

Worcestershire County Council – LGA Children’s Safeguarding Peer Review

Detailed Findings

The table below highlights the good practice noted by the peer review team and areas for consideration by Worcestershire and its partners:

Vision, Strategy & Leadership	Strengths: <ul style="list-style-type: none">• Corporate ownership and ambition for the service and the whole organisation. In addition, the Public Sector Executive Group has been established as the place where leadership is brought together across the County (Future Fit, as the council’s 20:20 vision, emphasises active alliances)• The Leader of the Council and the Chief Executive provide empowerment and are champions for change – have a positive and unified relationship• Cabinet role focussing on transformation has been important in identifying issues and energising action and this momentum needs to be maintained• Confirmed cross-party support for improvement of children’s services• Key leaders evidenced within the Health economy with drive and determination• Focus for improvement in children’s services is in the right areas and a good level of awareness from managers and staff of the issues associated with these areas• Workforce strategy is comprehensive and focussed on the right things with incentives for Newly Qualified Social Workers (NQSW’s)• The self-assessment showed insight and awareness• The Redditch pilot, where you are trialling with district pooling effort around complex families, is a good example of innovation and prioritisation given the levels of need in an attempt to reduce the care population• Some good initiatives such as the POD in schools, parachute resources and initiatives for professional development led by the Principal social worker• Leadership at school level and officer level is impressive with some examples of good practice. Provision for LAC within schools is good with the Virtual Head teacher and supporting officer putting
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commendable strategies in place to ensure engagement, tracking progress and provision in schools and offering excellent support learning programmes for young people.

Areas for further consideration:

- Realising the vision and articulating it – managers and staff were not consistently able to articulate the vision for the service despite clearly supporting the values of being child focused and achieving best possible outcomes
- Corporate Parenting could be strengthened across the Cabinet and with frontline councillors
- A sense of frustration was expressed by practitioners and partners about too many plans and initiatives, the number of processes and meetings were stifling swift decision making leading to drift in plans and timely outcomes
- Response to escalation is felt to be inadequate thus inhibiting the embedding of the desired culture change. A number of partners and managers reported that when issues and concerns are escalated the response is often not helpful with the issues being minimised. This view was consistently expressed and included members from Performance and QA and other agencies.
- A sense of whole service ownership and distributed leadership particularly within Children’s Social Care (CSC) needs to be established
- Demand Management strategies (Early Help and edge of care) are not yet ‘biting’ – the tracking of contacts and referrals suggest there is limited join up of the various Early Help initiatives and services
- There is also no clear referral pathway from initial contact to possible services which results in a range of possibilities that exacerbates the lack of consistency and jeopardises the timely provision of services
- Multi-agency CSE strategy – we found an inconsistent understanding of the strategic direction amongst staff and partners, which may be explained by a written strategy being embryonic at this stage
- Opportunities for more integrated commissioning could be considered e.g. across Public Health and Adult Services in terms of a family focus and the transfer of commissioning responsibilities for health visiting from October 2015

	<ul style="list-style-type: none"> • The Safeguarding Board structure review needs acceleration as currently it appears to be taking too long to make the necessary changes. This is evident in the lack of drive and influence in relation to implementation of agreed strategies e.g. Early Help, joint CSE strategy. Findings from audits do not appear to be disseminated swiftly enough • Need to further drive innovation – initiatives and ideas need to be seen through and amended in the light of feedback e.g. the unified front door
<p>Effective practice, service delivery and the voice of the child</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Through case file audits and discussions with social workers it is clear that the voice of the child does feature in case planning and case work. Children in care seen by the peer team gave a generally positive response feeling they were well supported and their views taken into account • From our observation on-site the thresholds for passing to Section 47 strategy discussions by the Access Team and discussions with the managers showed that there were appropriate decisions made. The view of CAF/CASS was that thresholds for care proceedings are now mainly appropriate; however, there are issues about exploring alternatives to care e.g. use of relatives and also the timeliness of planning. However, it is noted that following the case records review the LGA peers did question 3 of the 20 cases reviewed, considering that a Section 47 enquiry should have been raised based on the information (though none of these children were considered to be at significant risk), which aligns with the council's own views from their audits that more work needs to be done on application of thresholds. • The team saw timely decision making at the Access Centre • Social workers spoke positively about supervision and role of Advanced Practitioners in this and confirmed they had regular supervision sessions, though recording discussions was inconsistent • The team saw experienced social workers at the 'front door' who appropriately considered history when making decisions and could evidence their decision making. However, the council's own audits would suggest there are inconsistencies in practice

	<ul style="list-style-type: none"> • Managers are recording assessment plans and setting visiting requirements • Some Early Help services are working well e.g. the POD in schools and Stronger Families programme • A newly established 'Systems Taskforce' operating collaboratively across parts of the whole social care system to take corrective action to improve practice • Evidence of effective practice across the health economy e.g. the contribution to the 'Integrated Health and Care Trust Safeguarding Team' referring all serious injuries (fractures) to the paediatrician with input from orthopaedics which improves recognition of CP cases. • Good or Outstanding residential provision is in place • Evidence of good performance in securing permanency through adoption which has improved over the last year • A Child Protection Conference was observed which was well managed, well attended by all appropriate partners and concluded with a pragmatic and helpful outcome <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • Confusing Front Door – the aspiration of access to services operating through a 'unified front door' is yet to be realised. The Access Centre is still operating as two teams with the Early Help team only receiving telephone contacts (as well as other early help requests). This only consists of around 20% of social care contacts overall. This risks inconsistency in the response to contacts/referrals and confusion amongst staff involved, social workers and managers. The access Centre is not yet effectively managing demand for the service • From the visit to the Access Centre we found that cases did not always get referred on in a consistent manner. It also depended upon what resources were available in a particular area and some referrals were reported to be being sent to an Early Help Service and then being sent back. A waiting list for some early help services is building up and focus is required on prioritisation of need • The Initial Response system (where teams undertake a 'duty' role for a week at a time) divides opinion (the council's own staff survey highlights that 37% of people don't like the system). Whilst the review team could
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	<p>understand the rationale for these arrangements and desire to simplify the number of handoffs between social workers the system appears to work best in areas where there is a full complement of experienced staff. In practice the ambition to reduce the number of handoffs between social workers by allowing one worker to hold cases from referral through to completion with work is often compromised as cases are re-allocated due to either inexperience or high caseloads</p> <ul style="list-style-type: none"> • The imminent implementation of the MASH provides an opportunity to consider where decisions on thresholds for Section 17 and Section 47 enquiries are best made in order to ensure a timely response by the right service. To ensure both consistency and a timely response then a model where decisions and strategy discussions are held in the MASH provides the best opportunity to achieve this. • There may be an opportunity to think through the whole front door system in order to divert demand away from the specialist services wherever possible. This would include considering how the MASH will operate and where best to position a triage function. Establishing a triage process at point of initial contact would enable clear CP cases to be passed to strategy discussions within MASH, low priority passed to Early Help and MASH to share information and determine an appropriate route for 'amber' cases. It is also suggested that a 'no quibble' arrangement is established so that referrals from MASH/Access to appropriate teams are accepted and a regular review process can be put in place to QA the process. • There are significant concerns about the timeliness of responses to Safeguarding referrals, evidenced from the council's own audits, and a follow up case checking exercise on open Section 47 cases carried out by the peer team. This check highlighted significant concerns about safety of practice. More systemically there appear to be issues in relation to timeliness of responses with drift in cases (e.g. a high proportion of out of time assessments with a low proportion of assessments and cases including CP Plans completed within 6 months) • The requirement to complete 'the booklet' to initiate a strategy discussion is cited by staff as a reason why Children in Need rather than Sec.47 processes are
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	<p>used in some cases. This means that Working Together guidance is not being consistently followed</p> <ul style="list-style-type: none">• We met some social workers who appeared to have manageable caseloads e.g. NQSW with a case load of 12-15 cases and a new recruit with 6 cases, however, a number of social workers reported caseloads of between 25-30 cases with some reporting 30 plus. Some workers felt their caseloads had reduced but most authorities consider caseloads above 25 to be too high. This is an issue well known to the council through their own caseload management information and the workforce strategy is actively addressing these challenges.• Management oversight is also inconsistent and some social workers reported difficulties in contacting managers at times when on duty with the Initial Response Team. There is agreement about the need for more reflective and analytical supervision• Child Sexual Exploitation – some staff we met had a very good understanding of the risks associated with CSE and there are clearly areas of good practice, however, we are aware that the CSE strategy is still at development stage and understanding about roles and responsibilities of some staff and partners is currently inconsistent, despite significant work by WSCB to engage them. We suggest this needs an urgent re-focus supported through the WSCB to ensure collective ownership and accountability. This should include consideration of the management of young people who go missing from home, Care or education.• Though the threshold for a child meeting criteria for consideration of becoming Looked After appears appropriate the gatekeeping and exploration of alternative options is not robust or consistent. For older young people there is a generous interpretation of the Southwark Judgement and limited alternative provision available. For younger children alternatives such as Family and Friends, use of Special Guardianship Orders or other timely interventions seem to be used relatively infrequently (in comparison with other LAs)• There is a need to simplify and clarify the decision making process in relation to LAC and reduce the number of panels. Strong strategic leadership will be required given the significant resources tied up in this area of activity. We saw some signs that recent activity is starting to tackle these issues, determined effort will
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	<p>be necessary over time to impact on the high numbers of LAC.</p> <ul style="list-style-type: none"> • One suggestion is that the stage at which cases transfer to LAC service (currently after a permanency plan is in place) is reviewed; this would potentially help frontline teams so they can focus on improving the assessment and planning. It would also enable LAC teams to engage with children earlier and develop alternative routes to permanency. • Role of CAMHs – access to the service and waiting times, as experienced across the Country, are an issue. Specialist CAMHs support for LAC seems hard to identify and there may be an opportunity with re-commissioning to look at this in a different way • Adolescent self-harm issues have escalated rapidly such that the hospital now has a protocol on how to 'section' adolescents. The needs of adolescents were a concern to all partners • Health colleagues report working with large numbers and complex early help cases that fall below the CSC threshold. Further discussions are needed across the partnership to ensure a shared understanding of thresholds and appropriate use of shared resources.
<p>Outcomes, impact and performance management</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • There are examples of good initiatives that are having a positive impact that have engaged partners and can evidence they are making a difference e.g. the POD model in schools (health, education, social care, police and housing working together in an effective collaboration), in-house social work recruitment, the Stronger Families programme • The Stronger Families initiative has increased activity over recent months and has hit targets within timescales. However, the pathway to this resource is not used consistently and highlights the need for clear guidance and simpler pathways in order to access Early Help so that the service can be better utilised. The council acknowledge that there may have been some confusion with the shift from Phase 1 to Phase 2. • In-house social worker recruitment initiatives have been successful and the strategy is comprehensive. The focus on retention needs to be reinforced together with development and career progression for more experienced staff.

	<ul style="list-style-type: none"> • Educational outcomes for children in Worcestershire are good with many at or above the national norm but this is not currently sufficiently reflected in the outcomes for Children in Need (CiN) and Looked After Children (LAC). • There is comprehensive and well established activity in relation to Quality Assurance, audit, performance and analytical data. This includes the MACFA process and multi-agency data collection by the WSCB and has assisted in achieving a high level of self-awareness • The Health economy has a good safeguarding assurance process in place across both community and acute settings; these include focus on neonatal deaths, serious incidents and monthly HR reviews to check staff against safeguarding criteria Early Help commissioners have developed an improved contract monitoring tool in the 'early help dashboard' though this is yet to be evaluated <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • The major re-design is not yet having the desired outcome with limited evidence to show that recent changes have addressed issues • There are issues about pace at all levels both strategically and at case level. This includes issues such as achieving timely assessments, disseminating findings from audits and progressing major changes • Whilst quality assurance appeared to be of good quality in itself, findings were not necessarily well understood or owned. The results of a recent deep dive within CSC were being debated by managers and staff had a range of views about priority areas for practice development. • Performance management could be enhanced – it is unclear how performance issues are escalated e.g. team managers were unclear about how delays in processes would be followed by Group Managers. • Senior Managers acknowledged that they hadn't considered incomplete/in progress Section 47 enquiries within their performance information. • There is a need to establish a stronger 'learning loop' that can clearly evidence actions and improvement plans that are focussed, refreshed and informed by on-going audit activity • There is confusion between the Early Help strategy and the range of commissioned early help services. It is too
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	<p>early to judge the effectiveness of commissioned early help services at this stage</p> <ul style="list-style-type: none"> • Children’s social care currently has an enthusiastic but relatively inexperienced workforce at both practitioner and team manager level. The risks of this in respect of performance and risk adverse culture need to be managed
<p>Working Together (including Health and Wellbeing Board)</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • The high level buy-in to the partnership is benefitting children’s services • Strong and committed partners – Health view is that urgent child protection cases are dealt with effectively (the concern is children who sit on the cusp of the threshold) • Police report positive working relationships with children’s social care, they have a good relationship at Group Manager level and have no need to escalate • WSCB has recognised the enormity of its agenda and has taken positive actions to re-structure • Good frontline partnership e.g. reduction in escalations from Police and Health • Tangible examples of partner engagement evidenced by the peer team • Multi-agency training and development was considered to be accessible and effective across partners <p>Areas for further consideration:</p> <ul style="list-style-type: none"> • Ensuring a sense of collective accountability shared across partners which can have impact. The delays in progressing the MASH are an example where partners have different perspectives and may have been able to work together more effectively. Another example is that the team found it difficult to track Serious Case Review processes • From an education perspective more effective communication is deemed to be critical with regard to the WSCB. This might be an opportune time to consider an Educational sub-group to underpin the work of the Board though this must be balanced with current number of sub-groups • The level of challenge and scrutiny within WSCB is under developed and the Board needs to do more to drive improvement (council self-assessment also refers)

	<ul style="list-style-type: none"> • WSCB has a lot of priorities with a large Executive and Board; there is a need to focus on key areas and improve the relationship between sub-groups and the full Board • Multi-agency arrangements to support partners in managing key risk areas e.g. CSE, MASH have been slow to develop with confusion around Early Help e.g. many uncertain whether the POD model took the place of Early help or was part of it • Police and Crime Commissioner (PCC) has invested £1.3m in CSE to fund posts and a full CSE team, however, this is not yet joined up with missing children service (Police missing person co-ordinators are based elsewhere and there is no join up with low attendance in schools). Performance in respect of Return home interviews has been variable but should now improve with a commissioned service • No workforce development strategy with a plan to train staff, foster carers, residential workers. • Health and Wellbeing Board (HWB) has the potential to make a greater contribution to children and family services e.g. linking to CSE and Early Help. • There are gaps in effective working with Districts around homeless 16/17 year olds and uncertainty around the effectiveness of the Homeless Intervention Team (HIT). • Some head-teachers appear unaware of the breadth and depth of help available from the Virtual School for LAC.
<p>Capacity and managing resources</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • There is now a recognition of and commitment to driving the financial strategy to address cost pressures • Strong corporate ownership with prioritisation of children’s services and investment for re-design of the service • Corporate Support for children’s services covering IT, Legal, Human Resources, Performance and Property provides a strong foundation on which to build and grow the service. In our view the level of corporate support appears appropriate and is prioritising children’s services (e.g. strong workforce development which has resulted in recruitment of many new social workers, flexible working has been enabled and there is good analytical support).

- Staff report that morale generally is high
- Strong capacity in the finance team with robust detailed projections and cost of placements. The new placement team should be beneficial
- There is a very positive view held by social workers who feel valued and are especially positive about their support in relation to ASYE and CPD. Team managers and staff demonstrated potential and a commitment to children and families.
- Agile working – technology is in place to reap the benefits from flexible working arrangements but staff need to be encouraged to harness and embrace the technology
- Sector led improvement work is well developed across the West Midlands Region and Worcestershire are a key member of this group enabling sharing of information to drive improvement and performance
- Health capacity for safeguarding appeared strong e.g. a year round school nursing service is being considered which might help the perceived gap in tier 2 CAMHs

Areas for further consideration:

- The previous LAC strategy was not appropriately targeted on reducing the high numbers of children in care and supporting alternative options for vulnerable children and young people. The timescales for reducing LAC numbers and the resulting spend were not realistic, however, from discussions with performance and commissioning managers it was apparent that since the beginning of the year there has been a more rigorous approach that is more likely to achieve the desired results.
- The current workforce is a real asset and the focus on retention is correct. There are some unintended consequences emerging within the workforce with pay differentials and career progression being potential risks to retention. As part of a service and financial recovery some consideration of 'invest to save' regarding developing managers and social workers needs to be incorporated into the overall financial projections
- Resourcing for the Front Door and MASH need careful consideration to achieve the intended benefits
- Some social workers described a feeling of isolation at times due to flexible working arrangements and this

	<p>requires some attention so that they can be best supported particularly after difficult visits. Also staff report a culture and expectation of working long hours; presumably a wider social work health check would allow a better understanding of these issues.</p> <ul style="list-style-type: none">• The team would suggest a 'back to basics' approach to tackle the urgent issues around safeguarding. As part of this considering how the role of Team Managers is developing would be worthwhile, given there are no deputising roles in the structure. In the short term they will need to focus on operational practice, assessment, case planning and supporting the social workers. Some rationalisation of meetings and prioritising their roles and responsibilities may be desirable• The council has recognised that the issue of caseloads requires some attention with a mixed picture, some social workers having reasonable caseloads others having high caseloads. The assumptions about a predicted 15% reduction that were made prior to the redesign have not materialised. Resources may need to be allocated more flexibly between teams to reflect differing levels of demand; the team heard that some of this is already in place. The number of experienced social workers in teams plays a pivotal role. Distribution of resources as part of any improvement plan would be helpfully aligned to assessments being turned round with more pace.• Joint/integrated commissioning should be more actively considered e.g. with Public Health and Adult Services to build capacity and streamline services• Some commissioned early help providers considered that the current 3 year contract duration was insufficient to realise full benefits from potential efficiencies and impacted upon their ability to attract and retain staff of quality. A review of procurement/commissioning strategy with longer contract durations might be helpful, alongside consideration of whether the right services have been commissioned.
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