BRIEFING NOTE
Agenda Item no. 6

TO: Children and Young People Scrutiny and Performance Panel
DATE: 30 October 2012

RE: Update regarding Improvement Plan for Safeguarding and Looked after Children Services

Purpose

To provide the panel with an overview of the developing Improvement Plan relating to the Ofsted inspection of Safeguarding and Looked After Children (SLAC) services and the anticipated Improvement Notice.

Background

1. The Ofsted Inspection of Safeguarding and Looked After Children Services took place at the end of June and the subsequent report, which judged safeguarding services in Walsall to be inadequate, was published at end of July. Following the Ofsted judgement, the Parliamentary Under Secretary of State for Children and Families wrote to the Leader in August setting out his intention to issue an Improvement Notice to the Council. This is usual practice following an inadequate inspection outcome.

2. In September at the inaugural meeting of the Improvement Board a very long and detailed draft Improvement Plan was presented and it was recognised that a more strategic format was required, recognising this would be supported by a suite of delivery plans, detailing action being taken.

Current Position

1. In October the Improvement Board received a refreshed, strategic draft Improvement Plan. The draft Improvement Plan has been updated to reflect the areas of focus the draft Improvement Notice and now includes 3 distinct themes:
   - Quality and effectiveness of front line practice
   - Improving the quality and effectiveness of partnerships and governance
   - Capacity, capability and culture.

2. The improvement plan details the outcome that is sought and is aligned to the Ofsted recommendations. It is intended that the required action / objective as detailed in the Improvement Notice will also be included alongside the outcome.

3. In September the Improvement Board resolved to adopt the standard Red, Amber, Green monitoring process. There is significant overlap in the areas for improvement identified in the Ofsted report in terms of the delivery of frontline services and the quality of frontline practice. It has been proposed to the Improvement Board that each objective from the Improvement Notice will have a RAG update rather than each individual Ofsted action.

4. A multi agency operational delivery group is being established, the first meeting of this will occur early November. The purpose of the group is to ensure the actions as required by the Improvement Notice are appropriately reflected, resourced and

delivered, oversee delivery of the delivery plans, monitor and manage risks associated with the delivery of the improvement plan and work collaboratively to provide the Board with requested information and provide ongoing support to the Board in the delivery of its role and remit.

5. A key improvement driver will be the establishment and embedding of minimum practice standards and management oversight of this within a quality management framework across the children's social care workforce.

6. The attached extract (appendix 1) aims to assist the Scrutiny and Performance Panel with consideration of key lines of enquiry and questions they could apply when scrutinising safeguarding services.

Recommendations

The Scrutiny and Performance Panel are recommended to:

1. Note the work undertaken and progress made to develop the infrastructure for monitoring improvements and reporting arrangements for the Improvement Board.

2. Agree the frequency of updates to the Scrutiny and Performance Panel so information being presented is timely and aligns with the role of the Improvement Board.

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Module 3
Examples of questions for leadership/scrutiny bodies to ask

Explanation

When senior management, leadership and scrutiny Boards/Committees have safeguarding performance reports and information presented to them (such as in Module 5), then to make sense of them they will need:

- a clear picture in their heads of what 'good' would look like in terms of the quality and outcomes aspired to (Module 2), so they have a benchmark
- confidence to ask the kinds of questions that can get below the surface of the information in reports.

This will make the reflection more empowered and constructive – and therefore increase the chances that any development that is needed will take place.

As in the other Modules, the questions set out below are just **examples** to get people thinking and discussing; individual organisations may well come up with more useful ones.

The questions can be framed in terms of **'you/your'** or **'we/us/our'** depending on who or which body is asking the question.

Practice content areas

Priority service areas

- What are the safety and wellbeing outcomes for children and families that you are trying to deliver in this area?
- What are the kinds of outcomes that the 'child protection' and 'children in need' care planning arrangements are effective in delivering, and what are the ones they are not?
- In CP/Children in Need (CIN) cases where good outcomes have been achieved, what have been the reasons?
- What are parents saying about their experience of the Children's Social Care 'front door'/health visitor/midwifery services in terms of how they were treated and whether they were helped?
- How many stages do referrers to the Children's Social Care front door go through before they speak with a social worker?
- What's the average length of post-qualification experience of social workers in the Children's Social Care front door /midwives working with vulnerable mothers/health visitors working with vulnerable mothers/supervising officers in the Child Abuse Investigation Team (CAIT)/ nurses in A&E?
- Are antenatal assessments and support arrangements the same in all acute trusts in the LSCB area?

- If mothers' attendance at antenatal appointments is poor, is the response systematic professional activity to engage?
- How do staff in A&E find out information about children held by Children's Social Care (i.e. do they have a conversation with a professional or is it an administrative process?)
- Does A&E have paediatric nurses on 24 hours per day?
- What are the strengths and weaknesses of health visiting services for vulnerable parents/antenatal assessment and support services identified by partner agencies?
- From point of referral to completion of a CP/CIN plan, how many different social workers would a parent have to speak with or get to know as a result of the service's organisational arrangements or business processes? (i.e. not taking in account changes arising from staff leaving).

Vulnerable groups of children

- What are the safety and wellbeing outcomes for children and families that you are trying to deliver in this area?
- Which are the priority vulnerable groups that your agency or partnership should be focussing on and why?
- Do all health providers proactively follow up children who do not attend appointments?
- How many children are you aware of who are being educated at home? What do you do proactively to promote their safety and wellbeing?
- How confident are you that professionals in specialist services (e.g. education welfare, fostering and adoption, leaving care, YOS) have the skills and knowledge to identify and respond to safeguarding concerns?

Specific risk issues

Domestic violence

- What are the safety and wellbeing outcomes for children and families that you are trying to deliver in this area?
- What are the trends in respect of reported incidents of domestic violence and what do these tell us?
- What's the evidence that the local domestic violence strategy, LSCB business plan and CYPP are co-ordinated and integrated with each other? Do they contain measurable outcome objectives – are these outcomes achieved?
- Are there apparent resource or service gaps e.g. programmes for perpetrators?
- If domestic violence has been identified as an area requiring action in previous SCRs, what's the evidence that required developments have resulted in improved outcomes for adult victims and children?

Adult mental health

- What are the safety and wellbeing outcomes for children and families that you are trying to deliver in this area?
- Have recent SCRs or serious incidents highlighted concerns about adult mental health and the safeguarding of children; have these concerns now been addressed in that there is evidence children whose parents have mental health needs are now safer?
- What are adults with mental health needs and their children telling us about what we're doing well and what we need to improve on?
- What are other areas doing to promote a 'Think Family' approach, and with what results?
- How many children in the local authority area do you know are living with carers who have mental health needs?
- What are frontline professionals saying about the strengths and weaknesses of partnership working

between children's services and adult mental health services?

- To what extent is adult mental health a feature of Children in Need or Child Protection cases? (Children's services)
- Are you confident that you know whether the adults you are working with have responsibility for the care of children or regular contact with them e.g. lodging in a household with children, working with children, grandparent, sibling or 'babysitting'? (Adult mental health services)

Partnership working: how well professionals and organisations work together

- What partnership working issues were raised as causes for concern in our last three SCRs; what's the evidence that practice and outcomes for children are now different?
- Which are the services (both inside and outside of our organisation) that your staff report having positive working relationships with; which are the services where relationships are poor?
- What do professionals say gets in the way of effective partnership working?
- How do professionals in other agencies experience our service?
- What are the opportunities for professionals in this area to build direct relationships with each other?
- Are there particular professions or services which are not engaging adequately in inter-agency safeguarding activity (e.g. non-attendance at conferences, inter-agency training).

Organisational/practitioner content areas

Workforce: relationships, clear thinking, capacity

- Which are the most important professional groups to focus on in this

organisation or partnership in terms of safeguarding?

- How can you be confident that staff are showing the proper respect and empathy to form effective relationships?
- What proportion of social workers', doctors' or police officers' time is spent in face-to-face contact with children and families?
- What are the arrangements for ensuring that frontline staff and managers have time during their working days for calm reflection?
- Which are the areas that require the most experienced staff and managers? How experienced are the staff and managers in these areas?
- Does another local authority/health trust/police team have a higher level of permanent staff than you, and if so how have they achieved this?
- What's the variation in terms of experience, turnover and permanence of staff between different teams/areas?
- Do some teams/services/schools/GP practices have relatively higher level of allegations against staff/complaints than others?
- Do any of the services depend excessively on the contribution of one or two people, whose absence would then have a disproportionate impact on the safe and effective running of the service?
- Do the specialist safeguarding staff in our organisation (e.g. Designated Doctors and Nurses, safeguarding lead for education) consider that they have adequate capacity to fulfil their role to the required standard?
- Does the safe running of the service depend on managers and professionals consistently working excessive hours?

Safeguarding wisdom, supervision and support

Safeguarding wisdom

- Do children and parents contribute to the shaping and delivery of learning and development inputs?
- What range of methods are used to achieve the desired learning outcomes in addition to classroom based training courses?
- Which elements of our learning and development strategy do you evaluate and to what level?
- Are there professional groups or particular service areas where staff are not receiving (or not taking up) the learning and development opportunities the agency or partnership specify as necessary?
- Which professionals are best represented on multi-agency training courses, and which are least?
- What are the practice improvements that the learning inputs have delivered?
- What are the wellbeing outcomes for children and families that the improved practice has delivered?
- What is the evidence that the practice weaknesses identified in our SCRs are no longer risk areas?
- Do we have a complete picture of the learning and development received by all relevant members of staff?
- Do your learning and development strategies equip staff to develop effective engagement and relationships with parents (especially hard-to-reach or change parents) and children – including being able to speak directly with children around the issues that may contribute to maltreatment and asking child-focused questions?

Safeguarding supervision and support

- What's the evidence that safeguarding supervision is having an impact on the quality of practice and the outcomes being achieved for children and families?
- Which are the staff and management groups in your agency and contracted services and professionals that require safeguarding supervision?

- Are there any staff group's not receiving safeguarding supervision to the required quality and quantity?
- Is the frequency of supervision in your policy based on an evaluation of what is needed, or existing capacity?
- What are supervisees saying they experience as positive about their supervision, and what are they saying needs improvement?
- When was your safeguarding supervision policy last reviewed?
- What level of safeguarding supervision are newly qualified social workers, midwives, health visitors and CAIT officers receiving compared with more experienced staff?
- How well integrated are 'learning and development' and 'safeguarding supervision' so that they are mutually re-enforcing?
- What are the arrangements for GPs/ designated teachers etc to receive safeguarding supervision?

Organisational culture

- What kind of organisational culture do we want?
- How do lead councillors/board members/ chief executives/senior managers get a first-hand understanding of how children and families experience the organisation?
- How do lead councillors/board members/ chief executives/senior managers get a first-hand understanding of how frontline staff and managers experience the organisation?
- What do children and families like about how we treat them? What do they think we could do better?
- What do frontline staff and managers say is positive about the culture of this organisation/their service? What do they think we could do better?
- How do you know if the values and behaviours you espouse are manifested at all levels in the organisation and in all sections?
- What hours are staff and managers routinely working in this organisation?

- What are the main messages about our organisation's culture from the last 20 exit interviews?
- What are examples this year of how the ideas of frontline staff have been implemented by the organisation?
- How do you highlight, praise, reward and promote good practice?

Use of resources and evidence-based practice

Resources

- Which of your services and safeguarding arrangements do you know are having a positive impact on the safety and wellbeing of children? Where you don't know this, what can you do to build up your knowledge?
- What balance do we want between investment in services that have an early intervention or prevention focus designed to reduce the likelihood of abuse and neglect starting or developing further, and those 'treating' the impact of such abuse or neglect?
- What will the impact of this funding decision be on the safety and wellbeing of children?
- What funding decisions affecting safeguarding are being made by our partner agencies, and what is the cumulative or knock-on effect of those decisions?
- What is the balance between funding of frontline and support or 'back-room' services? What is the impact of resource decisions regarding support services on frontline services?
- Are there resources or partners in the community that could be engaged in the safeguarding of children?
- Are there things that could be done to promote good safeguarding outcomes that have no or low cost?

Evidence-based practice

- Do you have a good enough understanding of the nature of 'safeguarding children's need' in this area?

- Which are our main services / processes for responding to this need (e.g. the 'front door service of children's social care; the police response to domestic violence calls, parenting programmes, antenatal care, A&E, parental substance misuse services)?
- Which of these services are using models which have been formally evaluated through robust research or external validation elsewhere as being effective in delivering the desired outcomes?
- For those services which have not had such independent and formal evaluation or validation, what work has been done locally to evaluate their effectiveness?
- What are your future plans to evaluate the impact of your services?
- What models do other areas use – what is seen as good or best practice?
- To what extent do the major safeguarding related strategies (e.g. Hidden Harm, domestic violence strategy) start from a clear statement of desired outcomes, and then set out **evidence-based** lines of work and development to deliver the outcomes?
- What is the evidence that our training and development inputs are based on the latest messages from research?
- Do staff have adequate time to identify research relevant to their current cases?
- In addition to traditional training, how else does the organisation ensure that its managers at all levels and frontline staff have an up-to-date understanding of messages from research, and translate these into practice?
- Do we have staff with the skills to undertake evaluations of services?
- What's the theoretical framework that our practitioners use in their work?

Wider picture content areas

The impact of poverty and poor housing

Appendix 1

- What are the safety and wellbeing outcomes for children and families that you are trying to deliver in this area?
- How do local services keep a track of and engage families who move a lot, and ensure that homeless families do access universal services?
- What are parents and children in homeless families saying about their experience of being homeless and the support and services they receive?
- What is the evidence that staff dealing with homeless families, families living in non-decent or overcrowded housing conditions are alert to signs of abuse and neglect?
- What work is the fire service undertaking to reduce the dangers to families living on poor housing?
- Give examples of the worst housing conditions that you know children for whom you are responsible are living in, and the stories of their experience.
- What initiatives are taking place locally to reduce the number of children living in poverty or poor housing, and what is its impact?
- What evidence is there that your staff understand the impact of poverty and poor housing on parenting and the safety and wellbeing of children?