activity through Q3.
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Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being that MASH and Assessment practice has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

There is a lot of identified work that's too take place over the coming months and to increase this score we need evidence of improvements in assessments.

Summary: Safeguarding and Review (Louise Bath – Head of Safeguarding and Review)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

In line with many other local authorities, since the end of March 2020 the restrictions arising from Covid-19 has resulted in all Child Looked After Reviews and Child Protection Conferences being conducted via video conferencing. Children who are looked after continue to be consulted via webex, WhatsApp, email and telephone calls prior to their Review; and every effort is made to ensure children and parents are able attend the Webex video based CLA Review.

Where parents / carers do not have access to equipment to aid their attendance they are either supported by the child's social worker / fostering social worker in person to access the meeting with the social worker via the webex link; or the IRO conducts a series of meetings and consultation with parents happens prior to the Review; to gather the parents views about their child's progress. IRO's ask SWs to feedback the outcomes of the CLA Review to parents after the meeting has concluded. Similarly with Child Protection Conferences; where parents do not have the technology available to support their attendance, Child Protection Conference Chairs will attempt to consult with them both before and after the Conference. It is of concern that the most vulnerable of parents and children are impacted by the challenges of participating through technology.

The Service recognises the importance of developing a working relationship with parents and children; especially for those attending Initial Child Protection Conferences and Initial Child Looked After Reviews; and that there is a need to move to a position where hybrid meetings can be undertaken. To achieve this effectively Child Protection Conference Chairs will need to have access to a Covid-secure meeting room to enable them, the parents, their supporters, child's social worker and the meeting note taker to facilitate face to face socially distanced meetings with video conference input from other agencies / individuals.

At this time no progress has been made in identifying a meeting room that could be designated for this sole purpose due to the current Covid-19 restriction. While there is no current travelling time, IROs are reporting that Child Looked After Reviews and Child Protection Conferences are taking significantly longer in preparation conversations and in the meetings themselves, so there is no significant time saving from the new arrangements.

A significant area of improvement in quarter one/two which has had a direct impact on children and young people is securing long term matches with foster carers, with a significant amount of work being undertaken by IROs escalating informally and formally and Social Workers from the Looked After Children and Fostering Teams subsequently addressing previous drift.

There has been a shift in culture from the perception that a matching assessment is for the foster carer and only when the match is all but agreed, to being an assessment for the child to evaluate if matching between this child and this carer is right, what support would need to be in place to make it right, and if not right recommendations for future planning to progress the care plan of a long term foster placement or if a change of plan is required.

How do you know it? (including outputs being measured)

There has been a significant improvement during Q2 in respect to ICPC's and RCPCs with 100% of all Child Protection Conferences being held within timescales each month. 91% of all Child Looked After Reviews; and 100% of 1st Child Looked After Reviews were held within timescale; which is the same as reported in Q1.

During Q2, two new IRO's joined the Team and this affected performance in relation to 2nd and Subsequent Child Looked After Reviews being held in timescale; as one of the locums left the service early and two staff had extended period of compassionate leave meetings which resulted in meetings being shared out across the team. In some instances due to diary clashes Reviews had to be rescheduled; with a number going out of timescales. It would be envisaged that performance in Q3 for 2nd and subsequent Child Looked After Reviews should see improvement now that the Team is fully staffed with permanent post holders.

Q2 saw improved performance in respect to timeliness of completing Child Looked After Review recommendations and minutes being completed (85% and 83% respectively) and improvement in timeliness of minutes being distributed (66%). 95% of children looked after were consulted by their IRO; and 79% participated at their Child Looked After Review (this is significantly lower than in Q1; however, it is possible that with the return of children to school from September 2020 that they are unable to effectively attend 'virtual' meetings. Prior to Covid-19 restrictions; if Child Looked After Reviews could not be held within the child's home; then they would have taken place at school.

Work continues to be undertaken with IRO's to improve performance in relation to IRO Oversight's being recorded on the child's record; with Q1 and Q2 seeing a downward trend from 85% in Q4 2019/20 to 75% at the end of Q2 2020/21. This may be a result of the Service having shifted its attention towards ensuring all children requiring Matching Assessments have had this completed and that children have been long-term matched with their foster carers; alongside work being undertaken around improving the regular review and quality of Delegated Authority Forms.

Areas of strength, evidence

1. Since June 2020 the majority of the 70 children identified with a plan of long term fostering but not yet matched who were under 17 and a half years of age, have now been matched with their carers.
2. Timeliness of CLA Review minutes and recommendations is improving, with Year to date at end of June increasing from 68% (end of 19/20) to 82% and from 77% (end of 19/20) to 82% respectively.
3. Implementation of Signs of Safety continues to progress with a programme of weekly group supervision for Conference Chairs / IROs scheduled to cover 9 topics; in addition, a 3 day bespoke SoFS training programme has been commissioned which will include the opportunity for Team Managers, Senior Practitioners and partner agencies to observe a 'Mock' Signs of Safety Conference in December 2020.
4. Increased use of formal dispute resolutions: Qtr 1/2 = 37; compared with 17 dispute resolutions for the year 2019/20. - These covered Delegated Authority, completion of Care Plans and Pathway Plans for Lac Reviews and the completion of Matching assessments.
5. 100% of ICPCs held within timescales each month during Q2; with overall improvement from 2019/20 = 75% (at year end) to 92% (year to date).
6. 100% of RCPCs held within timescales each month during Q2; with performance being maintained at this level each quarter since Q1 2019/20.
7. Distribution of CLA Review minutes is improving since the Convening List was amended to allow IRO's to identify who should receive minutes and where minutes needed to be redacted. IRO's

Areas for development, intended impact, timescales

1. Informal and formal Dispute Resolutions - work is being undertaken to create a Dispute Resolution Form on Mosaic, which will enable robust reporting on this area of IRO practice; this should be completed during Q£, with the first report being available in Q4. As an interim measure an Informal Dispute Resolution Case Note has been added to Mosaic, and will enable the Service to provide a report at the end of Q3.
2. Improving the quality of Looked after Children review minutes written in the form of letters to the child. These need to incorporate recording parental views appropriately and focus on how the style has relevance to the child as well as covering statutorily required areas. There is potential to use the letter to the child at the 1st Lac Review as the beginning of life story work - equally there needs to be a formal account appropriate for consideration in court proceedings. The Principal IRO will address this within individual supervisions with the IROs and undertake quality auditing Q3.
3. Parental participation in CP and Care Planning needs to be further promoted to support parents who have difficulties in contributing through virtual meetings and those parents who have previously found engagement difficult. Use of hybrid meetings - physical meetings for the Chair / IRO, Social Worker, parents and parental support / advocate, with input through video conference from agencies and carers, is being progressed this is dependent upon a dedicated COVID-secure Conference Room being identified. The implementation of Signs of Safety Child Protection Conferences will be adversely impacted in the absence of hybrid meetings; as the current 'virtual meeting' technology doesn't adequately support the recording of the meeting using a whiteboard by the chair; and if a technological solution could

<p>only need to update and save this in the calendar invitation; which alerts Business Support that this has been updated.</p>	<p>be found, many parents would be unable to see what is being written and would be disadvantaged.</p> <ol style="list-style-type: none"> 4. SMART Child Protection Plans require further development, with this being progressed through the 9 sessions of group supervision on Signs of Safety and the 5 day Signs of Safety Safety Planning/Child Protection Planning training. 5. Following a Learning Review held during Q2 the PIRO has drafted an Isolation, Seclusion, Restriction and Restraint Policy for use by Social Workers, Team Manager's, the Fostering and Placements Service that is geared to raise awareness and improve practice. The PIRO will assist in the delivery of training to Social Workers at the Bi-Monthly Learning sessions to be held in October; following its approval by SMT. 6. IRO's when chairing the Child's Looked After Review, should explore whether either the Placement Plan or Delegated Authority Forms (which sit alongside the child's Care Plan) should be reviewed and where appropriate amended. In February 2020 a step to evidence the Delegated Authority Form had been completed, signed and uploaded was populated on Mosaic; and whilst 95% of all children looked after have a form on file; not all of these are signed or fit for purpose. During Q3 the PIRO will re-circulate the Tri-X Guidance on Delegated Authority to HoS with a request that Team Managers explain the importance of this as a live document that should be amended as the child's circumstances change. The PIRO will undertake a quality audit during Q4 to determine whether there is a shift from the current 'standardised form' to 'differentiated delegated' linked to the individual child's circumstances and needs.
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Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being that MASH and Assessment practice has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

Safeguarding and review continue to drive change as identified and are working to provide robust challenge to operational teams; consequently improvement is being seen in key areas of performance in relation to children looked after e.g. timeliness of plans being completed and the challenge in relation to delegated authority is being taken forward in a working group to improve the quality of delegation. Further improvement work is planned to move up the scale.

Summary: Child Protection & Court Service (Cath Thomas – Head of CP and Court)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

The good performance observed in Q1 in relation to statutory visits has slightly declined in Q2, particularly in August. This improved again during September and it is anticipated that performance will continue to improve from here on. A number of factors have impacted upon performance, including staff annual leave and various staff members isolating due to the pandemic at different times, both of which have put more pressure on our duty system. We continue to perform poorly in completing timely Child and Family Assessments.

The service has very few and the majority are pre-birth assessments but we need to revisit our processes for tracking these assessments again as the steps taken in Q1 to address this have not been effective. In Q2 we have seen an increase in the total number of cases held by the service, from 235 to 260. This equates to just under 90 cases per manager which is higher than ideal (approx 75).

Caseloads have increased and are slightly higher than ideal, but due to increased workforce stability, for the first time in recent memory no social worker has more than 20 cases. We have continued to recruit permanent social workers, the majority of which are newly qualified. The service now has 58% of social worker posts filled by permanent staff, compared with 32% at the end of Q1. Our newly qualified staff are well supported by their team managers, senior practitioners and the Social Work Academy. Their caseloads are robustly maintained at an appropriately low level to enable them to develop their skills and experience, primarily through co-working cases with more experienced staff.

Whilst the limitations on teams physically spending time together have impacted upon morale, children have continued to benefit from a motivated workforce who are keen to share learning and best practice and to develop their skills, knowledge and experience. An audit of visits was undertaken in July 2020, with 60% of audits being rated 'requires improvement' and 40% being rated 'good'. This evidences some improvement in audit outcomes over time, and provided a number of examples of good practice in undertaking and recording visits, which have been disseminated to all staff.

In Q2 we have worked to identify and resolve the system issues which are preventing the timely recording of core groups and child in need reviews, and timely managerial oversight of these plans and meetings. Data cleansing activity has been underway in Q2 for CIN reviews, and is just commencing for core groups in Q3. The service has taken a number of positive strides in Q2 with issues where there has been poor compliance for a long time, namely delegated

authority and case summaries. At the beginning of Q3 for the first time we have regular data available to evidence completion of Graded Care Profile and current performance remains poor. Targets have been set to increase this over Q3.

The frequency and quality of case supervision is improving, although overall performance this quarter is hampered by poorer performance in team 2. However, the quality of case supervision is not yet sufficiently consistent across the 3 teams and more work needs to take place to evidence critical reflection, challenge and case progression through case supervision. We have transformed our approach to pre-proceedings and as a result are now concluding the vast majority of PLO cases within 12-16 weeks. Although the number of children subject to care proceedings has remained fairly constant, just over half of our current care proceedings were initiated in the Assessment service, and consequently we had no benefit of frontloading assessments and direct work in pre-proceedings. This has led to an extremely busy time in the service throughout Q2, and this is likely to have had an impact on performance overall. Following our revised approach to permanence planning implemented in Q1, we are already seeing a significant shift in long term outcomes for children, with more children being reunified at the end of or shortly following care proceedings and more children achieving permanence outside of the care system by way of SGO.

Throughout Q2 approximately one third of children whose care proceedings concluded had a care plan of long term fostering, and apart from one sibling group of 3 primary age children, the remainder in this cohort were adolescents. As a result this has reduced the number of cases we are transferring to the Looked After Children's service. The Covid pandemic has had an impact on the conclusion of some care proceedings, with performance (average weeks) being poorer in August and September as lengthier cases were finally able to conclude.

The service had a revisit from Essex Local Authority in August 2020, following a diagnostic visit in November 2019. The reviewers were pleasantly surprised at the progress the service has made in the intervening months, despite the restrictions of the current pandemic and the resultant impact on staff morale. The reviewers found an "immediately evident shift in culture, morale, confidence and presentation" of the workforce and that managers were able to talk in more detail than previously about our direction of travel and priorities for improvement. They also commented that staff said they felt "valued, supported and challenged" by the Head of Service, and they heard a cultural shift in the way social workers talked about children and their families.

Areas identified for improvement included: quality of case supervision; frequency and quality of case summaries; use of Family Network Meetings; and developing family focussed, strengths-based plans. These areas for development are included in the Q3 action plan.

How do you know it? (including outputs being measured)

CIN, CP and LAC visits timeliness was 94%, 91% and 90% respectively at the end of Q2. Case supervision within 3 months stood at 92% for CP Court team 1 and 93% for team 3 at the end of Q2, but only 65% for team 2, thus bringing down the overall performance to 83%. Worker supervision levels have been relatively well maintained in Q2 (with a slight decline in August), and stood at 100% at the end of Q2 (NB team 2 data was submitted beyond the required date for inclusion in the performance data). No social workers had more than 20 cases at the end of Q2 and only 3 (15%) had more than 16 cases.

Only 46% of children subject to a CP plan due to neglect have a completed Graded Care Profile. Of the 41 children currently subject to a CP plan due to neglect, only 2 children transferred to the CP & Court service with a Graded Care Profile completed. This data has only been available for the first time in

early Q3. 93% of children have an up to date case summary recorded within the last 3 months. 98% of children have an up to date delegated authority for their current placement.

Only 50% of Child & Family Assessments were completed in timescale in September and this poor performance has been constant throughout both quarters to date. 90% cases in PLO are currently managed within a 12-16 week timeframe. Circa one third of children had a plan of long term fostering throughout Q2 and in September alone this was 25%. To date this year we have made 4 fostering to adopt placements.

Areas of strength, evidence

1. Positive learning culture and collaborative service development, evidenced by regular learning and sharing best practice focus at service meetings and team meetings; weekly Shout Outs celebrating good practice; whole service engagement in Appreciative Inquiry approach. The impact of this cultural change was also evident in the findings of Essex LA.
2. Despite poorer performance this quarter overall, the regularity of case supervision and personal supervision still means most staff are well supported and have regular opportunities to discuss cases.
3. Culture of compliance continues to improve and some teams now require much less direct intervention from HoS, moving towards a culture of high performance.
4. Workforce stability continues to improve with more permanent social workers and ample support for NQSWs.
5. Improved quality of practice and timeliness in PLO has increased the proportion of cases where PLO is concluded within 12-16 weeks.
6. Improvements and a cultural shift in permanence planning are reducing the number of children with a plan of long term fostering and the number of children who are looked after.
7. Generally the culture and practice are shifting towards focussing more on improving outcomes for children and families and becoming less process-driven. There are more opportunities to pause, think and reflect on different approaches.

Areas for development, intended impact, timescales

1. Embedding use of Genopro and the Family Network Assessment Record to ensure timely and appropriate decision making for children in PLO and care proceedings - this has had limited effectiveness in Q2 and will be the subject of discussion at the next AD/HoS meeting on 9th November. Initial enquiries made 16th October with Mosaic development team to build the FNAR into Mosaic.
2. Further training to be delivered by ACE in relation to completion of CPRs and FTA to ensure SWs are skilled and knowledgeable in adoption planning - Q3
3. Children subject to a CP plan due to neglect - GCP to be evidenced in 75% of cases by mid-November and in 85% of cases by mid-December.
4. Develop and refine performance data for CIN reviews and core groups - Q3, these are in development and we are currently working through data cleansing of these Steps.
5. Further develop shared reporting via Mosaic and / or trackers for cases in PLO and care proceedings - Q3.
6. Team managers to identify an alternative, more effective method for ensuring that Child and Family Assessments are completed and approved on time - Nov 20.
7. Conduct an audit of new CP cases to identify any themes contributing to rising CP numbers.
8. Supervision skills workshop for team managers to develop confidence and skills. Workshop to be supported by critical reflection guidance being issued to team managers and a reflective supervision toolkit - Dec 20.

	<p>9. Senior management team to determine interim measures that can be implemented to support Signs of Safety aligned plans whilst we await the full Mosaic implementation - Dec 20.</p> <p>10. Dip sampling of case summary records to be undertaken to ensure consistent use of the SoS format - Nov 20.</p>
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Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 that child protection and court practice has just lost its way and the way everyone is working makes you so unhappy



Rationale for score

The score evidences some progression and reflects feedback from Essex who rated CP Court practice as 6.5. CP Court it is now implementing Signs of Safety and embedding strengths based practice this should see an improvement in quality of assessment and analysis and improve outcomes for children.

Summary: Looked After Children Service (Gill Cox – Head of Looked After Children)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

The local authority continues to have a very high number of looked after children. At the end of quarter 2 there were 337 children in care which equates to 93 per 10,000, which is significantly higher than the national average (65 per 10,000) and that of statistical neighbours (54 per 10,000). The number of looked after children has been fairly stable over recent months but has reduced slightly during the quarter.

Care orders have been discharged for 8 children in the LAC teams in this quarter - 1 children was reunified and 7 children became subject to SGO's. At the end of quarter 2 - 27 applications were filed either with court or with legal services to achieve children's exit from the care system. There were 12 SGO applications and 11 care order discharge applications filed with court. There are a further 4 SGO and no care order discharge applications filed with legal services. 18 children have been formally long-term matched.

At the end of September there were no adopted children waiting for a Life Story book or Later Life letter. All children have had their arrangements for family time reviewed moving to this being facilitated by family members or foster carers wherever possible. A review completed in August identified that 46% of children were not having direct family time with at least one parent. Actions to promote family time have been identified and progress will be monitored to ensure that the % having direct family time increases.

Essex carried out a diagnostic in August which identified many strengths including quality of leadership, assessments, focus on reunification, compliance and confidence and commitment of practitioners. They identified areas for improvement as life story work, direct work, staff turnover, permanency planning, placement stability and joint working with the fostering/placement services. It is acknowledged that further work is required to ensure that children in care and care leavers are able to contribute and affect change at a service level.

How do you know it? (including outputs being measured)

Audit completed on the theme of life story work in August. Of the 6 cases audited 1 was assessed as good and 5 as requires improvement. This echoes the findings of Essex.

Essex as a Partner in Practice completed a diagnostic in August which identified many strengths. The areas for improvement were understood and in line with our self-evaluation.

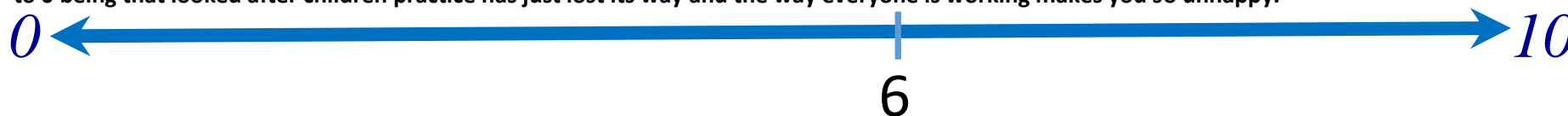
Areas of strength, evidence

1. Audit and Essex continued to find good evidence of management oversight and footprint;
2. Compliance with statutory timescales has continued to be good;
3. Good progress in reducing looked after numbers with 8 children who had their care orders discharged during Q2 and a further 27 applications prepared
4. Good progress with increasing number of children who are long-term matched with 18 long term matches approved during Q2
5. Backlog of life story books and later life letters eliminated;
6. Target for delegated authority in the teams has been met and significant improvement in numbers with an up to date case summary

Areas for development, intended impact, timescales

1. Continue work to reduce numbers of children in care with expectation that a further 14 applications will be completed during Quarter 3 - 8 for SGO and 6 discharge following successful reunification;
2. Increase number of children having direct family time with both parents;
3. Ensure all children in care have an up to date case summary;
4. Improve confidence of practitioners in completing direct work with children

Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being that looked after children practice has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

Score of 7 based on sustaining compliance with regulations and good progress with applications for discharge/SGO, long-term matching, elimination of backlog of life story books and later life letters and evidence from Essex that change in culture and practice in working in partnership with parents evidenced.

Summary: Care Leavers Service (Gill Cox – Head of Looked After Children)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

Continued staff instability and turnover has resulted in just one permanent Social Worker being employed at the end of the quarter and the Managing Practitioner due to leave in November. Agency workers have been in post for some periods during the quarter but together with the extended absence of the team manager this has impacted upon team performance particularly in relation to supervision, case summaries and pathway plans.

Visits are not yet consistently completed within timescales and not all cases have been supervised during this 3 month period.

Performance for reviewing pathway plans in timescales has stagnated and the report to support management of this requires amendments to be accurate. Outcomes for care leavers are excellent with those in touch and in suitable accommodation being as good or better than statistical neighbours.

The number of young people engaged with education, training or employment has improved significantly and focus now needs to be on sustaining this as the impact of Covid is felt. Audit programme has shown improvement in quality of practice although further improvement is required.

How do you know it? (including outputs being measured)

In April an audit of 16+ cases was completed on the theme of exploitation. 7 cases were audited with 1 assessed as "good" and 6 assessed as "requires In July an audit of 16+ cases was completed on the theme of preparing for independence. 6 cases were audited with 2 assessed as "good", 3 assessed as "requires improvement" and 1 as "inadequate".

Compliments from young people "Hey I don't really now how to tell you but I would like to say a massive thank you to all your team for supporting me and never giving up. I know that I have been a pain with all my running episodes I have done. I am very grateful for all you help and support. I would like to give a first shout out to Fran for never giving up on me and getting here to this point because if I didn't have here I wouldn't of made it with out her. Then you got Steph, Andrea and Stacie for just giving me so much advice even though sometimes I didn't take it but you have all been amazing..."

"Whilst in care I got taught a lot of life skills, got involved in participation with a lovely lady and we do all sorts of activities! We go and speak in big groups of people, give our voice etc. When we are ready to move out they help us with how to sort bills out, and help us buy things. They help us whilst learning to drive by paying some of those lessons for us. They're always at the end of the phone, I'd be dead without the help of my PA, and my former social worker. They do an amazing job, people just don't see that side of it. To all social workers/PA's etc out there as someone who's been in care I'm proud to say you've been the ones to make me who I am today! 😊"

Areas of strength, evidence	Areas for development, intended impact, timescales
<ol style="list-style-type: none"> 1. Team are in touch with more care leavers than statistical neighbours; 2. More care leavers are in suitable accommodation than statistical neighbours; 3. Number of care leavers in education, training and employment is higher than statistical neighbours; 4. Audits show that the quality of practice is improving; S47's are being completed to timescale; 5. New accommodation for care leavers with complex needs is due to open week commencing 13th July 2020; 6. More young people are "staying put" providing stability for young people; 7. Two Social Work apprentices appointed from existing personal advisors who are keen to work in the 16+ team when they qualify. 	<ol style="list-style-type: none"> 1. Statutory visits and visits to care leavers need to be completed in timescale consistently; 2. Case supervision needs to be completed on all cases at least every 3 months; 3. Pathway plans need to be completed and reviewed within timescales; 4. Quality of pathway plans needs to improve; chronologies need to be up to date; 5. Case summaries need to be updated at least every 3 months and all young people need an up to date delegated authority completed; using Signs of Safety approach with young people to help them engage in their wellbeing/safety goals via their pathway plan and reduce risky behaviours; 6. Improve the timeliness of discharge of care orders when young people have returned home or applications for SGO; 7. Improve approach to building stronger support networks around young people by improving staff's confidence to hold family network meetings and devising support plans for care experienced young people; offering workshops in relation to tenancy management, 8. Budgeting, emotional wellbeing in conjunction with partner agencies such as housing solutions, strong young minds, children's finance and preparing for independence; 9. Reduce the number of young people at risk of exploitation and provide accommodation options that enable young people to live within their local community

Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being care leaver practice has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

Score of 6 as outcomes for care leavers have been sustained however compliance with statutory timescales for visits and review of Pathway plans are not yet being sustained and workforce remains unstable.

Summary: CWD Service (Les Knight – Head of Additional Needs)

What do you know about the quality and impact of social work practice in your local area? (including comments on learning activity this quarter and impact)

The ILACS inspection in June 2018 recognised that the quality of help and protection offered to children by the disabled children's team is a strength. It observed that workers know the children they are working with very well and they ensure that children's views are evident in their reviews and assessments. A recent internal focussed audit on 'the child's voice' also viewed this in a positive light.

The Ofsted focussed visit (Dec 2019) confirmed that CIN plans are tailored and responsive to children's needs. Packages of support are appropriate to needs identified and social workers are quick to ensure these are adapted if children's needs change or in response to crisis. Children's and carers views are consistently recorded and influence planning. Social workers know the children well and are skilled at communication with children using a variety of different methods and applying observational skills to ascertain children's wellbeing. Supervision is qualitatively better in this team, is well recorded and includes elements of reflection helping to ensure timely progress.

The Children with Disabilities (CWD) Team has been part of a 0-25 multi-disciplinary SEND service which has seen the CWD and SEN Assessment Team co-located since 2016. This has improved communication and joint working between the teams. Families requesting a statutory Education, Health & Care (EHC) assessment are now screened using an Early Help Screening Tool to establish whether there are any unmet care needs, which should improve the quality of the care advice into EHC Plans and ensure families get the appropriate support.

The team is continuing to gain experience having recruited the majority of its staff as newly qualified workers 2-3 years ago. The team receives regular positive feedback on the quality of its practice from IROs, the legal team and education staff. One social worker has recently received praise from the Court.

The CWD Team is carrying one vacancy. The number of cases held by the team has increased recently and consequently the caseloads of individual workers has risen above the average at the present time. This increase is in part as a result of a backlog of assessment cases during the initial lockdown. A further factor bringing pressure on the team is the increasing number of cases requiring Court of Protection work in relation to Deprivation of Liberty. This has resulted in uneven performance against KPIs. Action is being taken to reduce individual caseloads and a limited restructure in the service is aimed at increasing management capacity to prevent management oversight and sign off being a 'bottleneck' that causes additional delays.

The range of options for short breaks in Herefordshire is quite limited. Service closures as a result of COVID have further reduced the breadth of the offer. This is despite the considerable efforts of the Council's Children's Commissioning Team and the creativity of individual social workers who continue to explore all options for increasing choice for families. A project to recruit overnight short break foster carers had good initial success but the momentum needs to be rebuilt through marketing as turnover of carers leaves a need for further recruitment. Other day-time options using foster carers are also being explored.

The ILACS inspection report also commented on strong and effective work with partner agencies (which) results in effective support to children and their families. Most of the team's referrals come via the multi-agency Single Point of Referral team which the team attends. Working relationships are strong with the transition team in adult well-being and the revised transition protocol describes expectations for cases transferring. Excellent working relationships have developed since then with the child development centre, partly as the result of the additional demands of appropriate information sharing required to address COVID.

The Ofsted Joint Local Area SEND Inspection was undertaken in September 2016. No written statement of action resulted and inspectors commented that the local area has clear procedures in place to check that children and young people who have special educational needs and/or disabilities are safe. They also commented that leaders 'have a clear understanding of the strengths and weaknesses of the different partners who contribute to the implementation of the [2014 Children and Family Act] reforms'.

There is some further learning for the team around the Mental Capacity Act, Deprivation of Liberty and Liberty Protection Safeguards. The team has undertaken training from The Edge Training, a national leader in this area of work and one of the team has recently been trained to be a 'Best Interests' Assessor. However, recent cases in the Court of Protection have highlighted further learning is required. Social Workers in the team are now shadowing staff experienced in conducting mental capacity assessments to strengthen this area of work

All of the team's internal audits have averaged 'good'. Two internal audits on the 'Voice of the Child' showed that to be a strength of the team. An audit on management oversight showed supervision to be a strength but identified the need for oversight to be more evident in case files.

How do you know it? (including outputs being measured)

Weekly, monthly and quarterly performance reports are shared with Head of Service, Team Manager and the Director. These include CWD specific performance information. Performance concerns are addressed through supervision and are intended to be proactive rather than just reactive comment when performance has slipped. Feedback from HOS/AD Performance meetings.

Team Managers sign all assessments. Court documentation is subject to Team Manager and Head of Service Quality Assurance.

All Staff are supervised in line with the corporate supervision timescales

Audits have been undertaken through the Local Safeguarding Children Board (LSCB) and internal audit arrangements. Internal audit processes include auditors reviewing the case with the worker involved to promote learning and developing a shared view of a case. Processes for the administration of short breaks and direct payments have been reviewed as part of the corporate internal audit programme (SWAP). The findings from these audit processes have been shared with the team.

Learning from the children's and corporate complaints process and Local Government & Social Care Ombudsman (LGO) findings/recommendations as well from court cases.

Views of parent/carers and the child is recorded on most workflow forms. Information is also gathered from the local parent carer forum including at the 6 monthly SEND Summits.

Feedback from partner agencies regarding communication and quality of practice.

Areas of strength, evidence

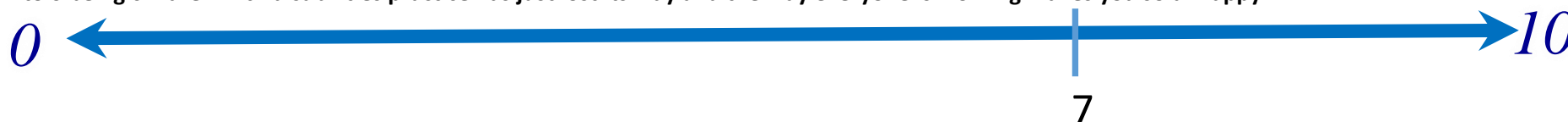
1. The safeguarding of children with disabilities is a strength with timely and planned responses to individual cases. Regular supervision and the trackers used across children's social care ensures that cases do not drift. Positive feedback from a wide variety sources in relation to team practice indicates this is a strength.
2. The use of short breaks and direct payments has developed with increasing numbers of families being supported. The graduated use of short breaks supports families in a timely way and ultimately prevents some families breaking down.
3. An experienced team of specialist disability support workers deliver a proportionate response to families with lower levels of need. The use of S2 CSDA 1970 allows support to be delivered without the need for a social worker being involved. Reviewing of these cases is via the EHCP Review offering a family a 'single plan' and review mechanism.
4. Staffing stability and a strong team ethos supports team members to deliver a good service to clients.
5. Greatly improved working relationships with health providers and the clinical commissioning group.

Areas for development, intended impact, timescales

1. Developing much greater consistency and focus around performance measures, e.g. visits and Child and Family Assessments within timescales through developing a team performance culture. March 21
2. Review of management structure and supervisory roles and responsibilities within the CWD Team. In place Jan 21.
3. Contribute to a review of short breaks and direct payments to maximize the choice for families – March 21
4. Developing a greater understanding of the Mental Capacity, DOLs and LPS across all social workers in the team to ensure that 16-18 year olds are accorded their full legal rights. Dec 20
5. Develop detailed procedures to ensure that the team meets its responsibilities as outlined in the updated Preparing for Adulthood Protocol to facilitate successful transitions to adulthood. March 21
6. Continue to progress current work being undertaken on the area of continuing care assessments and joint health and social care funding of packages and; to address the issue of delegated (Health) tasks within the provision of short breaks packages to ensure appropriate clinical oversight. March 21

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| 6. Audit evidence of good practice in relation to the voice of the child and positive feedback families in relation to the support received. | |
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Thinking about social work practice across your service and your reflection above – where are you on a scale of 0 – 10? With 10 being that social work practice within Children and Families is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being children with disabilities practice has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

Summary: Children and Families Performance team

What do you know about the quality and impact of your work on social work practice in Herefordshire?

Quality

- Timely, regular reports are being produced and distributed to appropriate colleagues in children's' services.
- Accurate data is being produced and distributed.
- Performance team lead attending monthly AD/HoS meetings to keep informed/up-to-date with the service and to respond to and get feedback on the reporting.
- Annex A/ChAT tool updated weekly and distributed monthly.

Impact

- Informs improvement plans. The Heads of Service have an accurate picture of their service area to identify strengths and weaknesses.
- Enables measurement of performance against targets and regional and national data in key areas.
- Gives each service area clear quantitative picture of where performing well and where improvements are needed.
- Embedded analysis of performance as business as usual.
- Regular reporting can now identify trends within the service, which helps to measure the impact on children of decisions made.
- Helped to establish Herefordshire on a regional basis as an organisation that wants to work with others to improve outcomes for children.

<p>How do you know it? (including outputs being measured)</p> <p>Quality</p> <ul style="list-style-type: none"> • Work/Reports are sensed checked before they are distributed. We do not send out any report which we are aware has inaccurate or questionable data. • Close working with Heads of Service and teams to ensure data is accurate. • Culture of checking any queries about accuracy of data and responding to those queries quickly and efficiently, keeping people informed of progress. • Reduction in e-mails/queries that reporting is not accurate which indicates and increase in customer satisfaction that the reporting is accurate. <p>Impact</p> <ul style="list-style-type: none"> • Performance information provided is being used to measure performance improvement in individual areas and the overall performance in the Children and Families Directorate. • Increased confidence in accuracy and presentation of information being distributed regionally and nationally. • Increasing requests for more information to inform practice improvement e.g. requests for performance information for fostering & family support • Every service area has weekly/monthly information as to measure its performance against key performance indicators e.g. visits/supervision • Assisting to embed a climate of support and challenge within individual teams, based on accurate performance information. • Enabling the organisation to measure performance against expected targets. These may be internal targets set by the service or comparisons to other authorities or Government expectations. 	
<p>Areas of strength, evidence</p> <ol style="list-style-type: none"> 1. Ability to meet core business requirement of producing clear accurate reports (we know this as the visit to Doncaster evidenced Herefordshire data reporting similar to their more established performance reporting) 2. Reporting and outcomes is online with a number of West Midlands colleagues (know this by attendance at West Midlands regional forums) 3. Skilled, stable team (no turnover, proficient SQL programming) 	<p>Areas for development, intended impact, timescales</p> <ol style="list-style-type: none"> 1. To integrate more fully into the service generally; team managers, social workers. This will give a greater understanding of social work practice/challenges. (timescale: April 2020) Progress: Shadowing or teams had been scheduled in for March/April. These will be postponed and rescheduled for June/July (assuming current social distancing restrictions have been lifted) 2. Redesign performance reports incorporating the Signs of Safety Forms (January 2021)

	<ol style="list-style-type: none"> 3. Develop team and team culture from reactive to proactive. Identify areas of reporting that could be developed to support the service (timescale: April 2021), create a system for reporting requests that encourages dialogue and collaborative planning of reporting 4. Integrate more into Children and Families Directorate ethos (e.g. pictures in reports to embed Herefordshire aims/values). Progress: Colour schemes and images are being trialed. (January 2021) 5. Establish a pre-emptive self-service approach to performance indicators to support team managers in managing workers performance improvement of the key areas (e.g. visits due, timeliness of activities). (January 2021) 6. Create a 'Performance Team Improvement Plan' to structure the progress and goals of the team in a way that has rigor, challenge and evidence of progress.
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What do you know about the quality and impact of your work on social work practice in Herefordshire? – Where are you on a scale of 0 – 10? With 10 being that the quality and impact of our work is exactly where you want to be at the moment, in fact you could not be happier about the way everyone is working; to 0 being that the children and families performance team has just lost its way and the way everyone is working makes you so unhappy.



Rationale for score

We provide robust reporting that supports the vast majority of social work practice in Herefordshire. To make our score 8/10 our reporting will be improved over the next 6 months to be more efficient and user friendly to the social work teams. This will include reducing the number of reports that get released and making many reports self-service/on demand. To achieve a 9/10, we will look to create reports that, in addition to activity based reporting, provide more insight to what is happening in social care in.

