

Children and Young People's Scrutiny and Performance Panel

**Agenda
Item No.
8**

17 July 2013

Children's Services Improvement Activity

Ward(s) All

Portfolios: Cllr R Andrew – Portfolio Holder for Children's Services

Executive Summary

This report is an update for Scrutiny on Children's Services improvement priorities and activity.

Recommendations

1. To scrutinise the strategic activity to date and direction of travel outlined in the proposals for the Phase 2 Improvement Plan and Performance Report.
2. To note the presentation and accompanying reports, to the DfE as part of our 6 month improvement notice review.

Background papers

Minutes from Children and Young People's Scrutiny and Performance Panel meetings in August, September, October, November 2012, January, February and March 2013.

Ofsted Report – Inspection of safeguarding and looked after children services published July 2012.

Improvement Notice – published November 2012.

Resource and legal considerations

The strategic and operational improvement plans are underpinned by resources, with the expectation that the Council and partner agencies will continue to contribute to ensure that resources across the partnership are prioritised to improvement needs.

The Parliamentary Under Secretary of State for Children and Families has exercised his power to issue an Improvement Notice that contains a concise range of outcome driven targets to address the issues raised in the inspection. If the Council and partners fail to comply with the Improvement Notice by the assessment dates, then the Secretary of State for Education can use statutory powers of intervention (s497A Education Act 1996) to direct the Council to enter into appropriate arrangements to secure the necessary and rapid improvements required in children's services.

Citizen impact

Improving Children's Services will ensure the partnership works '*better together*' for children in Walsall so that they are safe, happy, healthy and with a bright future.

Performance and risk management issues

Failure to adequately deliver sustained improvements to services and therefore meet the requirements of the Improvement Notice risks the safety and protection of children and young people. The delivery of the objectives in the improvement plan will be risk assessed and mitigated as appropriate.

The Improvement Board monitor progress and impact on a monthly basis. This is in addition to developing service and partnership wide performance management and quality assurance arrangements. The Department for Education (DfE) will also assess and evaluate progress and impact on a 6 monthly basis. This will include written reports from the independent chair of the Improvement Board as well as other supporting evidence, including external review and inspection.

Children's Services was inspected by Ofsted between 24 June and 3 July. The inspection report will be published on 2 August 2013. The inspection considered key aspects of a child's journey through the child protection system, focussing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered.

Equality Implications

Has an Equality Impact Assessment been carried out? No

Consultation

There is on-going engagement with partners at a strategic level at the Improvement Board. One aspect of improvement is to ensure that other key partnership boards e.g. the Walsall Safeguarding Children Board (WSCB), the Children and Young

People's Partnership Board (C&YPPB) and the Health and Wellbeing Board are productive, mutually challenging and impact positively on better outcomes for children. At an operational level, a multi-agency group, chaired by the Assistant Director Specialist Services, representing all key partners, is championing the implementation of the delivery plans which underpin improvements.

Staff and partner briefings are now in place on a 6 weekly basis to ensure key messages are communicated and to provide regular opportunities to capture feedback and learning from those delivering the services. Regular visits to teams and services provide additional opportunities for feedback and feed-forward as do email updates.

Contact Officer:

A handwritten signature in black ink that reads "Rose Collinson". The signature is written in a cursive style and is positioned above a horizontal line.

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Report

1. Context

- 1.1 Children's Services in Walsall were judged to be inadequate by Ofsted in a report published at the end of July 2012. Following the Ofsted judgement the Parliamentary Secretary of State for Children and Families issued an Improvement Notice to the Council in November 2012. This is usual practice following an inadequate inspection outcome.
- 1.2 This report provides a summary of improvement progress to the Scrutiny Panel against actions in the Improvement Plan since the last Panel meeting and improvement priorities for the next period.

2. Summary of progress since last report

Improving the quality of partnerships and governance

2.1 Walsall Safeguarding Children Board

2.1.1 Our positive progress towards building a strong and effective Safeguarding Board took a significant step forward with a well-attended multi-agency action planning event on 22 May, which confirmed the high level strategic linkages between the new WSCB Business Plan, the Safeguarding Improvement Plan, the Health and Well-Being Strategy and the Children and Young People's Plan. The event was aligned with sign-off of the new WSCB Business Plan, with the specific purpose of identifying and agreeing robust action plans for each of two key WSCB Committees who are tasked with delivering WSCB outcomes in relation to:

- Policy, Procedures & Training
- Quality Assurance & Performance

2.1.2 The event had an additional benefit of bringing key senior partners together for a clear and direct conversation with independent facilitation and external challenge, focused on the accountability and oversight of the WSCB for long-term delivery of sustained improvement to safeguarding children in Walsall.

2.1.3 The output from this event is sharply focused work-plans for the Committees which will be actioned with immediate effect to sustain the momentum in this positively developing aspect of our improvement journey.

2.2 The Walsall Children and Young People's Partnership Board

2.2.1 Our Children and Young People's Plan (CYPP) has now been launched as a web based publication, co-ordinated by a Walsall College student. The plan includes clear and negotiated partnership priorities for improvement and delivery plans, detailing what each agency will contribute and how the Board will hold all agencies to account for improving outcomes for children. The plan sets out eight sharply focused partnership priorities, which take account of the

Joint Strategic Needs Assessment (JSNA) and are aligned to the joint Health and Well-Being Strategy and the WSCB Business Plan. Each CYPP priority has a Board Member acting as sponsor, who has committed to champion the priority and be held accountable for improved impact and outcomes through the oversight of delivery of a robust work-plan.

2.3 The Health and Well Being Board

2.3.1 The Health and Wellbeing Strategy has now been agreed by full Council. Two of the key ambitions specifically and directly relate to children and young people:

- Give every child the best start in life.
- Enable all children and young people to maximise their capabilities and have control over their lives.

2.3.2 And four of the 16 recommendations for action in 2013/14 focus on improved outcomes for children:

- Better identify and provide early help to vulnerable parents by undertaking a joint LA/NHS review of services and performance within antenatal pathways and Children's Centres to contribute to effective early help services for children and their families (*subject of another item on this agenda*)
- Improve early years offer across childcare, nurseries and Children's Centres to increase school readiness.
- Work with parents, schools, education and training providers to enhance aspirations and reduce absences to minimise the attainment gap between the least and most deprived children and young people in Walsall.
- Increase access to evidence-based parenting programmes, targeted at those most in need.

Focused work-plans have been developed for each of these.

2.3.3 Additionally the Accountable Officer to the CCG, the Director of Public Health and the DCS were tasked by the Health and Wellbeing Board (HWB) to evaluate ourselves against key strategic questions from the Children and Young People's Health Outcomes Forum challenge to HWBs to make an effective contribution to improving health and well-being outcomes for children. This self assessment report was discussed by the HWB at its meeting on 10 June and is informing joint commissioning arrangements going forwards.

3. **Capacity, capability and culture**

3.1 Better together for Children - vision and ambition for Children's Services:

The principles, values and ambitions for children and young people across Walsall continues to be communicated and endorsed in practice across the

council and across the partnership through face-to-face conversations, briefings, meetings, presentations and engagement sessions. The May staff and Partnership engagement session informed by feedback from colleagues focused on children's voices and views and change management, looking particularly at strategies to listen and learn from children and young people and the implications of practice change, personal change and professional change.

3.2 Overall, participants were positive and constructive about the sessions:

'An interesting and thought provoking session with a good balance of listening/watching and opportunity to speak with colleagues from a range of other areas/with different roles and experiences'

'Useful to have inputs from Strategic Leaders, Team Leaders and Children'

'Liked hearing from other teams – the children's improvement journey – their voice, the team manager explaining how they have managed change'

'Team manager presentation spot on how they faced challenge and change'

'Walsall Council are prepared to openly discuss and enable change'

They were honest about improvements and changes that still need attention:

'Lots of positives to move forward, but communication is the key. Staff who attend these sessions usually are up for change, but how do we reach small number who are not?'

'Some knitting between Early Help, Front Door, IRS+SFS services, processes – the journey of children moving along through these services – what is right for the children – how do we make the journey smoother and more transparent.'

'Caseloads haven't changed. This really impacts on the work that is physically and emotionally possible.'

3.2.1 And participants were clear in their feedback about what they would welcome being covered in future briefings, including practice worth sharing, early help, caseload management and continued opportunities to meet with colleagues to make *'connections with other teams and gain perspectives (all different) on the changes'*.

3.2.2 The next phase of the engagement sessions begins next month and will be informed by feedback and align with the next phase Strategic Improvement Plan.

3.3 Reshaping the Strategic Improvement Plan

The Strategic Improvement Plan (SIP) was produced in November 2012 in direct response to the DfE Improvement Notice following the Ofsted inspection in June 2012. Our Improvement Notice set out specifically the required

improvements and the framework for establishing an Improvement Board in Walsall to provide support, challenge and clear accountability for the improvement journey. The SIP addresses the findings of the Ofsted report and any outstanding recommendations from previous inspections.

- 3.4 To review progress on the SIP to date we have undertaken a rigorous process of both internal and independent challenge and review. This has included discussion with Improvement Board colleagues and our staff and partners, capture of service-user views and wider Children's Services and partnership performance data and a programme of independently sourced case file auditing. This work has been undertaken against a background of culture change within the organisation where we have placed an increased emphasis on frank and open self-evaluation and organisational learning. We are increasingly confident that this is producing evidence which is not overly aspirational but is firmly and robustly grounded in reality.
- 3.5 This process has differentiated evidence of progress on the following basis:
- (a) Evidence that **we have put in place key enabling factors / levers for change**. For example, the significant improvements to the governance and oversight arrangements for the WSCB. These are a critical pre-requisite of securing sustainable system-wide improvements and impact on safeguarding outcomes for children in Walsall.
 - (b) Where there is early but tangible evidence of where **improvement activity is making a difference to children** and having an impact on them from needing to receiving help and moving forward, we have directly referenced the evidence source for this. For example, improvements in the frequency, quality and impact of Core Group meetings, which have a direct implication for the effectiveness of care planning and support for individual children.
 - (c) Where there is **a lack of tangible evidence to support progress**, but where qualitative information from staff and our partners is suggesting that there is progress towards achieving improvement priorities. For example, multi-agency staff workshops are producing accounts, some directly observed by Improvement Board colleagues, of positive progress in improved inter-agency working and joint assessment and information sharing. This workshop programme continued through June and we are looking at more explicit ways of capturing qualitative evidence from these events.
- 3.6 Our Phase 2 Plan directly reflects the priorities set out in the Improvement Notice whilst offering a sharper and more focused set of objectives and actions for partners. These objectives reflect progress to date and our increasingly strong self-awareness within the partnership of strengths and areas for improvement. This is enabling us to make more effective and informed decisions on where to target our resources to support improvement activity to best effect.

- 3.7 Evidence of progress from our original plan clearly illustrates how we have made significant improvements in the governance and leadership of provision, and in creating the optimum conditions for sustainable change and improvement within Children's Services. The primary focus of our Phase 2 SIP is on embedding these changes, whilst evidencing material improvements to the quality and effectiveness of frontline practice, and on improving outcomes for children in Walsall. Implementation of the SIP is secured through three Delivery Plans which span Children's Services provision.
- 3.8 This Phase 2 plan has been prepared in close consultation with our partner agencies, with our improvement partners and in dialogue with the independent Chair of the Improvement Board. Our plan is informed by the voice and views of young people. Engagement with young people will be a continuing focus for how we measure the impact of our work. The plan seeks to be increasingly 'SMART' in setting and measuring progress, and has been informed by robust independent challenge to our evidence base for demonstrating progress.

3.9 Early Help

A second Early Help Workshop 'Effective Early help in Walsall: a Local Area Approach' took place on 6 June. The event was designed to support key partnership colleagues in:

- Understanding the national context and requirements for effective early help provision
- Actively engaging with the development of Walsall's Early Help Delivery Plan
- Planning the next steps as part of Walsall's Improvement Journey to ensure better outcomes for children and their families.

The programme included facilitated sessions on ensuring the voice and views of children and young people inform and shape practice, strategies to measure effectiveness and cost effectiveness of early help services and partnership mapping of provision against need.

Flow diagrams personalised to Walsall have now been produced and disseminated, based on those set out in 'Working Together' 2013, including a flow diagram for referral to MAST, the Multi Agency Screening Team. With the development of MAST, all contacts for a child with an additional need now come through the team and are then signposted out to either Children with Disabilities, Safeguarding and Family Support, Early Help and IRS.

3.10 Children and Young People's Scrutiny

The Children and Young People's Scrutiny and Performance Panel have now published their Safeguarding Working Group report on the quality and effectiveness of front line practice and its impact on the child's journey from needing to receiving help. Scrutiny Members wanted to hear for themselves about changes from staff – what's working well and what else we still need to

do to be better together for children. Each Member on the Working Group visited a social work team and reported back.

The working groups report can be accessed on cmis:-

<http://www2.walsall.gov.uk/CMISWebPublic/Binary.ashx?Document=12854>

All actions from the report are now allocated and report back dates to the Scrutiny Panel on delivery agreed.

Scrutiny Panel Member training took place on 11, 18 and 25 June, with the ambition of the whole panel attending all workshops to discuss and explore:

- Corporate parenting and children's safeguarding and the role of scrutiny in this.
- How do Walsall's scrutiny processes currently work and what are the links and role in relation to:
 - The Walsall Safeguarding Children Board
 - The Children's Improvement Board
 - The Health and Well Being Board
 - The Children and Young People's Partnership Board
- How scrutiny can function best and bring challenge to the safeguarding of children and corporate parenting agenda.
- How scrutiny will carry out its role and responsibilities going forward.

The outcomes that these workshops aimed to achieve were:

- A greater awareness by scrutiny of their role in the safeguarding and corporate parenting agenda.
- An increased understanding and knowledge of the key issues they should be scrutinising around safeguarding and corporate parenting.
- Greater clarity on the relationship and role of scrutiny in holding services to account and their relationship with other significant partnership boards.
- A clear plan of action going forward.

These workshops will be supported by a peer member and peer from the Centre for Public Scrutiny with input from Walsall members/officers.

All Member Training workshops are currently taking place on 10, 11 and 16 July.

3.11 People Capacity

Following the successful Compass Fair, a successful breakfast briefing was held on 16 May, jointly hosted by Children's Services and Adult Social Care. 120 social workers and final year student social workers attended to hear about

opportunities to work in Walsall and next steps in doing so. One immediate set of opportunities has arisen from the decision to delete the Children's Services Support Officer function and establish 9 additional social worker posts.

Despite a national recruitment and robust selection process no appointment was made to the Principal Social Worker post. This post will be re-advertised.

Following the departure of the Head of Safeguarding, the Operations Manager was successful in interview and is acting up as Head of Service.

A permanent Team Manager has been appointed to the Transition and Leaving Care Team. Interviews took place on 5 June for the Team Manager post in the Children with Disabilities team but no appointment could be made.

Interviews took place for the post of WSCB Board Manager in May. No appointment was made and arrangements will be made to cover the post when the current interim board manager leaves this month.

4. Quality and effectiveness of front line practice

- 4.1 Two workshops have taken place on 21 May and 1 July at Bluebells, the respite care provision for children with disabilities, to co-produce with parents and carers a work-plan to action the findings of the children with disabilities peer challenge. Parents and carers were united in their positive response to this way of working:

'Great representation by professionals from services'

'Professionals listening to parents'

'Good listening today as well as actions'

The second session focussed on feedback from agreed and allocated actions.

- 4.2. Increased numbers of children entering into care are placing pressure on staff case loads. This pressure is being addressed through:

- Analysis of all Section 20 arrangements to ensure these remain relevant and appropriate to children and young people's needs
- Service redesign to delete a number of non-qualified social worker posts and establish new social worker posts
- Application of a workload management tool.

- 4.3 Our Adoption Diagnostic was carried out between 13 and 17 May by Core Assets Consultancy and Resourcing. The diagnostic focused on the key lines of enquiry we had identified around permanency planning, performance information and the interface with front line teams and reported back through the lens of:

- Vision, leadership and strategy.
- Service delivery, workforce development and effective practice.

- Managing resources.
- Working together within the local authority, partners and other systems.
- Outcomes for children and adopters.

The diagnostic has identified a number of key recommendations to improve and sustain practice in the draft report, including the need for:

- A permanency strategy communicated well to all practitioners, supported by training and development and the application of a tracking tool for the whole child's journey through the system.
- Clarity about the benefits of membership of the Black Country Consortium and the implications for the local offer.
- A fostering strategy which encourages a wider range of fostering options.
- Increased and unified working together of the fostering and adoption teams, including action to address the waiting list of children awaiting permanency.
- Increased promotion and use of Family Group Conferencing.
- Support for the new Panel Chair to drive forward changed culture and practice, including consideration of dual approval for families.

'Overall the outcomes for children in Walsall, according to the Adoption Scorecard are already mostly good. There is evidence that the authority is forward looking and aspires to do even better. We hope that this diagnostic assessment will go some way to meet Walsall's aim for continual improvement.'

5. Notable improvements this period

5.1 Key improvements in this period include:

- Partner engagement in phase 2 SIP.
- Commitment to follow up and review how voice and views of children and young people inform and shape policy and practice by WSCB partners, CCG members and head teachers.
- Introduction and reception of a new style DCS briefing to head teachers.

6. Priorities in the next reporting period

6.1 Improving the quality of partnership and governance

6.1.1 The key priority areas in the next month are to:

- Work with the Chair of the WSCB to embed changes and improvements to the Board's function, operation and impact of holding agencies to account on their safeguarding responsibilities.
- Support the planned Member training.
- Focus the work of the Corporate Parenting Board so it can effectively fulfil its role and responsibilities.

7.2 Capacity, capability and culture

7.2.1 The key priority areas in the next month are to:

- Champion the vision and ambition for improved outcomes for children across the partnership.
- Work with CYPP priority sponsors on driving forward progress and improvements.
- Drive forward the implementation of the Phase 2 SIP.

7.3 Quality and effectiveness of frontline practice

7.3.1 The key priority areas in the next month are to:

- Continue to increase the consistency and impact of front line social care practice with a specific focus on ensuring children are seen alone and their voice and views heard and taken into account.
- Drive forward the implementation of early help provision to better match and meet needs.

8. Risks to delivery

8.1 The risk register is reviewed on a monthly basis by the operations group and new issues or risks requiring Improvement Board attention are highlighted here. The full risk register is available to all Improvement Board Members on request.

8.2 Current risks to bring to the notice of the Improvement board are:

- Alignment of PARIS, the ICS system, with practice change priorities, including the child's voice and his/her journey and in the context of the developing regulatory framework.
- Oversight of workloads to ensure staff have a manageable and equitable range of work.

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'Better Together For Children'

Improving Safeguarding & Child Protection in Walsall



Presentation to DfE
28th June 2013



Walsall Council

Our Story So Far

We will tell you about...

- What we needed to do – Ofsted, the Improvement Notice and the full scale of our challenge
- How we've put in place strong building blocks for securing sustainable change
- How we've self-assessed our progress
- What we now need to do in Phase 2



Our Improvement Priorities in Autumn 2012

To secure improvements in

- **Our Partnerships & Governance**

- Leadership & impact of our Safeguarding Board
- Effectiveness of our strategic partnerships
- The lack of a whole-system model from early help to statutory intervention

- **Our Capacity, Capability & Culture**

- Social Work staff development & training
- Social Work workloads & responsibilities
- Our quality assurance process

- **Quality & Effectiveness of Our Frontline Practice**

- Assessment, planning & risk in our casework
- The voice of the child & young person throughout our practice
- Our management oversight & decision-making on casework



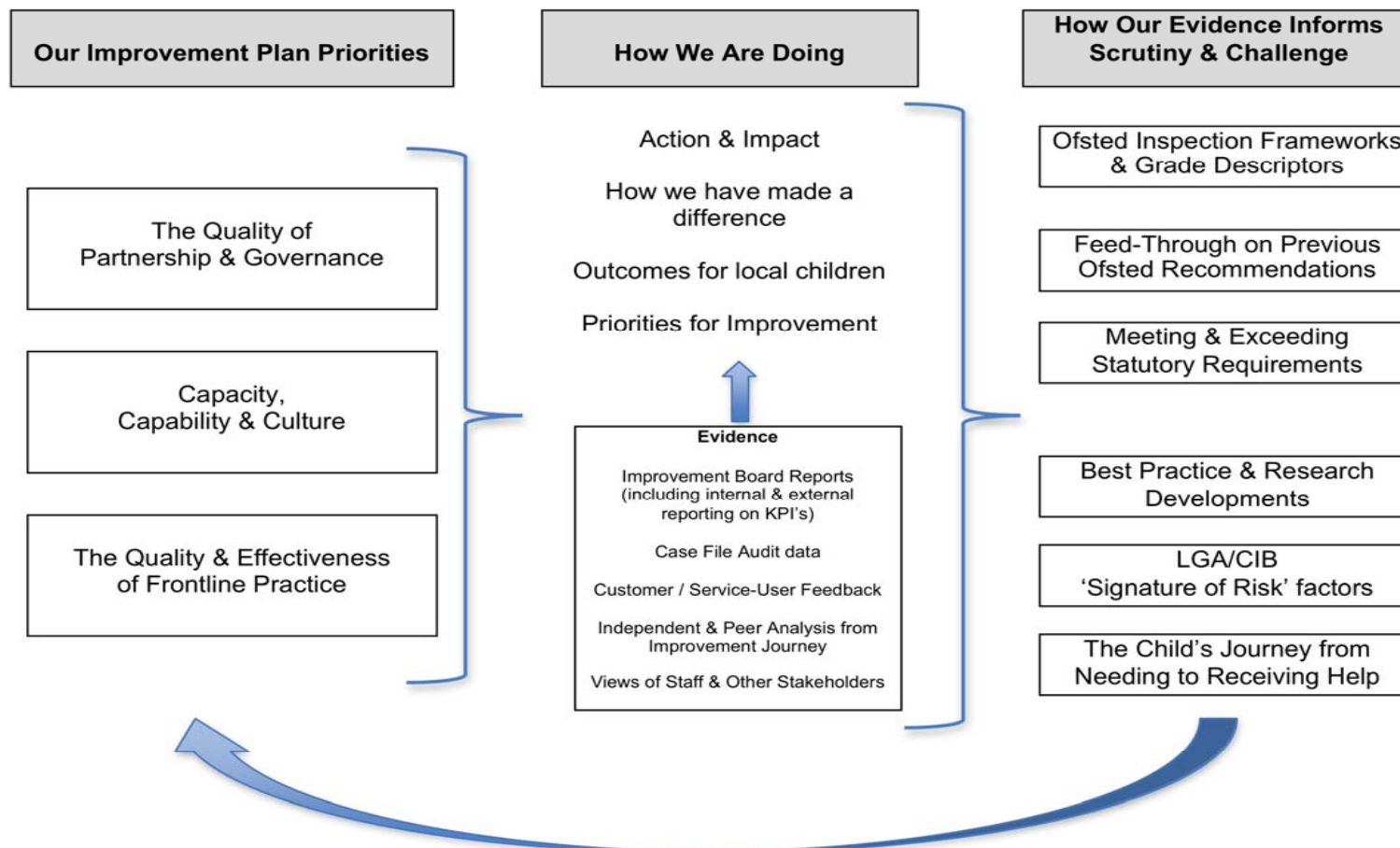
The Scale of Our Challenge in Autumn 2012

Our response to the Improvement Notice was further informed by what we found ...

- Low organisational self-awareness
- Poor reliability of data & management information
- Weak performance management
- A wider scope of concerns about quality of frontline practice



Our Approach to Self-Assessment



Listening to Children & Young People

Children and young people in Walsall have told us ...

- “We want a positive profile for children and young people in Walsall”
- “Don’t make any decisions about us without us”
- “Apply the Young Safeguarding Inspectors test to everything you do”
- “Listen and act on our 8 top tips for effective early help”



Our Building Blocks for Improvement

So far we have achieved improvements in key areas ...

■ Our Partnerships & Governance

- Improved Safeguarding Board
- Stronger strategic partnerships
- Successful SERCO transition into Children's Services

■ Our Capacity, Capability & Culture

- Stronger Corporate Parenting & Scrutiny
- Robust new Health commissioning arrangements
- Better decision-making & capacity to improve

■ Quality & Effectiveness of Our Frontline Practice

- Stronger leadership & management arrangements
- Improved Front Door access to Children's Services, from Early Help to statutory intervention
- Improved quality of assessments



Our Partnerships & Governance

Improved Safeguarding Board

- Comprehensive reshaping of board profile & function
- New business plan & strong committees for delivering

Stronger Strategic Partnerships

- Strong Children & Young People's Partnership & Plan
- Robust Health & Well-Being Strategy

Successful SERCO Transition

- 300 Education Staff integrated into Children's Services
- Improved capacity for early help & learning outcomes



Our Capacity, Capability & Culture

Stronger Corporate Parenting & Scrutiny

- Firm governance & oversight of improvement
- Members actively engaged in driving improvements

Robust New Health Commissioning Arrangements

- Strong CCG oversight of safeguarding improvements
- Safeguarding embedded in commissioning plans

Better decision-making & capacity to improve

- Improving quality & reliability of performance data
- Phased transition to more integrated Children's Services



Quality & Effectiveness of Our Practice

Stronger Leadership & Management Arrangements

- Positive staff buy-in to change & improvement
- Tackling individual & team performance

Improving Front Door Access To Multi-Agency Provision

- Increased referrals & better diversion to Early Help
- Improved timeliness & quality of initial response

Improving Quality of Assessments

- Better use of chronologies
- Better analysis of risk factors



Right Children, Right Help, Right Time

- More timely front door service:
 - contact to referral time reduced from 32 to 6 days
 - increase of 33 Early Help Assessments monthly
- Reducing Risk: Increase of 34 referrals weekly
- My story, my needs – systematic use of chronologies doubled in 7 months
- Swifter, richer picture - 64% improvement in timeliness of core assessments in 7 months



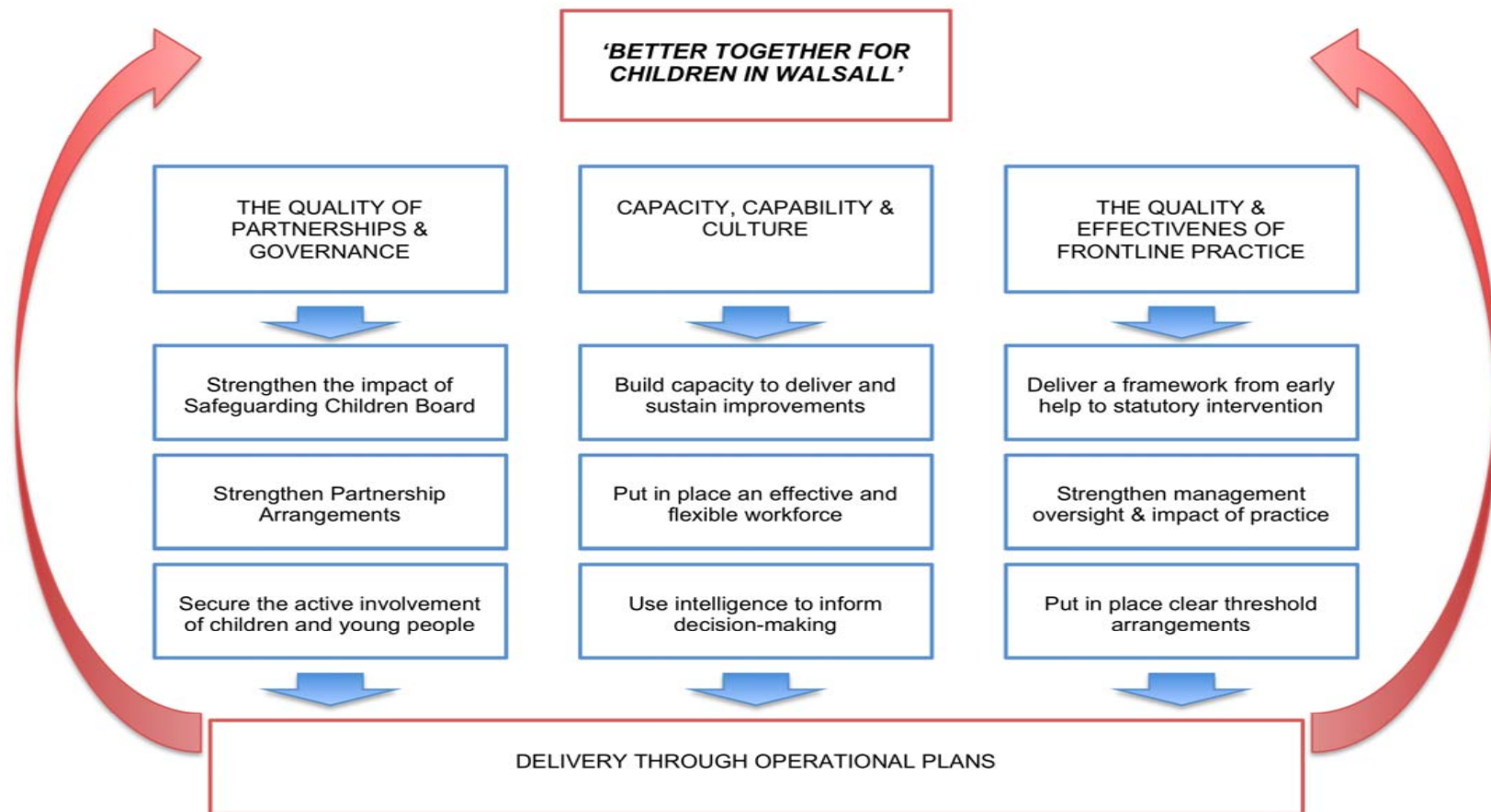
The Council Meeting the Challenge

The Council has tackled improvement head-on ...

- We're increasingly self-aware, with better performance data to inform the right decisions
- We've put in place strong assurance arrangements in both our political and senior officer structures
- We've brought together skills and resources from across Council departments to maximise improvements in safeguarding
- We've invested in capacity and staff learning and development at all levels of the organisation to tackle culture and practice



Our Improvement Plan - Phase 2



Better Together – Six Months On

- **Recognition** – of the scale of the challenge, the learning and impact required to embed our improvements
- **Response** – clear and better-informed decisions on the best approach and the actions needed to move forward
- **Reflection** – checking the success of our approach and using our learning to critically inform our next steps



'Better Together For Children'

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Walsall Council

www.walsall.gov.uk

Progress with performance management and quality assurance

Following the Ofsted inspection of June 2012 and the Improvement Notice of November, the scale and significance of the performance management challenge in Children's Services was investigated.

- 1) We found that data in the case management system was less robust than previously thought, leading to a lack of confidence in the 2012 end of year return figures to the DfE.

A whole-scale programme of system improvement is underway, including PARIS configuration, data input and reports production. Good progress has been made and while work is still underway to ensure full and appropriate recording, the data now being produced has integrity and is much more reliable.

- 2) We found that the elements of the Quality Assurance Framework did not form a cohesive whole and most aspects were underdeveloped.

The May 2013 Improvement Board endorsed a 3 page summary quality assurance framework that describes the inter-related roles of quantitative and qualitative learning methods to improve self awareness. Work is underway to ensure that there is complementarity and alignment with WSCB developments. Expectations of Board members and staff members at different management levels around audits were endorsed.

- 3) We found that there was insufficient prioritisation and drill-down of performance issue areas.

The scorecards are now being populated at the more detailed level in line with the performance information framework of DfE where applicable and the prioritised improvement needs of Walsall at all levels: e.g. a formal, reported audit system is in place; a tiered hierarchy of scorecard and exception reporting is being developed, from IB and SCB level through to worker level reports for use in supervision; the quality assurance system of case planning and progress operated by IRO is being developed further to make it more easily quantifiable and actionable.

Key priority areas identified so far for close progress checking through the range of methods in the QA Framework include:

- Initial assessment timeliness and linked process embedding new multi-agency screening team and checking multi-agency threshold understanding;
- Children and young people seen alone, including in statutory visits;
- Child Protection Plan review timeliness, (process measures) progress adequacy and quality of assessments and planning (audits);
- Care-leavers' accommodation and education, employment or training status;
- Workforce sufficiency (HR measures) and quality (worker level reports);
- Quantified early help intervention closure results, including satisfactory outcomes achieved or escalation; and
- The voice of the child in service planning and improvements, including sound-bites of positive service impacts and barriers, participation in reviews and other organised feedback mechanisms.

- 4) We found that there was too little interrogation of information or challenge of the causes of performance issues.

The capability to use information to develop actionable intelligence has made good progress, an interim performance expert has been brought in, a vacant post in the performance team filled and potential for re-structuring the function and shape of the team is being developed.

The ethos and readiness of staff to challenge, explore and use the information is being progressed well by workshops and dedicated agenda items at relevant meetings. Integration of monitoring progress around actions and their linked quantifiable results is an important aspect of this culture change.

Attached is an example scorecard giving currently available data relevant around some key Walsall measures. This is being built upon as described above.

Quality & Effectiveness of Our Practice – example quantification

Stronger Leadership and management arrangements

- **Positive staff buy-in to change and improvement**
 - The proportion of staff attending Safeguarding training has increased from 84% of invited representatives being present over 2012/13, to 94% in the month of March 2013 and 96% in April.
 - Staff participation in Practice Improvement workshops has been excellent with 200 frontline staff taking part in the last 3 months.
 - Staff engagement sessions with the Director have been popular, with 350 staff attending the 10 sessions
 - 14 “Good to be working with you” briefings have been distributed to the children’s services workforce and copied to Improvement Board Partners for wider cascade.

- **Tackling individual and team performance**
 - The proportion of supervisions completed on a monthly basis has increased from 81% in 2012/13 as a whole, to 85% in January and 87% in April 2013.
 - Performance information is provided at team level and increasingly, by worker for priority areas, for use in supervision. Team plans are in place to support focused improvement.

Improving front door access to multi-agency provision

- **Increased referrals and better diversion to early help**
 - The number of CAFs / early help assessments completed has increased from an average of 28 per month in 2012/13 to 61 per month for April and May 2013.
 - The number of referrals has risen as predicted with the start of the MAST from an average of 85 per week in 2012/13 to an average of 119 per week for the first two months of 2013/14

- **Improved timeliness and quality of initial response**

- The front door response time has improved with the start of MAST: comparing the month after to the month before MAST establishment, the contact to referral average time reduced from 32 days to 6.2 days and the referral to Initial assessment start time average reduced from 1.66 days to 0.86 days.

Improving quality of assessments

- **Better use of chronologies**

- Incremental improvements are being made to the electronic case management system and its utilisation by staff. The number of system entries using the chronology case fields in November 2012 was 344, March 2013: 558, April 708, and in May there were 648

- **Better analysis of risk factors**

- More core assessments are being completed within timescales, enabling faster, effective risk assessment. In November 2012, 21.6% were completed in 35 days, in Dec there were 50.5% and in April 13 85.4% were in timescale.
- All new cases have chronologies.

Children's Services Improvement Board

Post Ofsted Areas for
Improvement Progress
Report

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Background:

Safeguarding and Looked After Children Services in Walsall were inspected between the 11th and 22nd June 2012 and a subsequent report published on 31st July. A number of areas for improvement were identified within the report to be implemented immediately, within three months or within six months.

An Interim Director of Children's Services was appointed in September 2012, joined by an Interim Assistant Director in October 2012. The Improvement Board had its inaugural meeting on the 17th September 2012 and the Improvement Notice published on 1st November and a subsequent plan approved in December.

This report outlines the progress made against the areas for improvement raised by Ofsted until June 2013.

Our Approach

We have adopted a systematic and thorough approach to self-assessment, planning and management action following the Ofsted judgements in June 2012. Our approach to self-assessment is illustrated in *Appendix 1*.

Prior to formal receipt of the Improvement Notice it was evident that the initial response of the outgoing senior leadership team had been to issue a series of directives to frontline staff which had led to a reactive and process-based response to the inspection recommendations. In particular a prescribed approach to risk assessment and case recording had put an increased emphasis on case recording processes over the quality of decision-making and best practice.

The incoming leadership team implemented action plans which addressed this including:

- Action to improve the quality and frequency of staff supervision and management oversight of casework
- Implementing action to strengthen assessment and management of risk. This included staff training, development of a range of risk assessment tools, and an increasing emphasis on internal quality assurance and case file auditing
- Maintaining a high-profile and visible presence for the new leadership team across the organisation – listening to staff and communicating the key themes of the Improvement Plan

The leadership team also found wider challenges faced by the Council and its partners including:

- Low organisational self-awareness
- Poor reliability of data & management information
- Weak performance management
- A wider scope of concerns about quality of frontline practice

The first Improvement Plan was designed both to directly tackle the inspection recommendations and to address the full scale of the challenge faced by the Council and its partners. The priority agreed with the Improvement Board was to put in place key building blocks for sustainable change and improvement. This was configured around the three themes of:

- Improving the Quality of Partnerships and Governance
- Capacity, Capability and Culture
- Improving the Quality and Effectiveness of Frontline Practice

Progress against the priority themes set out in the Improvement Plan was comprehensively reviewed in consultation with partners in May 2013. This led to the Phase 2 Improvement Plan (illustrative summary in *Appendix 2*). The Phase 2 plan provides an increasingly focused and targeted set of priorities to improve the quality and effectiveness of frontline practice, following significant progress on securing the key building blocks for improvement in phase 1. Improvement Board reports which have been shared with DfE and the Ofsted inspection team illustrate the progress by theme.

This report outlines progress specifically in relation to the original recommendations from the Safeguarding & Looked After Children inspection in 2012 which informed the subsequent Improvement Notice. These issues need to be considered within the overall context for improvement planning and review set out above.

Progress

Immediately:

Safeguarding services:

Implement a robust system of decision making and management oversight at the point of contact with children's social care

- External review commissioned from Ingsons of 'front door' arrangements and application of thresholds
- Used review findings and internal evidence, together with staff feedback, to establish MAST (multi – agency screening team) on 8 April
- MAST team consists of social workers, Early Help Operational Manager, Education Safeguarding Adviser, Education Welfare Service member of staff. A health professional will be joining the team on 1 July. This arrangement is enabling consistent and robust social care application of thresholds, management oversight of early help contacts and allocations of early help assessments and improved communication as well as a consultation option with referrers.

- Personalised flow charts (aligned with Working Together 13) have been co-produced with a local head teacher to support referrers.
- Management information is showing an improvement trend and referrer feedback is generally positive

Ensure the involvement of police officers and all other relevant professionals in strategy discussions and meetings and put arrangements in place to ensure appropriate police involvement in Section 47 investigations

- Established regular interface meetings with police to ensure shared understanding of 'Working Together 13' and appropriate level and seniority of attendance
- Police are represented on the Improvement Board and jointly produced the action plan with social care to address the issues and provide regular reports on progress and impact to the Board
- West Midlands Police have established a regional review and are funding the secondment of a social work manager from the region to ensure consistency of involvement in strategy discussions and meetings and S47 enquiries
- Performance information showing some improvements but this still remains a key focus of SIP phase 2. However robust and productive partnerships with the Police have ensured that though this still remains a challenge area, it is a shared challenge to address.

Ensure that assessments contain an explicit assessment of risk, are child-centred and include evidence of children being seen

- Despite Ofsted affirmation of early approach to roll out of signs of safety, August 12 management direction for each practitioner to use it (whether trained or not) was adding to risk rather than reducing it
- Initial work focussed on clarifying tools available and increased practitioner confidence in using the right tool from a repertoire of approaches.
- Assessment of risk and child centred focus were key elements of the Team Manager development programme. A differentiated programme was also run for Heads of Service and Operational Managers. This was designed so that assessment of risk and child centred assessment and plans are central to practice development, supervision and management oversight
- Management information showing improving trend of children being seen
- Audits and follow up activity have also focused on this

- Early Help assessments also consider areas of potential risk and ensure that views of the child are taken into consideration in each case, with oversight through the early help QA process

Ensure that assessments are of a satisfactory quality before being signed off by managers

- Team managers are aware of expectations of social workers in terms of the quality of core assessments as detailed in briefings to social workers given in January/February 13: clarity regarding the history, a child focus, involvement of the parents/carers and a clear risk analysis are key expectations. Team managers are required to ensure that core assessments reflect these key elements with workers expected to amend as needed. 6 of the current team managers have attended supervision training and 4 managers recently attended training sessions which included a focus on quality assurance through reflective supervision
- Since July 12 every Early Help assessment has a support input from one of the area based early help co-ordinators, who then present the completed assessment to the Family Support Panel, chaired by either the operations Manager Early Intervention or by the Early Years Improvement Manager for QA purposes and for multi-agency sign off against Walsall early help standards

Ensure that child protection plans are focused on risk and are clear about what needs to change and how this change will be supported

- Undertaken work on templates for core groups and CP plans- practitioners consulted and involved in design
- Risk Assessment tool developed and on agenda for WSCB meeting in July – will then be cascaded to workforce when approved
- Expectation of staff and managers have been made explicit in an expectations document and reinforced with a framework of practice observations to enable further skill development
- IRO practice is also observed around their consideration of risk within the conference

Ensure that core groups meet regularly and that children are visited with a frequency linked to the level of their need

- Work has taken place to improve the overall quality of Core Group meetings and a revised template has been developed and built on Paris also linked to the child protection plans to assist workers and promote multi-agency discussion at Core Group meetings. Child protection plans are also currently being built on Paris

- An expectation document is now in place setting out the requirements of Social Workers and Team Managers, which includes an expectation that outlines that children will be visited on a fortnightly basis and more frequently should their level of need determine this
- A QA document has now been implemented and is completed following each child protection conference. Further work is planned to develop this further and build on to Paris. At each conference Core Group activity is fully considered and fits in with the overall QA arrangements
- Expectations are now clearly set out in relation to statutory visits and including children and young people being seen alone

Ensure that the domestic abuse referral team (DART) is appropriately staffed and resourced and provide a consistent and good quality response to assessing the risk to children of domestic abuse incidents.

- An additional team manager post in the Initial Response Service was created to support “the front door” of children’s social care including the DART.
- The Multi-Agency Screening Team (MAST) has provided the opportunity to address concern re the difficulties in recruiting and retaining staffing resources allocated to domestic abuse. The DART is seen as a specific arm of the MAST thus the manager and senior practitioner attend to the domestic abuse areas of work.
- The senior practitioner attends the DART meetings offering consistency against all areas of screening and ensuring that thresholds are consistently applied.
- All qualified social workers carry out assessments where domestic abuse is the referring concern as DA significant issue at all stages of social care involvement
- Now agreed that all level 2 logs will be referred through to Early Help. Contact will then be made with the victim and support offered through Early Help services.
- DART process was heavily reliant on the children’s social care representative making the judgement on the Barnardo’s level rather the multi-agency group using the tool collectively to reach a decision on screening. Now changed with active multi agency decision making and agreement on screening level.
- Average numbers of domestic abuse logs that are screened are 15 per session, across the three times per week meetings, i.e. 180 per 4 week month. On average this will result in 7- 9 initial assessments each week.
- Moving forward – agreement reached recently with senior police officer (10/06/13) to further review to ensure screening process maximises multi – agency time and agency processes are efficient and effective.

Within three months: Safeguarding services:

WSCB to improve challenge and quality assurance standards to ensure the delivery of front line safeguarding services and partnership work is effective

- New Chair appointed through Multi agency selection process
- Board has refocused subgroups and their TOR, Learning and Development framework out for current consultation and new Business Plan published. These are contributing to a more robust partnership self – assessment and focus on individual agency standards and multi-agency partnership
- QA and Performance sub group has clear focus on Quality Assurance across partnership,
- Impact of Board challenge and QA will be key focus of SIP2 in order to ensure WSCB can take on its succession role to the CIB.

Ensure that the children with disabilities team and partner agencies provides a satisfactory service for disabled children and takes full account of the safeguarding needs of disabled children

- External Audit commissioned in August 12 of all open cases. Findings have been followed up
- Staff changes made and Performance management systems put in place
- Peer Challenge from Gloucestershire and recommendations being followed up
- Significant work with parent carers to restore confidence in service
- In Autumn 2012 and following the Cordis Bright report a pragmatic decision was taken that work to safeguard children and young people would be led by social workers in the mainstream teams. There would also be an allocated worker from the CWD team to advise on focus on any issues arising from the child. This was a temporary decision whilst the team became more stable and practice more developed. The intention is to review the decision in the near future.

Develop and implement a robust system of quality assurance to improve standards and disseminate learning. This to include ensuring staff receive consistently good standard supervision

- QA review by C4EO informed QA framework development, reinforced by team manager training
- Social care Health check in November 12 to establish baseline and gain (and act on) staff feedback

- 'Supervision is a right and a responsibility'
- Reinforced by Supervision audit against policy and observations of practice
- Performance information showing consistent improvement trajectory.

Implement changes to ensure that the LADO arrangements are in keeping with national guidance

- The WSCB procedures have now been fully updated and a permanent LADO has been appointed- start date August 2013
- A tracking and monitoring form for all individual cases is now in place and meetings are held to review all cases
- The LADO process is now better understood across partners promoted by WSCB multi-agency training
- Decisions regarding the ongoing safety of children and young people are addressed and decisions are not left until the Position of Trust meeting takes place to ensure their ongoing safety and welfare

Implement the routine use of chronologies in children's social care services

- Immediate post Ofsted actions included management direction to add chronologies to all open cases across social care
- Analysis of practice in Autumn identified a significantly concerning picture so management instructions revised, casework prioritised and all new cases now have a chronology
- Since chronologies are not always easy to locate on PARIS (as this function is limited and limiting, chronologies can be found on other parts of the system. The aim is to limit number of live fields on PARIS to maximise efficiency

Ensure that cases are allocated to suitably qualified, skilled and experienced staff

- Cases moved from unallocated workers
- Current restructure to delete CSSO (Children's Services Support Officer) posts and establish 9 new social worker posts

The PCT and clinical commissioning group area NHS Walsall together with the North West cluster arrangement must provide clarity as to where the designated nurse will sit in the new clinical commissioning arrangements in order to ensure a strategic, professional lead

- CCG reviewed by NHS Commissioning Board in December 2012
- Action allocated in Improvement Plan, which was authorised in December 2012
- Designated Nurse transferred full time to the CCG on 1st April 2013
- Report outlining all safeguarding arrangements within the CCG submitted to, and considered by, Improvement Board on 15th April 2013

Walsall Healthcare NHS Trust must ensure that all front line staff who have regular contact, or work predominately, with children and their families attend appropriate child protection training and that learning outcomes are monitored.

- Training compliance figures for level 2 and 3 are reviewed monthly.
- Figures as of 18th June are provided in the table below.
- As part of their role the CCG has issued a query notice to ensure the trust have mechanisms in place to improve compliance.
- Report submitted to the Improvement Board in May reporting on progress with trajectory to reach 100% compliance where actions to support delivery were agreed (see minutes of June 10th Improvement Board)

Division	Safeguarding Children Level 2				
	Compliant	Due to Expire	Non-Compliant	Grand Total	%
Corporate	48	4	27	79	66%
Estates and Facilities	47		10	57	82%
Medicine & Long-Term Conditions	581	4	331	916	64%
Surgery	447	6	219	672	67%
Women's, Childrens & Clinical Support Services	701	78	163	942	83%
Grand Total	1824	92	750	2666	72%

Division	Safeguarding Children Level 3				
	Compliant	Due to Expire	Non-Compliant	Grand Total	%
Corporate	12	1	9	22	59%
Medicine & Long-Term Conditions	26		157	183	14%
Surgery	20	5	137	162	15%
Women's, Childrens & Clinical Support Services	293	34	280	607	54%
Grand Total	351	40	583	974	40%

**Within six months:
Safeguarding services:**

Implement a procedure to aggregate and disseminate learning from complaints

- Children's services commissioned C4EO to undertake an audit of the systems and processes currently in place to manage, investigate and learn from complaints relating to children's services, which reported in March 2013. Parallel to this work has been undertaken corporately to understand and improve the way that complaints are managed, with an emphasis on culture change throughout the system towards early resolution and customer focused approach
- Learning from both of these has been used to inform changes to the whole life complaints process, to include a clearer and more systematic approach to learning from complaints
- Key principles for this have been agreed and specific teams will now be trialling a new approach to complaint handling, including maintaining a learning log that is used as part of team meetings and supervisions for reflective practice. These learning logs will be aggregated by the central complaints team to ensure that patterns and themes across teams are picked up and shared. The new approach will be accompanied by intensive support and training for the teams involved, with a wider roll out once we have learnt from the trial.
- Whilst the work described above will improve learning from complaints, and complaint handling more generally, there is already evidence of learning from complaints and the dissemination of this. Learning is currently captured through the return of learning from complaints form for each complaint received and logged on the central complaints database. This is aggregated and included in the annual report. It is also used to feedback to managers.
- Workers made aware that all relevant and involved parties need to be aware of the plans and clear about them not just in letter form but through discussion face-to-face or on the telephone'
- When allocating new cases all efforts are now made not to allocate to staff who are on leave resulting in families being unsupported.
- Use of specialist advisers have been used to design a care plan for a child with severe autism.
- Following a complaint about correspondence containing sensitive data on adoption being sent to the wrong address, our systems and procedures were reviewed and the process for sending correspondence out to families who have pre-adoptive placements now includes obtaining confirmation of contact detail from the Family Placement Team. Staff members across the organisation were also been reminded of the importance of ensuring that any sensitive postal correspondence is handled appropriately. This includes ensuring the envelope is marked addressee only, including the senders details are clearly marked and when required, is sent via special delivery. Further guidance has also been issued on sending personal data via e-mail and fax machines.

Immediately: Looked after children services:

Ensure that assessments provide a satisfactory standard of analysis and are updated to take into account changes in circumstances

- Assessments, standards, quality and review are discussed as part of supervision
- Management Decision Records reflect actions needed to ensure assessments are rounded and capture all the details necessary and an analysis
- Approval processes are in place for approval of assessments for the differing purposes i.e. care planning regulations, fostering panel, adoption panel, short break panel
- Focus of CPD (Service away days and individual development programmes) has been on expectations and core skill development in undertaking assessments and analysis. Away day concentrated on improving care plans/pathway plans with greater emphasis on the Individual child. "What does this mean for this child", with a specific focus on ensuring that the views of each child/young person are incorporated in their words so that the plan is meaningful to the child/YP and is a plan that they can own
- IROs apply RAG ratings from statutory LAC reviews
- Briefing sessions and Practice Development sessions focus on keeping staff up to date with current thinking, resource, research, regulations
- Follow up to Case file Audits – discussion of outcomes with individual workers and general feedback in team meetings

Ensure that a robust system is implemented to avoid delay and assess at the earliest stage whether children and young people need to be in care

- Decision making is now carried out at Head of Service level
- Internal secondment of experienced manager as our Adoption project manager to ensure permanency is considered as an option as appropriate early on in the child's journey.
- Adoption diagnostic carried out in May 13 and recommendations being followed up
- Review of CP plans when at 15 months stage- involves social care and health
- Establishment of fortnightly PLO panels
- Weekly Planning for Permanency and Positive Outcomes meetings assist in avoiding drift and addressing blockages for children and young people in care
- Reviewed young people receiving short term over night breaks and stepped as appropriate down to s17

- Regular reviews of Child in Need plans over 6 months
- Weekly performance data on timeliness of assessments, CP numbers, Looked after children
- All children looked after or with CP plan allocated
- MAST considers and makes decision on all referrals within 24 hrs so cases quickly referred for Early Help or social care intervention where appropriate

Ensure that children are always seen alone during statutory visits and that their views are recorded on case files

- Focus of CPD and Supervision
- Performance information and audits highlighting improvements

Within three months: Looked after children services:

Implement a robust system to oversee the appropriate use of and compliance with the Care Planning, Placement and Case Review regulations 2010 in relation to children placed at home on care orders. Also, ensure that related, appropriate training is available for social workers and managers

- A briefing report and action plan has been devised to drive forward the work required in relation to the Care Planning Regulations led currently by the Operations Managers - Review and Child Protection and involving partner agencies and Family Placements
- The current RAG form has been redrafted and will be implemented to capture a range of quality information following each Looked After review relating to compliance with the Care Planning Regulations
- Consultation documents launched across Walsall for children and young people Looked After
- A review of children subject to Freeing and Placements Orders that need revoking has taken place and work now planned with legal services to revoke these Orders
- Children and young people placed at home with parents subject to a Care Order are subject to assessment and approval in line with the Regulations
- Work with health colleagues has taken place to improve the timescales of the completion of health assessment and specifically the notification arrangements to health from within Children's Services to promote a robust process of information sharing including discharges
- The placement plan is being built on Paris and will be fully implemented
- Young people subject to remand status in secure accommodation are reviewed in line with the Care Planning Regulations

Ensure that chronologies are always completed and are accessible via the

electronic record

- Immediate post Ofsted actions included management direction to add chronologies to all open cases across social care
- Analysis of practice in Autumn identified a significantly concerning picture so management instructions revised, casework prioritised and all new cases now have a chronology
- Since chronologies are not always easy to locate on PARIS (as this function is limited and limiting, chronologies can be found on other parts of the system. The aim is to limit number of live fields on PARIS to maximise efficiency

Children's social care services to implement a system of prompt information sharing about children newly looked after with the children in care health team to ensure initial review health assessments consistently meet required timescales

- Oversight of system now moved to IRO team
- Joint working with health colleagues to articulate the issues and problem solve
- There are more robust systems to ensure that notifications are sent to health colleagues and that they are complete
- Timeliness is being improved by allocating notification to a health professional earlier in the process
- Medical appointments are being made for children more systematically

Ensure that Pathway Plans are of a consistently satisfactory quality and that they are completed by suitably qualified and experienced workers

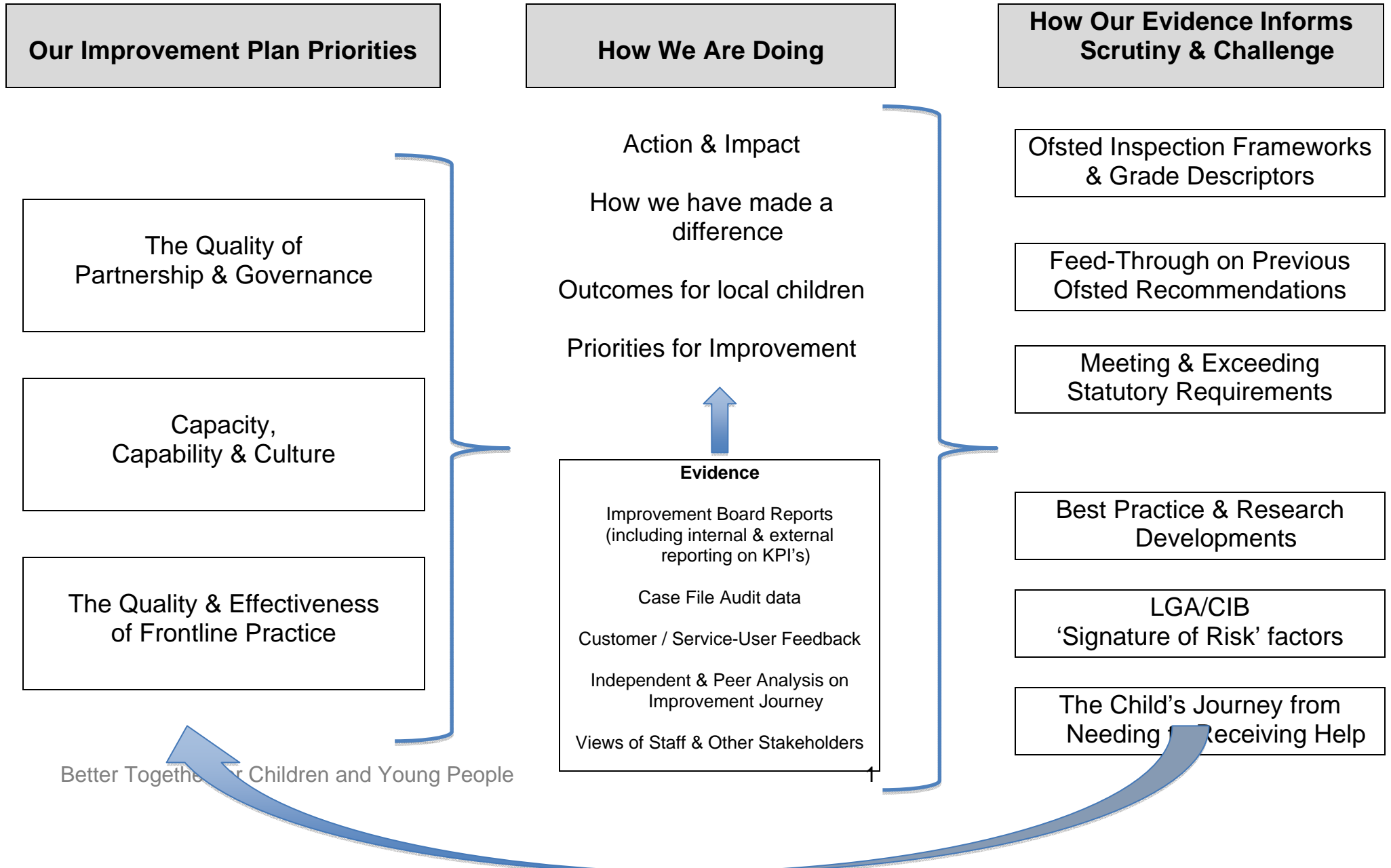
- Pathway plans are now authorised by team managers
- Pathway plan audits provide evidence of an improving quality trend

**Within six months:
Looked after children services:**

Implement a system whereby a child's journey can be determined through the linking of the electronic case file and hard copy contextual information

- Chronologies: work has commenced on case chronologies, however some cases have significant histories and a number of paper files and work on these is gradual. In some instances these are starting from a significant point/report on the file. Case chronologies should now be updated monthly for all children and young people
- Managers use a transfer checklist in preparing a case for transfer and receiving a case. Part of this is to check relevant documents are on PARIS. There is a piece of work to clarify where pieces of information should be located on PARIS
- Capacity of PARIS is being increased to enable space for documents to be attached
- Attached is the category of reports and saved exemplars published in PARIS that are available to some Children's Services staff to enable the capture of a fuller picture of the child's journey

APPENDIX 1: OUR FRAMEWORK FOR SELF-EVALUATION OF THE FIRST IMPROVEMENT PLAN



APPENDIX 2: STRATEGIC IMPROVEMENT PLAN FOR SAFEGUARDING CHILDREN - PHASE 2: HOW IT WORKS

