



Children's Social Care Self Assessment

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1. INTRODUCTION AND CONTEXT

Over the past two years, Northumberland Children's Services has developed an accurate and realistic picture of the quality of services that the council provides to children, young people and families within the county. This has sometimes been incredibly challenging involving robust analysis of performance information allied to a range of quality assurance processes to assist with understanding how to improve outcomes for children and their families. Furthermore, the self assessment itself has been subject to external scrutiny through a regional challenge process.

It is recognised that Northumberland has always had demonstrational pockets of innovative and effective practice but this has not always been consistent across all areas. Over the last year we have made some significant improvements, and this is a vastly different organisation and service to what it was historically. We are however, still a 'plan in progress' that has evolved from this highly variable baseline. Using the self evaluation process our priorities from last year have been updated and the 3 focus areas identified have the overarching aim of continuously improving quality of practice:

- Embedding family-focused practice
- Workforce stability, development and succession planning
- Right service/right time/right child/family

Our vision is to be a service where meeting the needs of children, young people and families is the focus, so that they get the best out of life.

1.1 Our evaluation of the top 10 improvement priorities

Progress key:

Not Achieved	In Progress	Largely Achieved, Some Tasks Outstanding	Achieved
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PROGRESS	EVIDENCE OF IMPACT	WHAT'S NEXT
Demand Management	Caseloads have reduced, with less variability. Front Door / multi agency safeguarding hub (MASH) implemented with integrated Early Help. More embedded mature Early Help offer.	Threshold applications to be further tested.
Workforce	Assessed and supported year in employment (ASYE) academy established.	Recruitment of experienced social work

	<p>Less reliance on agency staff.</p> <p>Greater stability in most locality teams.</p> <p>Early help family work teams transitioned to become 0-19 teams.</p> <p>18+ team well established for older Care Leavers.</p>	<p>staff still a challenge.</p>
Culture	<p>High expectations/high support and high challenge recognised.</p> <p>Child focus more embedded.</p> <p>Better response to customers and complaints.</p>	<p>Some inconsistency in practice remains.</p>
Assessment & statutory safeguarding procedures	<p>Audits say assessments are of better quality.</p> <p>Initial child protection conferences (ICPCs) are in time scale.</p> <p>Issue of attendance at strategy meetings has been resolved.</p>	<p>Still some variability in assessments.</p>
Planning & timely progression of plans	<p>Plans are still not consistently specific, measurable, achievable realistic timely (SMART).</p>	<p>Further practice input being developed. One of the 2 key priorities for the next 6 months.</p>
Management oversight	<p>Team managers challenge poor quality work more.</p> <p>Practice days evidence that staff feel well supported by visible management.</p> <p>Manager and independent reviewing officer (IRO) footprint more present on files.</p>	<p>Evaluation of new team manager and deputy team manager roles.</p>
EET and suitable accommodation for Care Leavers	<p>Peer challenge identified:</p> <p>Improvements in compliance and culture.</p> <p>New accommodation framework more focussed on meeting needs of most vulnerable Care Leavers.</p> <p>Additional education resource in place to support Care Leavers into education, employment and training (EET).</p>	<p>Focus more on identifying and improving outcomes.</p>
Quality Assurance	<p>More senior manager input.</p> <p>Greater focus on consistency of practice and use of audit findings.</p>	<p>Using findings to influence practice directly.</p>

	Decision-making fora in place. Better quality legal work, advice and support.	
Sufficiency & quality of looked after placements	Good progress for the majority of needs and circumstances. Have significantly reduced reliance on agency carers. Stability ranges from acceptable to good. Providers are good or better.	Challenges for a small number of teenagers where we struggle to find appropriate placements.
Embedding the Early Help model in each area	Offer has been introduced, developed and embedded in each locality area. Focussed visit validated our approach.	Increase multi agency usage of Early Help assessments (EHAs); too many social work (SW) assessments result in no further action (NFA).

2. LEADERSHIP AND MANAGEMENT

2.1 Overview:

There has continued to be significant support for children's services from elected members and the Chief Executive. Financial investment has remained stable underpinning the recognition that this is a service of high need and high demand and this has helped the service's ability to effectively evaluate itself without the constant pressure of efficiency savings. Given the ongoing pressure on council finances, however, savings within children's services have been identified.

There do remain some challenges in that the diversity and geographical spread of need within the county doesn't always lend itself to centralisation of services and this makes equitable access for children and families in some areas a recurring challenge.

What have we done on our focus areas over the last year?

- With the Chief Executive and political leaders, we have ensured that resources are sufficient to meet need within the challenging economic climate.
- Invested in Early Help and prevention to manage demand more effectively.
- Restructured at the frontline to build management resilience and support.
- Invested further in leadership and management to improve culture and address poor

performance.

- Utilised internal and external scrutiny to evaluate practice in all areas including sector led peer challenge of the Care Leavers service, Local Safeguarding Children's Board (LSCB) as a critical friend and internal corporate audit challenge for the improvement plan, annual practice week and monthly practice days.
- Increased quality assurance (QA) via targeted and themed audits across all areas.
- Increased QA feedback via team briefs, 7 minute briefings and Business and Performance meetings to ensure findings are understood and acted upon.
- Invested in customer service training resulting in fewer Stage 2 complaints.
- Improved the timeliness and overall quality of responses to complaints.
- Implemented the Front Door and MASH so service users experience a more consistent assessment response, and a reduced workload for locality teams.
- Stabilised the workforce in key areas leading to improved practice.
- Developed workload weighting and thereby a better understanding of demand.
- Invested in Signs of Safety to provide consistency in assessment and planning.
- High standards have been set, with high challenge, where needed.
- Established social care special educational needs and disability (SEND) champion role to support social care being effectively involved with children and young people with SEND.

What do we know now from our QA processes?

- Practice days highlighted examples of good practice in all areas.
- Frontline staff are more motivated to provide family-focussed services.
- Practice variability continues with a rural and urban divide due to the varying levels of need and demand.
- Performance data has not always focussed on a balance of indicators that assist with a full understanding of progress.
- There needs to be greater integration between social care and education which will help to improve the footprint on our SEND work
- External review of our continuous improvement plan received significant assurance.
- Whilst better, complaints outcomes identify that communication of transparent and straightforward information remains an issue.

Impact assessment

- We now understand where we are and what we need to do to improve.
- We challenge ourselves to ensure that our view of practice and performance is accurate.
- Increasing confidence from multi agency partners in our ability to deliver effective services.
- Staff survey outcomes identify higher staff morale across all service areas.
- Reduction in complaints.

- More effective commissioning has led to fewer Independent Fostering Agency (IFA) placements and reduced costs.
- Stable leadership at Chief Executive and Director of Children's Services (DCS) level.
- There are sufficient resources to deliver the service.
- Members are kept up to date and are well briefed, so provide effective challenges.
- Performance monitoring provides good oversight of how we are managing the challenges.
- Benchmarking shows we compare well on Children in Need (CIN), Child Protection (CP) and looked after children (LAC) time scale indicators, but less so on prevalence performance indicators (PIs); so reviewing how our thresholds are applied is a priority.
- Implemented the Front Door and MASH so service users experience a more consistent assessment response, and locality teams a reduced workload, but practice variability continues with a rural and urban divide due to the varying levels of need and demand.
- External review of our continuous improvement plan concluded with an outcome of "significant assurance".

Innovative practice examples

Three examples of innovative Leadership and Management practice across Children's Social Care are:

- The use of the Council's Internal Audit team to offer arm's length assurance about the monitoring of our Improvement Plan.
- The restructuring of the locality social work teams with the addition of Deputy Team Managers and Advanced Practitioners to add oversight capacity and development opportunities to enhance practice skills at a more senior level.
- We have implemented the Leadership Pledge as part of our leadership programme. Its purpose is to develop a culture of learning in which we fully support our staff, recognising and acknowledging good practice and providing constructive challenge to continually reflect on and improve the effectiveness of our services. This challenge is two way.

What are we going to do next?

- Ensure effective use of resources and identify where efficiencies can be made.
- Launch the leadership pledge, cascading our commitment to improve services.
- Launch the Children and Young People's Partnership (CYPP) with the new revised and strengthened Children's Plan.
- As an early adopter, develop and shape the safeguarding partnership arrangements.
- Ensure the structures support delivery of quality services across the county.
- Focus on improvement in management presence on files as we know from practice days that they are providing oversight and support, but this is not always effectively recorded or

sufficiently focussed.

- Target key areas of practice, identified via QA activity for improvement such as chronologies and SMART planning.
- Improve the information provided to schools about social work involvement and interventions so that this work can be supported and built upon within these settings.
- Strengthen links between education and social care to support the one service approach to working with vulnerable children, particularly those with SEND.
- Improve the transitions process between children's and adults' social care using structural opportunities to support the ethos.
- Implement a new performance framework for a fuller, more balanced understanding of outputs and outcomes.
- Complaints feedback cycle to be further embedded to reinforce learning.
- Deliver a refreshed Continuous Improvement Plan in line with this self assessment.

2.2. Workforce stability and development

The single most challenging factor in relation to improving quality is ensuring the workforce is fit for purpose in terms of numbers and quality. Despite low vacancy and agency rates, we continue to struggle to recruit experienced staff and this has impacted on caseloads in some areas. The picture is mixed, some teams have a stable workforce and lower caseloads whereas others continue to experience higher demand and more instability.

The objective is to ensure Northumberland has a well trained and motivated workforce, focussing on experienced, high calibre staff to role model effective child-centred and family-focussed practice. This will naturally lead to confident practitioners delivering a high quality service with positive outcomes for our most vulnerable children.

What have we done on our focus areas over the last year?

- Implemented our workforce strategy which addresses recruitment and retention plans and the development of a learning culture.
- Undertaken a workforce regrading and restructure, creating deputy team manager and advanced practitioner posts, to support team managers and provide development opportunities for experienced practitioners who wish to progress in practice rather than go into management.
- Continued to improve and refine the support offer to newly qualified social workers completing their Assessed and Supported Year in Employment (ASYE) in preparation for the academy launch.
- Launched our ASYE academy with 8 newly qualified social workers commencing

employment in the new unit in August 2018. A second cohort will join in February 2019.

- Invested in a Signs of Safety 2 - 5 year implementation plan across all service areas to firmly embed this as the Northumberland model of practice.
- Offered a comprehensive training programme, shaped by audit findings and staff feedback.
- Prioritised training and development for leaders with investment in bespoke courses and the first line programme.
- Addressed inconsistent or poor practice by providing additional support or taking action to address the issues formally where required.
- Participated in the North East Social Work Alliance (NESWA) with representatives active in all work streams.

What do we know now from our QA processes?

- For staff in Early Help and Social Care services, the most recent survey highlights that:
 - Training and development has supported them to do their job.
 - They understand how their role contributes to the values and vision of the council.
 - The vast majority are happy to come to work, and feel supported to work flexibly.
 - There has been a marked improvement in communication from senior managers, although there is still some work to do, particularly in Early Help.
 - Social work staff were generally enthusiastic about their roles and described supportive colleagues, teams and line managers.
- Social workers are enthusiastic about the new structure and applications for enrolment on post qualifying (PQ) courses to access the positions has increased.
- The bespoke management training and first line programmes have been well received.
- Evidence of the signs of safety (SoS) approach is apparent in the language used in assessments and planning and the approach is being modelled in paperwork and templates.
- The focussed visit at the front door highlighted the quality of ASYE assessment specifically.
- Feedback from families, gathered as part of the audit process has been positive, 82% saying the social worker made a positive difference in their lives and and 88% feeling confident about receiving services if needed again in the future.

Impact assessment
<ul style="list-style-type: none">● There is a cultural shift towards high expectation/high challenge with high support focussing on learning and improvement.● Reduction in use of agency staff and a more stable workforce.

- Staff who have completed the new style ASYE programme have completed their portfolios and some have progressed to advanced practitioners, retaining the investment in the Local Authority.
- Response to the implementation of Signs of Safety has been very positive, excellent examples of how it is being implemented to identify individual and team solutions in all areas of the service.
- Recruitment of external experienced staff remains a challenge although an increasingly successful 'grow your own' approach makes this less of an issue.

Innovative practice example

The new ASYE Academy model was introduced in August 2018. It comprises a team manager and advanced practitioner who manage a group of ASYEs for their first six months of the programme. This provides an opportunity for consistent practice to be embedded. After six months the ASYEs are allocated across the different social work teams dependant on vacancies and need and the next group of ASYEs start within the Academy.

What are we going to do next?

- Continue recruitment to fill all the deputy team managers and advanced practitioner posts.
- Progress the SoS implementation plan with leadership and practice lead sessions, organisational alignment and training.
- Work with the region on recruitment initiatives and managing the agency worker market.
- Embed and develop the academy, evaluating its impact for children and families.
- Engage with wider initiatives to develop the workforce such as the apprenticeship model and step up to social work.
- Continue to focus on management and leadership development, working with the DfE practice supervisors programme and further bespoke training packages.
- Analyse findings of the succession and talent management tool to predict workforce needs.
- Continue learning from audit findings and service user feedback to tailor our learning offer.

2.3. Performance management and quality assurance

What have we done on our focus areas over the last year?

- Closer alignment between our performance management and quality assurance

frameworks at all levels has helped us use the full range of Key Performance Indicators (KPI), workforce, prevalence, user voice and audit intelligence to develop our improvement priorities.

- Implemented practice days with senior managers case sampling work with front-line staff in different teams on a monthly basis.
- Performance clinics now focus on a wider range of information including performance, user experience and audit issues as well as barriers, support needs and improvement plans, rather than simply improving the performance indicators.
- Used benchmarking and data provided members with an annual benchmarking analysis of CIN, CP and LAC data.
- We undertake quarterly Business and Performance meetings and offer challenge to senior and middle managers on 'why we look the way we do'.
- Undertaken a number of forensic data reviews to look into specific trend issues such as the rise in the numbers subject to CP plans, scrutinised by the LSCB and which resulted in an agreement to review application of multi agency thresholds.
- We want to focus more on the user experience and outcomes, so we are revising the format and content of our quarterly data to:
 - draw trends out more clearly, and capture more of the conversion-type measures. Along with findings from practice days, audits, HR data, complaints and service user feedback, this data is part of a new quarterly performance report that focusses more on outcomes.
 - produce monthly data on missing children, child sexual exploitation and child sexual abuse, making greater use of the police data in the multi agency performance reports to LSCB, thereby increasing our knowledge of vulnerable young people's circumstances so we can target resources effectively.
- We are developing as a learning organisation - as well as our DCS' continuing involvement in Ofsted visits, 3 of our senior managers have participated in 4 peer challenges. We use these to share expertise, benchmark and broaden our awareness of innovative practice.

Service user feedback has helped us:

- Gain a better understanding of the views of Care Leavers and that has been used to shape the new structure of the service and was commended in the recent peer challenge.
- Use the feedback from talking to parents as part of the audit process to review changes of social worker, and seek the service user perspective on the effectiveness of our services.
- Use the Make Your Mark ballot to inform the priorities of our emerging CYPP.
- We are a top user of Mind of My Own (MOMO) with 158 young people and 144 workers having accounts. In August, 81% of MOMO documents were to share good news.
- Establishment of Quality Practice and Audit group (QPAG) meetings brings together the intelligence from our PIs, audits, practice days and participation work to help target our priorities and track actions to assess impact.

In line with the Single Inspection Framework (SIF) recommendation regarding the performance management information pertaining to the leaving care service, we have:

- Continued to expand the range of performance management information available to senior leaders and elected members to enhance their ability to scrutinise and challenge;
- Developed a new annual trend dashboard for the leaving care service to help senior managers track progress and assess how well service changes are impacting on outcomes;
- From November, and in response to the peer challenge, we are developing a needs profile for 13-15 year olds so that we can forecast 'EET' and accommodation needs more precisely and target resources better, shifting from compliance to outcomes.

What do we know now from our QA processes?

- Using our PI and workforce data in tandem with our audit findings helps us target more precisely what needs to be improved and what conditions are required to facilitate that.
- Intensive, supportive monitoring at individual level works, yet impact can be temporary. We need better tools and modelling for our improvement priorities: purposeful, quality CP and LAC visits within the child's time scales and outcome-focussed plans that progress well to improve children's life chances.
- Caseloads are reducing but there are still some pressure points.
- Our legal tracking tools are telling us more clearly where the pinch points are regarding legal planning work and what we need to target and push.
- Our annual conversation identified that we were now a local authority (LA) that knew itself well and uses performance and audit information effectively.

Impact assessment

- Our self-assessment demonstrates that the service knows itself very well (Ofsted)
- The improved use of performance information and quality assurance ensures that our priorities are rooted in evidence. (Ofsted)
- Our improvement plan is an evolving process whereby actions are added, monitored and taken off, and through this, we have already implemented some key changes arising from the Focussed Visit findings.
- PI examples: more timely cessation of CP Plans, less reliance on IFAs, more timely adoptions, and better quality assessments without longer time scales.
- Through sophisticated workload weighting tools and performance clinics, social work caseloads are reduced on the whole with less variability.
- By focussing on compliance and Integrated Children's System (ICS) development, we have sometimes lacked a fuller picture of outcome indicators across the child's journey - the next step.

Innovative practice example

Our case file audit processes for both social work and Early Help involve auditors adopting a three stage approach of reviewing the case record, meeting with the lead worker face to face and ringing the family to get feedback on their experience. This has allowed us to have a more holistic view of the practice which is being undertaken, and how effective it is.

This has been added to by practice days and a practice week where senior managers sit with workers to discuss families/young people looking at case records and observe practice first hand. This fits with our ethos of making the links between performance data, audit, quality assurance and practice.

What are we going to do next?

- Implement new monthly / quarterly performance management information focussed more on narrative analysis, user experience and outcomes.
- Use the peer audit of our care planning in December 2018 to gauge our improvement.
- Develop our resources to undertake participation, engagement and survey work.
- Preparation for our next Practice Week in February 2019.

3. CHILDREN'S SOCIAL CARE

3.1 THE FRONT DOOR - What have we done on our focus areas over the last year?

- Building on the development of the front door service the Multi Agency Safeguarding Hub (MASH) was launched in February 2018 jointly with adults and the police. Since this time, Early Help coordinators, Education and Safeguarding health representatives have been co located and are now part of the day to day MASH activities.
- Key stakeholders and staff are positive about the changes made and recognise the advantages to children and their families receiving a consistent response at the right time.
- Regular strategic and design meetings continue with partner agencies to explore progress, review and improve the MASH and dashboards have recently been developed - to be used as part of performance workshops.
- All new referrals are now triaged through the front door and assessments and S47 enquiries progressed by the assessment team located at the front door. A virtual pilot applying the MASH model in the rural North and West localities is currently being

evaluated.

- An Ofsted focussed visit in February found that children benefited from a timely and proportionate response when they needed help and support and that the leadership team had improved the effectiveness of the response with clear vision and plans in place to further enhance the front door arrangements.
- Daily triage with the police has helped us to streamline discussions and prioritise cases, which in turn has reduced the time spent administering cases that are deemed low level.

What do we know now from our QA processes?

- The rate of referrals to Children’s Social Care per 10,000 showed a downward trend from years 2015/16 to 2016/17, however this has since increased in the most recent statistical year to 608. As at the end of September 2018, the current rate of referrals shows a further increase (616). The conversion of contacts to referrals also shows an upward trend. This, in part, is in line with the ethos that children, young people and their families should get the right service at the right time and there has been a huge drive on the use of Early Help and prevention services.
- The rate of assessments per 10,000 in 2015/16 was 997, and this reduced to 734 in 2016/17. The final figure for 2017/18 was also 734. The MASH front door model allows consistent thresholds to be applied and better signposting to Early Help provision. The rate of assessments has seen an increase and at the end of September, the provisional figure is currently 742. Our audit of activity highlighted too many assessments were resulting in no further action and a re-audit is scheduled in December 2018.
- The rate of S47’s per 10,000 is still comparatively high in Northumberland (210) but the multi agency information sharing within the MASH should help to address this. The provisional rate of S47’s has seen a decrease as at the end of September 2018 (203).
- Multi agency triage audits identify that risk is recognised and responded to on the whole and that management decision making is proportionate.
- Standard case file audits indicate improvement in assessments between January and September 2018 which reflects the period within which the majority of the assessment work was transferred to the Front Door.
- Regarding practice at the Front Door, service user feedback on the social worker’s professionalism, their understanding of processes, and overall satisfaction, have not raised any major concerns.

Impact assessment
<ul style="list-style-type: none">● Decisions are made on all referrals within 24 hours and safeguarding issues are processed through the MASH to facilitate timely multi agency responses and safety planning. Benchmarking shows we are significantly better than the national average for CIN awaiting assessment (2.5 per 10,000 compared to 22 nationally).

- All of the assessments following referral are now completed at the front door and the quality and consistency of management oversight is improved. Families can feel confident that assessments will be undertaken in a timely way as more assessments are completed within 45 days than in 2015/16 (90% compared to 79%).
- Too many assessments still result in no further action and an Early Help manager has been recruited to ensure only those referrals needing social work assessment get one.
- Service user feedback has raised no major concerns with the new operating model.
- The locality safeguarding teams have experienced reduced caseloads allowing them to focus on long term planned work. As a consequence social work practice in care proceedings and pre-proceedings public law outline (PLO) cases has improved.

Innovative practice example

From June 2018 a new daily triage meeting was introduced initially between Children's Social Care and police. However, this has now progressed to the inclusion of police, Children's Social Care (Front Door and 14+ Team), an Education representative from the MASH, a Health representative from the MASH and an Early Help coordinator. This multi agency group considers all new police notifications in conjunction with the history and information that each agency holds in order to streamline workflows and inform decision making and next steps. This also is used in order to prioritise workflows and subsequent actions by whichever agency has been identified as best to take this forward.

Up until October/November 2018, Children's Social Care at the Front Door kept a spreadsheet of all allocated cases which highlighted junctures in the case management process (e.g case discussion and target start and end dates of assessments). This spreadsheet was completed and updated by the management team, however, it was time consuming and relied on constant updating in order to determine whether case management discussions were occurring within the timescales of the assessment process. From September 2018, the management team within the Front Door worked with the Performance team to produce a report where the parameters set within ICS transferred in to the report to give an overall picture of performance and case management timescales. The report is updated by the Performance team each morning and therefore gives the management team at the Front Door a true picture of performance and timescales which assists in the planning for the Service.

What are we going to do next?

- Through the recruitment of a manager to support Early Help, continue to develop the robust triage arrangements ensuring families get the right level of support at the right time.

- Continue to incrementally recruit to all posts within the front door service including specific posts such as a child sexual exploitation specialist.
- Embed Signs of Safety as the practice model to improve collaborative working with families and ensure that the voice of the child is reflected in assessments and plans.
- Agree a multi agency risk assessment and screening tool for child sexual exploitation in line with missing, sexual exploitation, trafficked (MSET) arrangements.
- Transfer the management of the Enquiry and Referral Administrators (ERAs) into children's services to allow more targeted focus of their work to support the service.

3.2. EARLY HELP AND PREVENTION

What have we done on our focus areas over the last year?

- Over the period April 2017-Sept 2018 there were 1569 children referred to the Early Help Family work teams. It is the first time we have had case recording on children in this level of Early Help, but our assessment is that this number is appropriate given staffing levels.
- The Early Help arrangements are now embedded with each locality manager taking a lead on building networks in their areas. Each locality has clear 'step down' arrangements in place and in most localities the Early Help manager is supervised by the social care senior manager for that area, ensuring more joined up management arrangements with social work.
- The range of Early Help support available in each locality has developed including parent drop ins and 'specific topic' parent groups. The preventative and targeted support available through the NCC Early Help services has been clearly defined and a single referral route into these for ease of access set up. Over the eighteen months April 2017-September 2018, there were 71 parents who attended a parent drop in, 217 women started a Freedom/Recovery Toolkit programme and 295 parents/carers started an Incredible Years programme.
- There has been focussed work started with a number of secondary schools including providing dedicated Early Help family work resource to support their understanding of Early Help and how to complete Early Help assessments.
- Commissioning of preventative services is developing and initial indications from some services is that this is having a positive impact on supporting children to remain at home or with family members.
- 'Northumberland Families First', our edge of care service was launched in April 2018 and 'edge of care' clinics now take place regularly in each locality between the managers of that service and the social work team managers to identify families requiring support.
- The new Early Help Strategy 2018-21 continues to place an emphasis on multi agency

responsibility for assessing at an Early Help stage and work is ongoing through the LSCB to engage with partners about how best we support them to do this.

What do we know now from our QA processes?

- Families spoken to through audit and practice days value the support they have received.
- Parents accessing Children's Centres feel they benefit from the support they receive.
- Parents accessing targeted groups such as Incredible Years, Freedom and Henry score themselves as more able to understand how to meet their children's needs and keep them safe at the end of the programme, but there could be more parents accessing these.
- We need to work with social work colleagues to further strengthen the 'step down' arrangements from social work to Early Help family workers to ensure these are done in a timely way.
- Other agencies are well engaged with Early help processes where our staff are the lead.
- We need to continue to do more work to engage fathers and male household members.
- We need to find ways to engage with the small numbers of families who do not want to work with the Early Help family work teams.

Impact assessment

- Just over 50% of Early Help Family work cases were closed because outcomes were achieved/no further action identified.
- The number of EHAs being registered has remained at a similar level over the last twelve months and the number of referrals to the Early Help Locality hubs have almost doubled over the last year. Of these referrals only 14% have gone on to have a social work referral in the subsequent twelve months. Of those EHAs which have closed only 16% of the children have been referred to social work in the subsequent twelve months.
- Of the 36 families supported by Safe Families in the twelve month period to June 2018, 14 children were prevented from becoming looked after.
- Of the 89 children supported by Northumberland Families First and closed in the period April-November 2018, 83 are living at home, 6 of whom have returned home from being LAC. The remaining 6 either remained or became LAC during the period.

Innovative practice example

From July 2018 a new triage arrangement for referrals into the Early Help Locality hubs for children with predominantly emotional health needs was introduced to prevent delays in

identifying the most appropriate service for the child to access. This involves representatives from the three emotional health services, CYPS, Primary Mental Health and school nursing meeting weekly with the Early Help Coordinators to discuss referrals and agree the most appropriate outcome. This has led to an improvement in access arrangements for children and is being used as the basis for the further development of timely access to emotional health services as part of the Transforming Care agenda.

What are we going to do next?

- Transition the Childrens Centre recording system from E Start to Groupworks which will support a more robust understanding of a child's journey through services.
- Develop a more robust locality dashboard which supports understanding the journey of the child through social care and looks at analysing needs and outcomes more clearly.
- Continue with the development of 'Northumberland Families First' to develop an intensive support approach for families whose children are on the edge of care or for children at risk of placement breakdown.
- Continue to promote commissioned services as a preventative approach and link in the work being developed regionally around Reducing Parental Conflict as a preventative approach.
- Through the work being developed around Mental Health Services and SEND ensure that Early Help is threaded through all developments.
- Develop the use of the Signs of Safety practice model within Early Help.

3.3. HELP AND PROTECTION

What have we done on our focus areas over the last year?

- Team managers have further developed their use of performance information working with social work teams to highlight areas to improve. A culture of healthy competitiveness exists in most teams as they strive to drive up standards.
- Launched the Signs of Safety practice model. All managers, advanced practitioners and IRO's are being developed as practice leaders to embed this model and the leadership team are aligning the organisation to the practice.
- Delivered targeted training to all teams in the use of chronologies after it was highlighted as an improvement area and administrative staff are supporting social workers with the creation of chronologies on children's files.
- Training and robust quality assurance has impacted on the timeliness and quality of assessments as highlighted in audit findings.
- Forensically analysed factors influencing the increase in child protection plans.

- A consistent domestic violence risk assessment tool has been shared with all practitioners with support in its use offered by the domestic violence lead.
- Reduced caseloads and workload weighting in most teams to more manageable levels. One locality remains the team with greatest demand, staff turnover and caseloads, although another previously high demand and under pressure locality area is now more stable. Inactive cases continue to be a challenge as further 'push' is required to close or step down cases without delay when the social work task is complete; support has been identified in specific areas to assist with this.

What do we know now from our QA processes?

Audit analysis identifies some areas that are consistently good:

- Decision making in child protection cases is timely and overseen at the appropriate level.
- Assessments in most cases recognise risk and protective factors are proportionate to the level of need, and conclusions incorporate all the reasons for initiating the assessment.
- Plans are proportionate to the level of risk, indicating thresholds are applied appropriately.

Practice days and practice week have illustrated that:

- The child's voice is apparent in assessments and plans - workers know their families well.
- Supervision is offered regularly and staff are positive about the support that they receive.
- Management oversight is clear at the relevant points in the case.
- Assessments are detailed and recognise risk, strategy meetings are held in a timely manner and are well attended by other agencies and appropriately balance risk.

Audits do highlight areas for further improvement including:

- Development work on CIN plans and reviews as these are not as robust as they need to be with children not being routinely involved. Practice days confirm that plans are not SMART and developed in collaboration with families. It is difficult to track the progress of the plans through care team meetings and core groups in some cases.
- Direct work with children is not clearly evidenced on case files and although staff report completing the work and know the children well, this is not being captured and recorded.
- Visits to children are not always being undertaken at the required frequency and recording of the visits is often insufficient with no clear purpose or analysis and reference to the plan.
- The continued high numbers of Child Protection Plans remain a concern and despite

intense scrutiny of the data, it is difficult to identify any key issues that contribute to this demand.

- Where there is an EHCP in place, CIN and LAC reviews need to be more closely aligned with the EHCP process to enable up to date and relevant Social Care advice to be reflected within the EHCP.
- Social Care information within existing EHCPs is not consistently clear. For those with an EHCP and active engagement of services, advice should be updated through the annual review process.

Impact assessment

- A culture of challenge and high expectations is becoming embedded, social workers expect scrutiny and managers provide feedback to support improvement.
- Procedures have been clarified and standardised to support consistency in practice.
- The child's voice is evident in many more of the plans and assessments and there is a shift towards 'working with' rather than 'doing to' supported by the signs of safety model.
- Numbers of Child Protection Plans have increased, however, children are being removed from plans once change is achieved and there are no plans that exceed 24 months.
- More children subject to Child Protection Plans had their plans reviewed in a timely way than is the case nationally (97% compared to 91%).
- Audits show that decision making is made at the appropriate management level in almost all cases now (91%) compared with 77% in January.

Innovative practice example

A senior manager from Children's Social Care chairs the Dynamic Risk Register (DRR) and the Care Education and Treatment Reviews (CETRs) for children in Northumberland. The DRR looks at a wider range of children than that mandated to the CCG and includes all children and young people who are at risk of a mental health hospital admission or who are being discharged. Through this approach care has been co-ordinated for young people at an earlier stage and there has been a significant reduction in the numbers of young people requiring a hospital admission in the last eighteen months.

What are we going to do next?

- As agreed at QPAG, focus for the next 6 months will be on developing and implementing guidance for visiting children, providing back to basics information to support social workers to have clarity of purpose, relate the visit to the plan and analyse the information gathered.
- Further to this, training will be offered around SMART planning with clear and achievable

objectives. Using the fundamental principles of SoS, guidance will be offered on developing plans with families so that they are able to take ownership of the agreed goals.

- Develop an outcomes framework for vulnerable young people to help us understand the data that we hold and use it to improve service response.
- With LSCB partners, review how our thresholds are applied.

4. LAC (INCL. PERMANENCE)

4.1 What have we done on our focus areas over the last year?

- Introduced a legal gateway panel to provide more scrutiny and challenge, and increased consistency in decisions for children to become looked after.
- Focussed work on S20 to ensure that LAC are supported on the appropriate legal basis.
- Continued focus on developing in-house local placements as part of the sufficiency strategy.
- Undertaken deep dive analysis and audits to better understand performance in relation to placement stability and developed targeted actions to improve outcomes.
- Improved the quality, consistency and timeliness of work on Reg 24 placements so that staff better understand and recognise such arrangements.
- Improved tracking of our LAC to support the timely achievement of permanence for them.
- Increased IRO capacity, ensuring timely progress and oversight of work with LAC.
- Participated in implementing the Regional Adoption Agency and are part of the regional early permanence project.
- Improved and streamlined the process for Adoption Decision Making (ADM) in line with court requirements. Fewer decisions are reversed here than nationally.
- We have reviewed the resourcing of the Virtual School to ensure that the revised statutory guidance (Children and Social Work Act 2017) can be fully implemented.

What do we know now from our QA processes?

- Decision-making for children to become Looked After is robust, ensuring all alternatives have been considered and that there is a clear plan for children at that point. We need to continue to improve the timely engagement of wider family members earlier and the use of our Families First, service at an earlier stage to support children at home and also to enable children to return home from care.
- The rates of children becoming Looked After, while slightly above the national average, is the lowest in the region and significantly below regional peers. As a result of the

focussed work, there has been a notable decrease in the number of LAC with a Section 20 legal status – from 85 (21%) in March 2018 to 60 (16%) currently (NA 23%). Overall, 75% of LAC are subject to a care order or interim Care Order (national 69%).

- Local performance in relation to the timely completion of care proceedings needs to improve and remains above the national average, although this is impacted by factors wider than LA practice. We need to implement the areas for practice improvement identified in a regional audit undertaken by the regional circuit judge.
- Early permanence planning is effective for children who may be adopted. 33 children (9%) have an (adoption) placement order in place (NA 7%). The authority's performance in relation to the percentage of children who leave care for adoption is above the national average (NCC 17%: national 14%) and in the two key timeliness PIs, we are better than national averages. The challenge going forward will be to ensure that the implementation of the regional adoption agency (RAA) maintains and improves this performance for children.
- The percentage of children leaving care and achieving permanence through special guardianship orders (SGO) is also higher than the national average (NCC 18%, NA 12%). However, we need to further improve the support available to those families post order and work is required to maintain and improve the quality of SGO assessments and support plans.
- We need to improve the timeliness and the processes through which children can be permanently and formally matched in long term foster placements.
- Overall, we need to continue to improve the quality, clarity and timeliness of our planning, including clear contingency planning and SMARTer and more child friendly written plans.
- There is good partnership working in the vast majority of cases with good attendance at reviews and care team meetings. The latter needs further focus on the plan and its progress.
- Broadly, the voice and experience of children is clear in case records and their participation in reviews is clear. The turnover in social workers has meant that too many LAC have had too many changes of social worker.
- We have increased the number of LAC placed with in-house foster carers, and the number in residential care is in line with comparators. All LA residential homes are rated as good or outstanding and the percentage of children who are looked after placed within 20 miles of home is well above national average.
- There remains a challenge in providing appropriate and timely placements for a very small number of young people with complex needs and challenging behaviours.
- We need to improve timeliness for permanency and formally matching long term foster placements.
- Placement stability is an area in which we need to maintain improvement. Current performance in relation to long term stability is in line with national averages and our short term placement stability has improved from 13% at March 2018 to 9% in

September 2018 (national average is 10%).

- Practice areas to improve identified by an audit in relation to placement stability include that regular care team meetings are held to look at issues for both child and placement to identify needs and support/services required at an early stage - identifying problems before they escalate is key to identifying supports services as well as increased statutory visits by members of the care team.
- There are significant improvements in relation to Reg 24 placements and the numbers have decreased. Based upon this progress it was agreed a second audit would be undertaken which looks at the outcomes for these children.
- Children who are LAC receive timely health and dental assessments, all well over 90%, but timely access to specialist mental health services needs to improve.
- Increased capacity within the IRO service has ensured that the vast majority of statutory reviews are undertaken in a timely way and there is increased evidence of ongoing IRO monitoring, although the quality and effectiveness of this needs further evidence. The IROs have provided consistency for the vast majority of LAC with whom they work and this has supported a high level of participation of young people in reviews. We need to improve the effectiveness and consistency of the IRO challenge/practice improvement monitoring.

Education outcomes for LAC 2018 (provisional; national data is not yet available)

Achievement for children in Early Years, Phonics, Key Stage 2 and Key Stage 4 has been consistent for the last two years, and although in line with national averages, further improvement is a priority for this academic year:

- 40% of children achieved a Good Level of Development in the Early Years Foundation Stage compared with 43% in 2017. At 71%, attainment at Key Stage 1 has improved significantly compared with 20% in 2017.
- Key Stage 2 attainment remained constant at 30% (29% in 2017).
- At Key Stage 4, 18% of Year 11 pupils achieved at least grade 4 in English & Maths GCSE combined (Basics), equal with the national average (NA) for all LAC in 2017, and 1% better than 2017.
- Numbers of learners progressing into further education at 16 has remained high over the last three years and is significantly above NA. School placement stability is good: Focussing on reducing exclusions and strengthening transition arrangements should have a further impact in this area.
- No Looked After children have been permanently excluded from school since 2008, however, there has been an increase in the number of fixed term exclusions.

Impact assessment

- Fewer children need to be looked after, reducing from 400 in March 18 to 370 now, attributable in part to the increased scrutiny and challenge of the Legal Gateway Panel.
- Focussed work has reduced numbers on Reg 24 placements and Section 20.
- More children are placed close to their home [67% were placed within 20 miles (NA 52%)].
- School-age LAC have fewer school moves in Northumberland than the national average with 2% having at least 1 move in 15/16 and 16/17 compared to 4% nationally.
- Education achievement is acceptable but needs further improvement.
- Too many LAC missed out on education this year due to more fixed term exclusions being issued, 128 in 2018 compared to 38 in 2017.
- Early permanence planning is effective for children who may be adopted with 9% having an (adoption) placement order in place compared to 7% nationally.
- Evidence from standard case file audit shows practice on LAC cases is improving in 2018 in the areas of assessment and planning.
- Improved standards of care for the most vulnerable LAC - 100% of LA residential homes are good or better with no requires improvement (RI) judgements and 2 homes Outstanding in all areas.
- LAC have good access to health services and almost all have timely reviews, but whilst their participation in them is clear, SMARTer planning is key to drive the work forward.

Innovative practice example

We have improved partnership working to develop Residential Care staff's understanding and responding to children's behaviour. An Educational Psychologist works into the homes on a weekly basis to offer support, training and case supervision on the model Pillars of Parenting. This is an overall theoretical behaviour approach which listens to the child's voice to develop an individual agreed management plan to proactively change negative behaviours. Physical intervention incidents have decreased by 90% over a 2 year period, achieved through training and reducing the occupancy level in children's homes to support family life.

What are we going to do next?

- Continue to develop the flexibility of our preventative services where children may become looked after, including engaging wider family members at the earliest possible stage.
- Implement learning from the regional court review of care proceedings and to ensure our pre-proceedings work is timely and effective.
- Improve the timely achievement of permanence for children through all options and the availability of appropriate support, ensuring the Regional Adoption Agency (RAA) is effective in improving our practice. A regional peer audit review of our permanence

planning is scheduled for December 2018.

- Improve the quality of written plans, ensuring they support timely progression of work and that care team meetings, statutory reviews and IROs continue to drive the work effectively.
- Further improve placement sufficiency including development of residential in-house provision for which the council has committed funding and in particular for the small group of teenagers with very complex needs. More broadly, we need to further develop the principle of placing all children within a family setting where possible, using residential care more flexibly and improving links with, and step down arrangements, between residential and foster care.
- Further develop the joint commissioning of external placements with health colleagues and to improve the timely accessibility of mental health provision for our Looked After Children.
- The Virtual School Improvement Plan 2018-2020 identifies priorities for the next two years to further improve the effectiveness and impact of our Virtual School and to implement the increased requirements of the children and Social Work Act 2017.
- Review and strengthen the effectiveness of the corporate parenting group and Multi Agency Looked After Children Partnership (MALAP) to ensure its effectiveness is maximised and operating in line with the Children and Social Work Act 2017
- Alignment of LAC and EHCP reviews.

4.2. CARE LEAVERS

What have we done on our focus areas over the last year?

- Since January 2018, we have split the leaving care provision into under and over 18 year olds. The new dedicated resource for 18-25 year olds is staffed by personal advisers who have the expertise and passion to provide a high quality service to this age group of young people.
- Implemented the new Pathway Plan template for use with all young people aged 15/5.
- Increased the education advice resource available to Care Leavers from 0.5 fte to 1 fte.
- Implemented the new management arrangements for the service with a team manager and deputy team manager having clear oversight of the service.
- Continued to develop and use performance data to support the understanding of the needs of Care Leavers. This has resulted in a clearer understanding of the under/ over 18 cohorts.
- Amalgamated the two participation teams within the adolescent service; the new service are providing new and fresh ideas for engaging with Care Leavers.
- Started the transition to a 14+ LAC team which will provide a more robust Pathway planning process for LAC young people.
- Recommissioned the accommodation framework which will deliver a wider range of

supports for vulnerable Care Leavers who need out of hours and weekend support.

What do we know now from our QA processes?

- Both the practice day and peer challenge told us that our workers are enthusiastic and passionate about the young people they work with and that the young people value them.
- We know that the quality of case recording and pathway planning is improving, but there is further work to do on consistency and ensuring that plans are young person-led.
- Services for Care Leavers are improving and there is clear leadership to continue that.
- Access to emotional health support for Care Leavers continues to be an area for development.
- Although there is strong lead member support for Care Leavers, there is further work to be done corporately to ensure Care Leavers have the best education and employment opportunities the council can offer.

Impact assessment

- Peer challenge confirmed that we know ourselves well and that young people are positive about the service they receive from the worker they have now.
- The number of young people with an updated Pathway Plan in the last 6 months has increased by over 20% in the last 12 months.
- We are 'in touch' with over 40% more of our Care Leavers age 19-21 than we were 12 months ago.
- Latest national figures show 58% of Care Leavers aged 19-21 are in EET (compared to 51% nationally, 52% regionally).
- 91% are in suitable accommodation compared to 84% nationally (91% regionally).

Innovative practice example

For just over a year, the Welfare Rights team and Northumberland Adolescent Service have been working together to improve Care Leavers' transition into independence. They have:

- Reviewed council policy re financial support for Care Leavers.
- Identified alternative sources of financial support for young people where possible.
- Ensured all requests for financial support go through a panel.

Outcomes of this initiative have been young people maximising their incomes available for living expenses and social workers being able to identify eligibility to other support, for example Personal Independence Payments for disabled Care Leavers. Although this

initiative has succeeded in supporting financial independence on young people as individuals, it has also created an environment that helps social workers focus their overall support on Care Leavers as individuals.

What are we going to do next?

- Fully transition into a 14+ LAC team and review how we transition young people between the under and over 18’s part of the service.
- As part of recruitment of new staff, recruit an advanced practitioner into the team to support the service and workforce development.
- Review the current Pathway Plan audit tool and performance measures to identify ways in which they can be more outcome-focused.
- Establish a task and finish group to progress the recommendations from the peer challenge.
- Increase the number of Care Leavers in EET.
- Implement the plans in relation to Care Leavers’ participation to ensure their voice is embedded in service developments.

5. WHAT ARE OUR PRIORITY AREAS GOING FORWARD?

Focusing on these 8 priorities in our Continuous Improvement Plan

Right service/right time/right child / family	Embedding family-focused practice	Workforce stability, development and succession planning
Quality of assessment	Improved SMART planning	Management oversight and Quality Assurance
Strengthening corporate parenting arrangements	Continually improving leadership and our outcomes-led approach	

6. WHAT ARE THE KEY THINGS WE HAVE DONE? Since September 2017

Leadership has:	QA & performance has:	Operational Management has:
Invested in leadership training to promote cultural change.	Audited practice in key areas and made changes were identified, eg Front Door, neglect, assessments, and s47s.	Obtained and analysed views of staff and used these to develop the service. Challenged workers to ensure children and families are at the heart of everything we do.
Recruited external senior managers to drive up quality assurance and offer challenge.	Revised Business and Performance meetings, broadening the focus on performance, audit, participation and quality.	Implemented necessary changes to ensure compliance through production of workflow diagrams.
Introduced Practice Week to help evaluate the experiences of children and their families of the services provided within NCC.	Developed an early family work dashboard to help support performance in the EHFw teams.	Utilised the performance reports effectively to monitor and manage work.
Introduced deputy team managers.	Developed performance reporting, bringing together data and analysis on PIs, audits, practice days, serious case reviews and complaints.	Front Door Introduced new arrangements to speed up decision making for Early Help Hub referrals including appointment of EH manager.
Introduced individual performance monitoring and clinics on a team/service basis.	Improved the Care Leavers dashboard to reflect the different age groups and provide clearer information for managers.	Liaised with management team with regards to practice, barriers and workforce development including negotiation of an education post within the MASH and health input.
Continued to focus the work of the Children's Centres on children 0-2 in the 30% most deprived areas and introduced more robust arrangements around access to targeted groups.	Reviewed all performance reports to ensure they meet need.	Used Signs of Safety model to formally look at individual team functions.
Undertaken a peer challenge of Care Leavers.	Broadened reporting to corporate parenting group, eg providing a deeper range of data on Care Leavers and their experiences.	Implemented the MASH, introducing daily triage with police and Early Help and co-locating Early Help staff at the front door.
Developed a robust quality assurance framework and used case file audits to understand practice and identify areas for challenge and development.	Jointly led multi agency audits of neglect, Early Help assessment, Front Door & sexual abuse.	Early Help & Prevention Worked with partners to help their understanding of thresholds including holding regular locality networking events.
Introduced Leadership Pledge to underpin culture of ambitions for children through partnership and continuous learning.	Identified key priority areas to focus on, currently they are frequency, purpose and quality of visits and SMARTer planning.	Provided additional targeted support to specific schools to support their understanding of Early Help.
Introduced monthly practice days, where senior managers sample casework with frontline staff to understand quality of practice, pressures and identify areas for improvement.	Developed use of ChAT tool to better identify trends/comparisons and use it to inform the work of QPAG.	Undertaken a pilot with the police which involved PCSOs being based with the family work teams. This has built locality communication links with the police and improved their understanding of Early Help.
Reviewed our Improvement Plan using external scrutiny.	Improved data analysis and usage of audit data at team level performance clinics.	Ensured that there is a growing relationship between the Early Help and social work teams to ensure smooth transitions for families.

Leadership has:	QA & performance has:	Operational Management has:
Reviewed and set expected standards and formally addressed staff performance when necessary.	Introduced a new, quality-driven case file audit reporting framework, including accessible 7 point guides for staff.	Safeguarding Embedded SoS language and models into practice to promote child centred practice.
Significantly invested in staff with back to basics training and management development.	Used data analysis and case file audit feedback to shape our training plan.	Focussed on quality reflective supervision and case oversight.
Implemented a workforce rules development strategy with new rules and career development opportunities and the ASYE academy.	Reviewed caseloads through more sophisticated performance data analysis and stabilised under pressure areas.	Provided training and staff workshops on key practice areas. LAC (incl permanency)
Implemented Signs of Safety as our Social Work model and associated training.	Undertaken a forensic analysis of increasing child protection numbers securing LSCB agreement to review the application of thresholds.	Shared feedback with Family Court judge at quarterly meetings.
Developed QPAG to coordinate all performance, quality assurance and feedback information to ensure it is maximised and to focus on priority areas of improvement and assess impact.	Aligned performance and workforce data to understand our workforce profile better.	Used care proceedings tracker to monitor PLO cases and regular review meetings of caseloads Increased awareness of permanence planning processes/ADM for fostering and adoption.
Established a strategic MASH development group.	Has developed a systematic means of helping QPAG identify priorities sourced from KPIs, audits and user feedback, and to track the resulting progress to gauge the impact of the Group's work.	Introduced Legal Gateway Panel to strengthen scrutiny, challenge and consistency of decision making at the point of children becoming looked after.
Introduced customer service training to speed up and improve the quality of responses that customers experience.		Care leavers
		Established an 18+ Care Leavers service.
		Reviewed the accommodation framework and service to ensure there is a robust accommodation offer for our most vulnerable Care Leavers.
		Worked with partners in education and mental health services to improve the support on offer to Care Leavers.
		Revised pathway planning and a new template based on young people's feedback will be introduced from March 2018.

..... all these activities have contributed to the refocus of the Service

GLOSSARY OF ACRONYMS

ADM	Adoption Decision Making
ASYE	Assessed and Supported Year in Employment
CIN	Child in Need
CP	Child Protection
CYPP	Children and Young People's Partnership
DCS	Director of Children's Services
DfE	Department for Education
EET	Education, Employment and Training
EHA	Early Help Assessment
EHCP	Education and Health Care Plan
ERAs	Enquiry and Referral Administrators
ICPC	Initial Child Protection Conference
ICS	Integrated Children's System
IFA	Independent Fostering Agency
IRO	Independent Reviewing Officer
KPI	Key Performance Indicators
LA	Local Authority
LAC	Looked after Children
LSCB	Local Safeguarding Children Board
MALAP	Multi-agency Looked after Children Partnership
MASH	Multi Agency Safeguarding Hub
MOMO	Mind of My Own
MSET	Missing, Sexual Exploitation, Trafficked
NA	National Average
NCC	Northumberland County Council

NESWA	North East Social Work Alliance
NFA	No further action
PIs	Performance Indicators
PLO	Public Law Outline
PQ	Post Qualifying
QA	Quality Assurance
QPAG	Quality Practice and Audit Group
RAA	Regional Adoption Agency
RI	Requires Improvement
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SGO	Special Guardianship Order
SIF	Single Inspection Framework
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SoS	Signs of Safety
SW	Social Worker