

A summary report of improvement work carried out by Essex County Council to assist Worcestershire CSC on their improvement journey

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Introduction and background

Following the Ofsted findings published on 24 January 2017 when Worcestershire Children's Services were judged inadequate, a Commissioner, Trevor Doughty, was appointed by the DfE. Following his initial findings, it was decided that to increase the pace of change an improvement partner should be appointed.

In July 2017, Worcestershire County Council (WCC) commissioned Essex County Council (ECC) to work with them as their improvement partner. WCC chose to work with Essex's Children and Families Service because Essex has experience and a proven track record in successfully delivering improvement work both within Essex and externally with other authorities.

Essex use a unique diagnostic model in their work with external authorities. This model was initially introduced in Essex as part of their own improvement journey which took them from being in government intervention to gaining an Ofsted grade of 'Good' in January 2014. The model looks in detail at individual frontline teams, providing a high level of challenge and clear recommendations for improvement. The findings are then analysed in order to summarise the findings for each service. The team diagnostics are now 'business as usual' in Essex and have contributed to significant improvements in recent years to the quality of social work.

In all our work with other authorities we use this diagnostic model and also undertake 'deep dive' visits to other services. Part of the model's success is the involvement of managers from the authority we are working with on each visit. Having Essex and Worcestershire social work managers working in collaborative diagnostic teams meant that Essex colleagues were provided with essential contextual information to make sense of the social work practice they were observing and evaluating. It has also meant that Worcestershire colleagues were able to see in practice the team diagnostic model routinely used by Essex to evaluate and improve social work services within and outside of Essex.

The diagnostic visits are followed up with bespoke learning workshops for each service, regular liaison between senior managers and QPRM (Quality Performance Review Meetings) chaired by Helen Lincoln (DCS and Executive Director for Children and Families at ECC).

A summary of the work undertaken by Essex with Worcestershire

Essex have used the improvement tools and techniques described above to carry out 23 team diagnostic visits and four deep dive visits in Worcestershire. Two suitably skilled, experienced and qualified children's social work managers from

Essex paired with two managers from Worcestershire for each of the day long Team Diagnostic visits.

The core of the approach has been to undertake a team by team diagnosis of the Referral and Contact team and MASH, three Assessment teams, nine Safeguarding teams, two Children in Care Permanency teams, three Leaving Care teams, two Children with Disabilities teams and three specialist Family Support teams.

The 23 diagnostic visits took place between August 2017 and January 2018.

At the end of each day verbal feedback was given to managers of the service that had been evaluated by the diagnostic team. This was followed up with Essex sending a summary report and a more granular form which analyses team performance. The relevant WCC Team Manager then devised an action plan based on the suggestions and recommendations of the diagnostic team.

The information from all the diagnostic visits has been analysed to give an overall summary of the findings and these are shared in four learning workshops taking place between January – March 2018.

A Quality Performance Review Meeting (QPRM) chaired by Helen Lincoln Executive Director took place on 27/11/17 (notes available)

Findings

The following summary focuses on the service vulnerabilities and areas for improvement. The summary also details service strengths - in essence the things that Worcestershire should continue to do and use as building blocks for continuous improvement. Worcestershire were already aware of many of our findings and are being very proactive in addressing areas of concern, including a restructure of teams to smaller manageable numbers (see Worcestershire Operating Model and Structure Chart in Appendix):

- The new area structure is working well
- The strengthening of management and staffing in the Initial Contact and Referral Team has led to a much improved service at the front door
- The operational teams are too large for one Team Manager to manage and some there is some duplication with the Practice Lead role
- Most teams were graded as 'requires improvement'
- Redditch/Wychavon and Worcester /Malvern areas are more stable in management and there is evidence of developing improved practice and good morale
- Caseloads in Safeguarding Teams are too high and this challenges the ability to work across CP/CIN/Proceedings/CIC
- Practice is being stifled by the amount of work in the system with some over-intervention for families

- There is a high number of CIN cases that need to be closed or stepped down
- There is evidence of inconsistency in applying the threshold for early help
- Greater clarity is needed regarding Early Help – this needs to be one service
- There is too high a percentage of s.47s and C&F assessments that are NFA
- CIC permanency cases stay in Safeguarding teams due to lack of capacity in LAC permanency Teams
- The Contact Service needs developing – Social Workers in Safeguarding Teams spend hours each week supervising contact
- There are performance issues regarding: Chronologies, plans and assessments being out of timescale or not in place (this is being worked on as part of service business plans)
- Audits and learning from audit needs to be strengthened
- Need to recruit a higher number of ASYEs
- Missing and CSE procedures and data needs developing
- The Care Leaving service needs to improve communication with teams - transfers are happening very late
- We question long-term plans for children to stay in residential homes
- Direct work with children/parents and care leavers needs developing
- Aspirational care permanency planning needs to be develop. Plans need to be more SMART
- Recording , genograms and chronologies need attention

Individual Team Diagnostic Findings

The findings of the Diagnostic Teams for each service function will be outlined in terms of the following four quality domains:

- Effectiveness of case allocation and workload management arrangements
- Quality of practice and direct work with children and families including recording
- Quality of performance monitoring and supervisory arrangements
- Effectiveness of joint working between social care and other agencies

Each of the four domains was evaluated using the Ofsted grading scheme of inadequate (I), requires improvement (RI), good (G) or outstanding (O).

Contact and Referral and Assessment Teams

The overall judgements of the Diagnostic Teams

Quality domain	Grading
Effectiveness of case allocation and workload management arrangements	RI (3 x RI)
Quality of practice and direct work with children and families including recording	RI (3 x RI)
Quality of performance monitoring and supervisory arrangements	RI (3 x RI)
Effectiveness of joint working between social care and other agencies	RI (3 x RI)
Overall conclusion	Requires Improvement (3 x RI)

Safeguarding Teams

The overall judgements of the Diagnostic Teams

Quality domain	Grading
Effectiveness of case allocation and workload management arrangements	RI (5 x RI, 3 x I, 1 x G)
Quality of practice and direct work with children and families including recording	RI (9 x RI)
Quality of performance monitoring and supervisory arrangements	RI (5 x RI, 4 x I)
Effectiveness of joint working between social care and other agencies	RI (6 x RI, 3 x no judgement)
Overall conclusion	Requires Improvement (7 x RI, 2 x I)

LAC Permanency Teams

The overall judgements of the Diagnostic Teams

Quality domain	Grading
Effectiveness of case allocation and workload management arrangements	RI (3 x RI)
Quality of practice and direct work with children and families including recording	I (2 x I, 1 x RI)
Quality of performance monitoring and supervisory arrangements	RI (2 x RI, 1 x RI / I)
Effectiveness of joint working between social care and other agencies	RI (3 x RI)
Overall conclusion	Requires Improvement (3 x RI)

Care Leaving Teams

The overall judgements of the Diagnostic Teams

Quality domain	Grading
Effectiveness of case allocation and workload management arrangements	RI (2 x RI)
Quality of practice and direct work with children and families including recording	RI (2 x RI)
Quality of performance monitoring and supervisory arrangements	RI / I (2 x RI / I)
Effectiveness of joint working between social care and other agencies	RI (2 x RI)
Overall conclusion	Requires Improvement (2 x RI)

Children with Disabilities Team

The overall judgements of the Diagnostic Teams

Quality domain	Grading
Effectiveness of case allocation and workload management arrangements	RI (2 x RI)
Quality of practice and direct work with children and families including recording	RI (2 x RI)
Quality of performance monitoring and supervisory arrangements	RI (2 x RI)
Effectiveness of joint working between social care and other agencies	G (2 x G)
Overall conclusion	Requires Improvement (2 x RI)

'Deep Dive' Visits

The following 'Deep Dive' visits have also been undertaken:

- **Placements and Residential**
- **Fostering**
- **ICT and Performance Data**
- **Workforce, planning and learning and development**

Comprehensive reports have been provided for each service area outlining areas of strength, weaknesses and recommendations.

Conclusion

Colleagues in Worcestershire are clear that they are on an improvement journey and have worked to enhance and promote the pace of change that is required.

Their new operating model is forward looking and innovative and structural changes are already taking place. The new model also addresses many of the issues identified by both Essex and by Ofsted in their monitoring visits

In our working relationship with Worcestershire we have found them to be very proactive and positive and diagnostic visits and deep dives have been well received by both senior managers and teams. Coupled with this it is good news that a marked improvements in pace and change have been noted in the last two monitoring visits from Ofsted in October 2017 and January 2018.

Having worked in collaboration with ECC managers during the diagnostic and deep dive visits, Worcestershire managers are now in a good position to adopt the team diagnostic model as part of their routine quality assurance and improvement processes in the future.

Appendix

Operating Model:



Business Case and
Consultation Paper fc

Structure Chart:



Children's Social
Work Structure FEB18