

# Children's Social Care Self Assessment

July 2022

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 Northumberland  
County Council

## Introduction

Our vision for Northumberland children's social care 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. Our leadership pledge highlights our commitment to challenge ourselves relentlessly to achieve continuous improvement in the quality and effectiveness of our services for children, young people, and their families. This annual self-assessment is a key feature of pulling together the range of ways in which we understand the quality of our practice and ensure that we put in place actions to further develop and continuously improve our services. We have coordinated the findings of our quality of practice work, used key performance information and more broadly encapsulated the findings and developments of our continuous improvement plan and linked strategies in the relevant sections of this self-assessment.

Within each of the sections, we have identified what we have done well, what we could do better, detailed the key evidence of the impact in that area of work and then highlighted actions to take forward in the continuous improvement plan for 2022-2023. This will also include areas of development arising from national direction and at the time of writing, there are key publications due in the Independent Review of Children's Social Care and the National Panel Review of Arthur Labinjo-Hughes and Star Holborn.

We do see through the range of ways in which we understand the quality of our practice, the dedication and commitment of our workforce who are our most valuable resource and continue to deliver effective services despite the significant and ongoing challenges that are faced.



Interim Joint Director of Children's Services

## Our evaluation of the top 4 improvement priorities 2021/22

PROGRESS	EVIDENCE OF IMPACT
<b>Strategic Leadership:</b>	
Quality of practice framework	Further developed and continuing improvement seen in the quality of practice.
Early Help and prevention	Improved performance on step ups, EHFV outcomes, First Time Entrants, avoiding need for the care system, and improving accommodation stability.
SEND CSC	The SEND pilot inspection was positive about the social care involvements in SEND work, including individual work with families, transitions and described Early Help as an “Incredible strength”.
Corporate Parenting	Further developing Promises across the council with eight in place so far.
<b>National developments:</b>	
Case for Change	Staff engaged and NCC contribution made to consultation
Domestic Abuse	The Local Partnership Board has developed a strategy and action plan in line with the legal requirements and has supported the timely commissioning of services.
Liberty Protection Standards	Planning and preparation in place: Set up steering group to plan for 16/17-year-old requirements, identification of potential young people who may be impacted on and completed training with special school heads
<b>Workforce:</b>	
Workforce strategy	Workforce steering group in place supported by dashboard data highlights data to support the workforce priorities and progress against agreed actions.
Signs of Safety	Positive feedback from SoS HealthCheck with staff recognising the advantages of the model and how it was supporting their improved practice.
Recruitment & retention	Remains a challenge overall but ASYE academy is a strength and key for us
Learning from the pandemic	Maintained and reintroduced front-line services, sickness levels remaining within normal limits, and feedback from staff has been positive.
First line social work management	Team manager structure now well embedded, and staff have responded positively to smaller teams with clearer lines of accountability directly to one manager.
Staff surveys	Staff are satisfied with the terms, conditions, culture, and working environment, feel supported, and are impressed with the training and development offer.
<b>Placement sufficiency, stability and support:</b>	
Corporate parenting strategy	Multi agency groups developed to progress each of the priorities and strategy due for renewal 2022/23.
Placement sufficiency	Increasing capacity and flexibility with in-house fostering has been key to supporting increased placements. Delays on new builds unhelpful. Sufficiency remains a key challenge but no illegal unregistered placements for under 16 year olds made.
Placement support	Range of support and training in place for placements and carers.
National placement legislation & regulation	See placement sufficiency above
Virtual school action plan	Good progress in fulfilling the extended duty to promote the education of children with a social worker. Mid-year school moves have dropped as an impact of effective integrated working between the Virtual School, Children’s Social Care and Family Placement
ANE	Increased adoption activity in the year and percentage exiting care for adoption above national average.
<b>Improving social care practice:</b>	
<b>Summary:</b> Overall, evidence of continuing improvement in the quality of practice and increased consistency from previous year. Areas for further improvement noted in content of self assessment.	
Neglect	Planned multi agency workshop on neglect
Public Law	Workshops around PLWG recommendations and best practices, implementing these into our PLO processes. The well-established Legal gateway panel expanded to include the psychologist and Virtual School to strengthen information sharing and decision making.
Consistency of recording	Recording is more consistent, structured more widely on SoS and includes views and experiences of children.

## STRATEGIC LEADERSHIP

### 1.1 What have we done well in the last year?

We have maintained stability in the senior leadership team, embedding the restructure undertaken at the end of the previous year and we have further enhanced capacity with the development and appointment of a senior manager post with responsibility for CSC SEND delivery and partnership development. This has meant we have offered consistent leadership for our workforce and also further developed strategic and operational partnership working. Interim arrangements, which should provide continuity and stability, have been agreed to cover the DCS role when Cath McEvoy-Carr leaves with the current service directors for education and CSC jointly covering the role with the service director for CSC being the named DCS.

While core services of social work and residential care have been maintained throughout the pandemic, we have effectively and safely reintroduced the wider direct services over the last year, maintaining the virtual elements which have enhanced direct work while supporting a hybrid model of working for office-based staff.

In relation to the specific areas of strategic leadership development detailed in the continuous improvement plan, we can evidence progress in all those areas.



The early help strategy has been reviewed and updated and the development of Family Hubs, as required through the national Best Start in Life, is progressing well with effective partnership engagement. NCC are leading regional work and development in this area. Our work with Healthy Relationships continues to progress effectively. (See section on Early Help for evidence of impact and how we know).

We have made clear progress in relation to CSC work with children with SEND and their families, including strategic developments supported by the enhanced senior management capacity. See 1.3 below for evidence.

**Corporate Parenting:** This is a lead member priority in the revised corporate plan 2022. Work has been ongoing to develop Promises from services across the council to detail their offer for children looked after and care leavers with eight promises in place and others being progressed. Further work is being undertaken to evidence the impact of those promises and at the time of writing an audit is being undertaken of elected members to identify additional specific offers and support they could make.

**Work with health partners:** We have continued to work closely with colleagues in CCG, with the findings of the SEND revisit in relation to joint commissioning quoted below in 1.3. Further to this, there is a significant and exciting development and implementation of NEWST (Northumberland Emotional Well-being Support Team) comprising 2 psychologists and 4 EWB practitioners who are located and managed within our social work teams, coming into post in the last quarter of 2021/22. Further to this, we have maintained the CCG contribution of £1.1m for the



next year 2022/23 to our external placements. We have also gained agreement for CCG funding of a speech and language therapist post, also to sit within CSC.

### **National developments:**

**Independent review of children's social care:** While we await the publication of this due end of spring 2022, we have engaged staff through workshop dissemination and discussion of the interim report, and this supported a submission from Northumberland CC staff to the review.

**Domestic Abuse:** The service director for CSC chairs the Domestic Abuse Local Partnership Board which has developed a strategy and action plan in line with the legal requirements and has supported the timely commissioning of a range of services using the allocated funding to meet the identified needs.

**Liberty Protection Standards (LPS):** Preparations are in place as far as possible with a steering group linked with adult services, responses will be made to the recently published draft code of practice for MCA, identification of potential young people impacted by the proposed changes and a training framework drafted. This group will be stood back up again nearer to the implementation of the Code which will be towards the end of 2023.



**Virtual school enhanced responsibilities:** Good progress has been made to fulfil the Virtual School Headteacher's extended duty to promote the education of children with a social worker. The project has 4 workstreams – Attendance, Behaviour, Wellbeing and Learning – that are working with Designated Safeguarding Leads and children's social workers to enhance professional relationships that will benefit school age children. Benchmark data has been agreed so that impact can be monitored and measured in the next 12 months.

**Financial:** CSC successfully gained growth in its funding for the year 2021/22 in light of the pressures and demand and have achieved the identified savings for the year.

### **1.2 What could we do better?**

We have initiated workstreams with corporate colleagues to further develop the technology to support hybrid working methods and this requires more time and resource investment to progress further

The progress of the builds of the new children's homes has still not progressed as quickly as hoped. The original capital funding agreed was insufficient to fund the builds in the current climate and we have successfully bid for DfE match funding to enhance that. Ground problems on an agreed site meant that this could not be progressed, and alternatives are being pursued, but building on another site is due to start in Autumn 2022.

### **1.3 What impact has this had and how do we know?**

**Moving from the pandemic:** Overall, we know our actions and responses have worked well, as we have maintained and reintroduced front-line services, have managed to respond to demand, and the levels of staff sickness have remained within normal limits. Further to this, feedback from

staff has been positive about the support that has been offered to them by management through and coming out of the pandemic.

**SEND:** The SEND revisit in May 2021 found:

*There has been significant improvement and a seismic change in leadership and culture since Northumberland's last area SEND inspection in October 2018. Practitioners no longer work in silos. They work collegiately to implement the requirements of 2014 SEND reforms. The partnership has reviewed and revitalised its strategy for children and young people with SEND.*

*SEND champions have been appointed to work within social care teams. They help raise awareness about the importance of early identification of children and young people with SEND by social workers. Referrals are made to multiagency teams who are ensuring that children and young people's needs are met and their outcomes are improving.*

*Joint commissioning is embedded firmly across all aspects of education, health and social care.*

Further to this, informal and verbal feedback given by inspectors as a result of the SEND pilot undertaken in Northumberland in March 2022 confirmed that early help and prevention in CSC was an "incredible strength", that children and families benefited from having a social worker/early help worker and that the transitions from children to adult social care was a strength. Inspectors indicated that we know ourselves well.

**Corporate Parenting:** There is increased visibility and ownership across the council of corporate parenting as evidenced by the Promises and more specifically, the engagement of partners directly in EET clinics for our children looked after and care leavers is detailed in the later section with evidence of improving EET figures for care leavers.

#### **1.4 What are we going to do next to support continuous improvement?**

Maximise the use of the recently notified supported families funding to further enhance the range and effectiveness of early help services.

Develop impact measures to understand the effectiveness of directorate and business corporate parenting promises and the offers from elected members.

As part of partnership developments, integrate the adult and children's safeguarding partnerships, further implement the Family Hub developments and as part of these developments, map and streamline the range of partnership governance arrangements to maximise efficiency and effectiveness. More widely, ensure effective engagement with the regional ICS developments to ensure children are central to this and to maintain the positive work and developments we have achieved with the CCG.

Preparation for registration and regulation of independent and semi-independent living arrangements.

Response to the independent review of CSC and the national panel review of Arthur and Star when published and ensure appropriate developments from SEND green paper.

## QUALITY OF PRACTICE AND PERFORMANCE MANAGEMENT

### 1.5 What have we done well in the last year?

Key to achieving our vision, are effective performance management and quality assurance processes which underpin our continuous improvement and our ongoing development as a learning organisation. The focus and depth of our quality of practice is driven in the work of QPAG where all quality of practice findings are presented, improving how the learning from quality of practice work reaches front line staff in a meaningful and embedded way by enhancing the communication flow from QPAG to CSMs to Team Managers to Practitioners.

The work of QPAG and the supporting quality of practice processes continue to focus on developing the quality and effectiveness of practice and oversight while maintaining the necessary monitoring of compliance. This includes:

- Using data on compliance to improve quality. For example: by reviewing data on assessments in timescale and evaluating through audit how they are written and what they mean for the families. Another example: by looking at data on SoS methods used within each worker's caseloads, managers can identify gaps where workers may need further support.
- Our understanding of how children and families experience services has been broadened through the development of dashboards such as Early Help Meaningful Measures, parental relationships, legal tracking, SEND learners with a social worker, NEWST, and Northumberland Families First.
- We have continued to make effective use of activity and performance data trends for discussion at QPAG to agree the course of action, e.g., ongoing scrutiny of our thresholds, short term placement stability, changes in numbers of children in care.
- Geographical data being used to look at correlations between deprivation and children entering care or who are subject to child protection plans; to assist managers in visiting families in the most efficient method; and to target distinct areas where clinics identified the need for improvement.
- Through use of Tableau, we have further developed our integration of datasets from different systems. For example, to understand the experiences of children looked after with regards stability of their placements, schools, and social workers and to identify those children and young people who are potentially at risk of exploitation (Next Wave).
- Signs of Safety now being embedded into the system, with the vast majority of key forms reflecting the SoS practice. The introduction of a committed Quality of Practice Lead has enabled a real focus on continuing to ensure that Northumberland operate as a learning organisation.
- An original approach has been taken in terms of user training on the system. Bite sized videos are now available for workers, they have been well received and will aid in improving the quality of case recording.

The elements of focus regarding quality of practice will be outlined within the Quality of Practice Framework which will be completed in June 2022. These include:

- Practice Days
- Audits, this includes standard audits, early help audits and themed audits.
- Voice of children, young people, and families
- Feedback from other agencies
- Feedback from frontline practitioners
- Learning from practice reviews

- Data reporting
- Learning from complaints and compliments
- Findings from inspections
- Staff supervisions and appraisals
- Performance clinics and quarterly performance meetings

As part of working under the auspices of Signs of Safety, Northumberland have developed five Meaningful Measures to look at quality of practice and impact, developing the use of data and quality of practice findings in Performance Clinics. By counting what counts, we strive to make sure that we are aware what difference we are making to the children, young people, and their families in Northumberland.

## Counting what Counts

<b>Meaningful Measure 1</b>	Keeping children safe, supported, and improving their lives.
<b>Meaningful Measure 2</b>	Making sure we are working with children, parents, important family and friends so that they are fully involved in developing plans that are clear about who will do what and when.
<b>Meaningful Measure 3</b>	Making sure that children are living safely and securely as soon as possible.
<b>Meaningful Measure 4</b>	Making sure families and staff from all services work with each other to make things better for children.
<b>Meaningful Measure 5</b>	Offer the right training and supervision to improve confidence, skills, and knowledge of workers.

### 1.6 What could we do better?

- Whilst we have implemented monthly reporting from the LIFT finance module, technical difficulties with the data warehouse and delays to the ICS upgrade have been a barrier meaning that it is only now that we are able to write our own customised reports. These are being designed with senior managers and will add value to Liquidlogic’s off the shelf reports. Overall, though, progress with project implementation is on track.
- Report more widely on the scaling data now available for specific points of the child’s journey, for example by incorporating it into our reporting to the new NCASP arrangements.
- In liaison with Liquidlogic and NCC I.T. services, we must reduce the amount of system downtime and workarounds that frontline staff have been asked to do recently.

### 1.7 What impact has this had and how do we know?

The meaningful measures are being used in performance clinics, and dashboards are continuing to be developed to better reflect the impact of working with children, young people and families and what difference this makes to their lives. From the quality of practice activity that has been undertaken between July 2021 and April 2022 (5 practice days, 2 quarterly early help findings, 2



standard audits and 12 themed audits (one of which was multi agency) to date all of which have been presented to QPAG), the salient points have been highlighted under each of the meaningful measure headings, and these are outlined in the impact sections within the practice sections.

## Overall Summary of Practice

Overall, there has been evidence of continuing improvement in the quality of practice seen in all activities. In the previous report it was highlighted that there was a need for more consistency in application of standards and during this period, this has been evidenced, improvement has been noted and practice is more consistent across all areas of children's social care in Northumberland. The consistency of recording has also improved but requires ongoing focus to ensure all good practice and impact is evidenced. . The increased quality of practice activity in this period and the dedication and commitment of workforce members to ensure good outcomes for children and young people threads through the practice. The move to the quality of practice being supported by QPAG has continued to focus on improvement in practice and what this means for children and their families.

All quality of practice activity outlines relevant recommendations, in striving for continuous improvement, and reports are shared with all staff across the service. These recommendations are accepted by the group and at times, further quality of practice work is identified and scheduled. These recommendations should form part of future performance meetings for relevant parts of the service and actions should be added to locality action logs for reviewing. This process is currently in its embryonic stages and needs further development.

More examples, developments, and impacts below and are further detailed where relevant in other sections:

- From the increased focus on placement stability through the CLA Stability Task and Finish group, the deteriorating figures have been reversed (see findings in the CLA / Care Leavers section).
- Through the Meaningful Measures Performance Clinics, CSMs are seeing better communication and engagement with families. Scaling data facilitates more meaningful discussions with workers about the progress being made on a plan, where the views may vary between parents and professionals.
- By using geographical data to target distinct areas, there has been a significant increase in sustained engagement (see findings in the Early Help section).
- By using data to improve consistency of recording, the proportion of EHFWS cases closing where the outcomes were successful and the proportion of 17 and 18-year-old care leavers with their 'in touch' activity information recorded has increased significantly (see findings in the Early Help and CLA / Care Leavers sections).
- Within permanence performance clinics, the dashboard has helped to identify actions to improve the timeliness of permanence for our CLA, including timely discharge from care where appropriate. This is reflected in the reduction of children looked after in the last 12 months (see findings in the CLA / Care leavers section).
- Through ongoing scrutiny of our thresholds, we are reassured that we are applying them appropriately and not intervening unnecessarily (see findings in the Front Door / Help and Protection section).
- Through the LIFT financial payments system, care providers are receiving more accurate and timely payment and the need for follow up work is significantly reduced, demonstrating the effectiveness of the project implementation.

## **1.8 What are we going to do next to support continuous improvement?**

Work with software and network providers to reduce system downtime

We need to enhance the suite of training/reference bite sized videos available, whilst increasing the use of virtual clinics for staff to address recording concerns.

There is a need to improve the client systems to record areas of work that we do not capture at present. For example, a new workspace for Domestic Abuse and the Mental Health Capacity Act.

Whilst the quality of practice activity has been increased in this period, there has been some learning from the process of introducing themed audits and this learning will be taken forward in the trajectory for future activity. Our overall audit processes involve discussions with staff and families where possible and the use of the specific SoS collaborative audit is in its embryonic stages and being piloted to determine the added value of using it.

The implementation of QPAG has evidenced improvements in the coordination and effectiveness of our processes and has given us a good picture of where our strengths are and we want this to be further developed. The trajectory of further quality of practice activity and the launching and implementation of the Quality of Practice Framework will further strengthen the overall understanding of the impact of practice on children and their families.

## **WORKFORCE STABILITY AND DEVELOPMENT**

### **1.9 What have we done well in the last year?**

Our workforce are our most valuable asset and we continue to prioritise and invest in the recruitment, retention, and development of our staff. We recognise that the best possible service can only be delivered to children and their families if we attract, maintain and upskill high calibre staff.

Our workforce strategy has been updated to reflect key priorities and used to underpin a workforce action plan which is overseen by a workforce steering group. The group includes representatives from HR, Social Care, performance, L&D, and communications to drive forward the initiatives in relation to the workforce.

The building blocks of our workforce begin with our strong links with the local Universities. We have continued to offer student placements throughout the pandemic and have commenced a pilot project with Northumbria University with one team manager supporting a cohort of 5 students in placements with link workers, completing their practice educator awards. If successful, this is a model we will replicate further to enhance our offer to students and support staff to complete their Practice Educators award.

We are an active member of the regional teaching partnership NESWA (North East Social Work Alliance) and have worked with universities promoting Northumberland as an employer for new graduates. Our ASYE academy continues to flourish and is being adopted across the region as a template of best practice. During 2021/22 we have had 17 newly qualified social workers join Northumberland through the academy route and a cohort of a further 16 are recruited to commence in September 2022.



Graduation Day 2022 at the ASYE Academy

During 2021/22 we have developed an induction SharePoint site that guides new starters to all the information that they will require and provides a point of reference for all staff. We have continued to develop a mixed economy of entry routes into social work. The first cohort of social work apprentices will graduate in June 2022 and a further 12 apprentices are pursuing their social work degree through this route. All the apprentices have been selected from our unqualified staff, thereby promoting professional development for our whole workforce. We continue to promote step up to social work as a program with 2 students in placement at present.

Recruitment of experienced workers continues to be a challenge and we are exploring innovative and more wide-reaching ways to advertise positions and promote Northumberland as an employer. The issue has been highlighted corporately and we are engaging other council directorates in our recruitment planning. We are learning from improved exit, and new starter interviews about what attracts staff to join or leads them to leave Northumberland and use this feedback to plan our workforce strategy.

Our use of agency workers is low and reducing (falling from 12.3% in qtr 1 to 8.5% by qtr 4) and of those in post a considerable number have been in positions for more than 1 year.

Our training and CPD offer to staff is strong and based on consultation and an annual training needs analysis. Signs of Safety training for all staff has been provided commensurate with their needs and we are now confident that all staff have had opportunities to familiarise themselves with the principles of the practice model. This training is constantly reviewed to reflect needs and reinforce areas where further input is required.

Signs of Safety training is complemented by workshops, development sessions with practice champions, how-to guides and sharing of best practice examples, and one-to-one support from the SOS practice leads. This input has enhanced the consistent application of the model as evidenced in practice days and audits.

The PAM's (parenting assessment for parents with learning difficulties or additional needs) team which was created last year is now well established and undertakes all assessments for the service (56 to date). An evaluation of this team, incorporating feedback from families, the legal team and social workers clearly evidences the positive impact on families and care planning for children with parents who have additional needs.

The social work team manager structure has been revised to create smaller teams, thereby increasing the accountability for managers, and improving management oversight of casework. Without exception staff report that they feel supported by their line managers and feel confident and safe in their practice when dealing with complex cases. At the Front Door the team managers are now accountable for a discrete group of workers which has created consistency for workers in the oversight of their assessments.

The role and functions of business support staff who are so crucial to the delivery of efficient services are currently being reviewed to ensure the best use of this valuable resource and a consistent offer to teams. The aim is to support front-line workers and allow them to spend more time working directly with children.

Lessons have been learned from the flexible working arrangements that were introduced as a response to covid and now as we are returning to the office have retained some of the practices that enhanced the service offer to create a hybrid way of working that supports staff health and wellbeing as well as providing the most responsive service to children and families.

### **1.10 What could we do better?**

Staff turnover is higher than we would like it to be (ranging from 15.8% in qtr 1 to 18.9% in qtr 4) and we are considering a range of retention incentives to stabilise the workforce. Our preference would be to consider professional development opportunities and differential career grades rather than financial benefits to support and develop excellent practice and practitioners.

Recruitment of qualified, skilled staff continues to present a challenge to Northumberland in common with other Local Authorities regionally and nationally. We engage with regional initiatives to address the issues and are actively considering how we approach recruitment corporately, but we do need to broaden our reach and re-energise our adverts to attract staff to work in Northumberland. There are some unique selling points that we need to actively promote to replenish the workforce.

We need to consider and implement effective retention opportunities to stabilise the workforce and reduce turnover to improve the consistency of worker and services offered to children.

### **1.11 What impact has this had and how do we know?**

The impact of the activity and progress in relation to the workforce is quality assured using our meaningful measure framework, specifically meaningful measure 5.

#### **Meaningful Measure 5 – Offer the right training and supervision to improve confidence, skills, and knowledge of workers**

Supervision is offered to workers on a regular basis and Team Managers are skilled in the undertaking of supervision and the robust recording of supervision using the Signs of Safety methodology which drives the plan for the child and their family. There has been some learning identified in this area with regards to consistency and the use of timescales to better focus the worker however overall staff reported feeling well supported (especially over the period of the pandemic) and able to approach managers and senior managers.

Practice days have been useful to communicate with staff, even though virtual, and the evidence is outstanding that they know their children well, want good outcomes for them and that they are



working 'with' families as opposed to 'doing to' families. There have been some amazing pieces of work with children highlighted across the service and 'learning from complaints and compliments' has highlighted that as well as some complaints having been received where the learning is shared across the service, several compliments have been received and recorded regarding workers' involvement with families, all of which indicates the calibre of our staff in Northumberland.

Recent feedback has been given regarding an NFF worker which clearly highlights some of the impact of the involvement from the worker as follows:

- ***“I would just like to express my upmost appreciation and thanks from bottom of my heart for the work and support from an absolute star and a credit to your service.”***

Staff have access to a wide range of learning materials. Including Community Care Inform, good practice examples and tri x as well as access to statutory and mandatory training and training in other subject matter. New staff that have joined us in the pandemic have still been offered a comprehensive induction and despite vacancy rates across the Service, quality of practice activity has continued to identify positive practice in all areas.

A workforce dashboard has been developed to highlight data to support the workforce priorities regarding sickness, turnover, agency rates, and training attendance which informs the workforce steering group on progress against agreed actions.

The success of the academy is evident in the number of applications that we receive each time we advertise for a new cohort. The feedback from applicants indicates why they are attracted to the Northumberland model and what we offer.

***“Placement confirmed what I thought Northumberland would be and this is where I wanted to be all along, because of the Academy.”***

Consequently, we are in an excellent position of selecting the best workers from a strong pool of candidates.

Feedback from exit interviews provides information about why staff have decided to move and one of the key messages from this information is in respect of career opportunities and grading which we are exploring to provide an improved and more attractive offer.

Staff tell us through the corporate staff survey and the Principal Social workers survey that they are satisfied with the terms, conditions, culture, and working environment in Northumberland, and they feel supported and are impressed with the training and development offer. There has been a raft of supports offered during the pandemic which staff report have been appreciated and sickness rates have fallen throughout the year to a point where they are now below the council average for the first time in many years (3.2% compared to 4.5%).

Very recently we have commissioned an independent Signs of Safety health check to evaluate the alignment of the IT system and practice and staff perception of the application and value of the practice model. The feedback was largely positive with staff reporting that they recognised the advantages of the model and were pleased with how it was supporting their improved practice.

***“There was a strongly expressed commitment to using Signs of safety across all services. Workers spoke positively about the way it had made a difference to their***

### ***relationships with families and the improvements that they could see in the outcomes for children”***

Our overall quality of practice findings are threaded through the self-assessment and the turnover of social workers is much higher than we would want. This does mean more changes of worker for children and families than we would want and we have included specific consideration of this in our quality of practice work. We have found that the changes of workers have not significantly delayed the overall progress of work due to consistent management oversight and specific actions where there have been delays have been subsequently progressed.

#### **1.12 What are we going to do next to support continuous improvement?**

We know our workforce well, we seek their views, and we feel confident in the academy model to replenish the workforce with high calibre newly qualified social work staff. We also know that we need to focus on:

- Redesigning the career pathway and grading structure to retain staff who wish to progress professionally.
- Sustaining the SoS training offer, reinforcing the role of practice champions, and embedding the SoS skill matrix into supervision and appraisal
- Broaden and re-energise our recruitment campaign to attract a more diverse range of experienced applicants
- Implement the new admin structure to support front line practitioners.

## CHILDREN'S SOCIAL CARE

### 2. HELP AND PROTECTION

#### EARLY HELP AND PREVENTION

##### 2.1 What have we done well in the last year?

Over the last year we have continued to develop the range of early help services available within the constraints placed upon us by the pandemic. The joined-up approach in our First Contact service has enabled many children and families to be supported at an early help level without needing to step up to social work interventions.

For young children we have remodelled our prevention and intervention pathway working with health and education partners ensuring it is even more evidence based and supports ongoing pathways into other more specialised services such as speech and language therapy and portage where needed.

The recommissioning of our domestic abuse service offer for victims has allowed us to move the group domestic abuse programmes over to be delivered by that specialist service. This has created capacity for early help practitioners to be trained to deliver Healthy Relationships programmes for parents and close relatives creating a sustainable offer going forward.

Our out of court disposal process has continued to grow and develop supported by the police and other partners allowing us to work with more young people outside the youth justice arena; our first-time entrant numbers have increased from the year previously but are still one of the lowest in the region. This has been supported by the detached youth work offer working with other parts of the adolescent service to target areas highlighted for anti-social behaviour.

We have piloted a 'Team Around the School' early help clinic model with four secondary schools using a multi-agency partnership approach. This has been well received.

We have continued to develop strong integrated working, established during the pandemic, between Education Welfare, Early Help and Designated Safeguarding Leads in schools. Although not yet back to pre-pandemic levels, school attendance is stable and has improved and is mostly in line with current national averages.

We have continued to develop our response to children with emotional health needs with our health and education partners. This has included:

- Agreeing the co-location of Primary Mental Health Teams with our early help family work teams.
- Supporting the development of Children's Wellbeing Practitioner posts from within children's social care.
- With the CCG funding developing the secondment of a team of mental health practitioners (NEWST) to be based with our children's social work teams (noted in an earlier section).
- Providing supervision for the newly created ASD family support work posts based within the Inclusive Education Service.

We are opening up children's centre buildings (soon to be Family Hub buildings) and we have progressed the colocation with partners such as midwifery and 0-19 public health services to support our integrated pathway development.

Our edge of care service, Northumberland Families First, continues to be strong and delivers positive outcomes for the families it works with.

Our accommodation service has continued to work with housing and partners to implement the multi-agency joint housing protocol to prevent 16/17-year-old homelessness and through using early help assessments (EHAs) to work with families to identify solutions which can support the young person to remain living with family.

## **2.2 What could we do better?**

Our youth service development has been hampered by Covid which has limited how well we have been able to develop the targeted preventative offer and demonstrate its effectiveness.

We know that the pandemic has impacted on our visibility in communities over the last two years and we need to work hard to re-engage families in our services as our buildings become fully open again.

We know that we need to continue to work hard with our schools and education providers to support their understanding of the early help offer and their role in this.

Capacity for all multi agency services working within the early help and prevention arena continues to be a challenge and we need to work on how we integrate further to ensure that we make best use of resources when working with families.

We need to further develop our data sharing systems and processes better to be able to identify needs across different services and agencies.

## **2.3 What impact has this had and how do we know?**

Our performance data tells us that children and families who access support through our early help processes, and services are supported well at that level and where an early help family worker is involved, we know the majority have their outcomes met:

The 2021/22 average figures tell us:

- A low number of EHAs were subsequently stepped up to social work after 12 months: 18% in 2021/22 and 16% in 2020/21.
- Very few EH support requests subsequently stepped up to social work after 12 months: 12% in 2021/22 and 13% in 2020/21.
- More EH Family Work cases resulted in successful outcomes on closure: 75% in 2021/22 compared to 72% in 2020/21.

Through our early help audit activity, practice days and meaningful measure performance clinics we know that the quality of practice in utilising the Signs of Safety model is strong and is supporting families to identify their needs and outcomes to be achieved. We know that families tell us they benefit from and value the support given through the early help family work service.

Our performance data tells us that we have continued to improve the percentage of families from our most deprived areas having sustained engagement with our children's centres from 9% in



April 2021 to 47% by March 2022 and that the vast majority who attend our prevention and intervention pathway groups achieve the outcomes set: **95%**

Our First-time entrant rate, although increased from during the pandemic has only gone up by 3% to 94 per 100,000 from the period Oct 20-Sept 21 which is the lowest in the Northumbria police force area.

Young people and parents through feedback have told us that they are happy with the support they have received around accommodation:

***“We are both very satisfied with the support and help given particularly by A..., E.. seems happy with the progress and content that she will ultimately have her own place but that it will happen in a planned way.”***

***“xxx is happy for the EHA to end as she has sufficient support from her key worker at Places for People.”***

Only 14% of children who have been supported by Northumberland Families First have gone on to be looked after in the following 12 months-this is a reduction of 4% from the previous year.

Of the 40 young people supported through the Joint Housing Protocol, 34 have been supported into either remaining in their current housing arrangement or into a planned move on.

## **2.4 What are we going to do next to support continuous improvement?**

We are going to develop an Early Help Education support team based with our First Contact early help team. They will further develop and support the Team Around the School model and support schools to complete an early help assessment and plan for children where they are best placed to take the lead.

We will continue to develop the Family Hub model as the overarching model for early help and prevention services within Northumberland for children 0-19 and their families. This will include the ending of our current commissioning arrangements in part of the county and the further and ongoing integration of services across the VCS, health, education, police and other partners.

Further develop our continuum offer for relationships from relationship conflict through to domestic abuse; this will be done through the development and delivery of healthy relationships programmes by our internal services and working with the newly commissioned domestic abuse services. We will embed a pathway of referral which incorporates appropriate risk assessments to ensure that parents are signposted to the right level of support.

## **SAFEGUARDING / FRONT DOOR**

### **2.5 What have we done well in the last year?**

The Signs of Safety model has been firmly embedded in the practice at the front door and across the safeguarding teams. This is evident in audit and practice days which illustrate the use of clear, jargon-free language, networks, danger statements and safety plans, and direct work with young people. Staff report increased confidence in the use of the model and can see the benefits in their relationships with families and outcomes for children.

This process has been supported by a well-established and comprehensive training offer, supplemented by workshops, best practice clinics, 'how-to' guides, and support from 2 full-time practice leads. A SoS board has overseen all aspects of the process coordinating systems, training, practice, quality assurance, and partnerships resulting in clear and evidenced improvements in front line practice.

The team manager structure referenced in the workforce section is now well embedded, and staff have responded positively to smaller teams with clearer lines of accountability directly to one manager.

The MASH has been independently reviewed to evaluate progress since its' inception in 2018. This review illustrated some variance in the understanding of the role of the MASH and made recommendations about how the use of the MASH could be further strengthened and further enhance joint responsibility. The operational and strategic MASH groups are now overseeing the application of the recommendations.

While the overall numbers of children subject to a child protection plan has increased over the year from 359 to 389, our quality of practice work has evidenced that the decision making, and application of thresholds is appropriate. Child protection conferences are consistently held in a timely way (see section 2.7 below).

Effective responses to and understanding of exploitation and extra familial harm are strong in NAS, with constructive partnership work evident. In 2021, we achieved an increase in young people accepting their offer of a Return Home Interview with a 13% increase from 75% to 88% between October 2021 and May 2022. While exploitation is well understood across social care, further work needs to be undertaken to ensure consistent understanding of the range of issues which constitute extra familial harm across all teams.

Numbers of young people discussed in MSET have reduced in the last 12 months and those that are re-presenting is extremely low (averaging just 7% in 2021). This is a result of strengthened pre-meet procedures which allow us to intervene earlier and provide support to young people's plans to ensure they are SMART and exploitation focused.

A review of the local authority responses to extra familial harm has been commissioned which will be shared with the wider partnership on its completion which is due in June 2022.

We have broadened agency involvement in the monthly Children missing education (CME) tracking panel which has had a positive impact on re-engaging and safeguarding children not in school. New representation includes schools that can therefore use the system to identify children at risk of or subject to sexual exploitation, and/or criminal exploitation, and then make timely referrals to early help or children's social care where appropriate. Integration with other risk management processes, such as child protection, MSET and Operation Endeavour, are also achieved through the panel.

We have maintained the same level of service for children that are electively home educated, despite the significant rise in numbers over the last two years. We have been more robust in our use of School Attendance Orders for parents who are not providing a suitable education and are actively tracking 66 Year 11 pupils with the Skills, Enterprise and Lifelong Learning team to ensure they all have a pathway into education, training and employment from September.

We have increased capacity in the disabled children's team to reflect a wider eligibility criteria. Where families of disabled children have been unable to access assessed services the team have responded creatively to put other packages in place to alleviate stress eg caravan fees paid for, cleaners costs agreed.

The development of NEWST, the new emotional well-being team has been noted earlier in the self-assessment.

## 2.6 What could we do better?

Generally, across all safeguarding teams improved staff stability would support more consistent service delivery. Workforce challenges are the key to ensuring that the teams can function effectively.

We have struggled to consistently meet assessed need for disabled children and their families as a result of significant staff recruitment issues in care agencies and our commissioned short break service. This is a national issue but is putting significant strain on families.

## 2.7 What impact has this had and how do we know?

Key findings from our Quality of Practice work in this area are highlighted below

### **Meaningful Measure 1- keeping children safe, supported, and improving their lives.**

There is good application of thresholds and children are receiving the right service at the right time. Referrals are well received into the Front Door and triage is thorough and analytical in the application of thresholds for intervention. Effective decision-making at the Front Door has led to re-referrals reducing further, from 20% in 2020/21 to 16% in 2021/22, far lower than the national average of 23%.

Cases that require immediate actions are escalated appropriately and the relevant cases are proceeding to MASH where a multi-agency approach determines the next steps.

EDT actions are considered as proportionate and recording of these actions is thorough and appropriate. Where necessary, rapid safety plans are put in place and a handover process is in place to ensure day services are aware of any necessary tasks that might be required.

Section 47 enquiries are initiated at appropriate junctures across the service and measures are put in place to safeguard the child(ren). This is strengthened by oversight from the Service Manager, however the recording of information and analysis in Section 47s is variable and further work is required in this area. Through ongoing scrutiny of our thresholds, we are reassured that we are applying them appropriately and not intervening unnecessarily: our rate of S47s going to ICPC is between 50% and 60% (consistently higher than the national average of 37%).

Strong child-centred practice is evident across all areas of social care and the majority of assessments and plans are robust, ensuring children's needs are understood. Use of child protection/looked after and child in need procedures are well embedded within the teams and effective use of conferencing/reviews and relevant meetings strengthens the overall ethos to keep children safe and improve their lives.

Implementation of plans and regular case discussions/supervisions provide a forum for workers to discuss any worries about the case and where driving of the plan is executed.

In response to information in the public arena regarding the tragic events for Arthur (Solihull) and Star (Bradford), a review of Northumberland cases was asked for to give some targeted assurance. The conclusion summary was as follows:

‘Since the beginning of the pandemic, procedures have been put in place to ensure children continued to be seen on a regular basis by Local Authority staff. What is outlined above, is a positive picture of how Northumberland have operated during this period and the findings have evidenced a challenging but robust system that has benefited children, young people, and their families.’

### **Meaningful Measure 2- Making sure we are working with children, parents, important family, and friends so that they are fully involved in developing plans that are clear about who will do what and when**

Children and young people are at the centre of social work practice, the engagement with and understanding of them being supported in a range of creative ways and underpinned by effective relationship building.

The views of young people in all aspects of work completed were strong, highlighted and give a real sense of working with and not doing to. Workers have a real understanding of their cases and are committed, motivated and driven to make a difference for the young people that they work with. This was corroborated in the audit regarding the voice of the child where it is recorded, ‘The majority of the practice observed through the audit was child-centred, engaging, creative, flexible, and reflected children’s experiences and this was demonstrated through consistent evidence on files of the work undertaken. Evidence of purposeful work with children was present however we could have further improved this by making sure what is recorded on the files is representative of the work undertaken.’

Parents and wider family members and networks are engaged well and there is regular and effective multi agency working.

Plans are variable, however are improved with the Signs of Safety form used now. Identification of family networks is improving, and they are being engaged and are creating safety for the child and are further reinforced through the use of “fire drills”.

### **Meaningful Measure 3- Making sure that children are living safely and securely as soon as possible**

At the Front Door, application of thresholds assists with the identification of next steps when a case is referred in and this may include use of rapid safety plans and where necessary seeking legal advice.

Good step-up arrangements are in place and quality of practice activity evidences that this is executed well and with the child at the focus, joint visits are arranged, and the situation explained to parents about the shift in level of involvement needed.

Between October 2021 and May 2022, we achieved a 13% increase in young people accepting their offer of a Return Home Interview, from 75% to 88%.



## Meaningful Measure 4 – Making sure families and staff from all services work with each other to make things better for children

Good multi agency working has been evidenced across the service and assessments, plans and attendance at relevant meetings is strong. Plans are variable in their recording however the Signs of Safety format supports clarity of which tasks will be completed by which professional. This gives workers, partners agencies and more importantly, families a clear understanding of what is expected. Partner agencies are more au fait now in the use of Signs of Safety (especially in the child protection arena) and this gives a more cohesive forum for making sure there are improved outcomes for children.

The pandemic has given more opportunity for professionals and family members to improve attendance at meetings as these have been held virtually.

Feedback obtained from some of the audit activity clearly highlight things are better for children because of our intervention and in a recent audit undertaken around involvement, this feedback was received from parents:

- *Mother would say that the current social worker has listened to her and her son's views and considered him being returned to her care as she has been able to make the changes needed for this to happen.*
- *Mother was clear that she felt listened to throughout involvement and was incredibly positive about the worker's approach and about how the plan had made a difference to her's and her daughter's lives.*

### 2.8 What are we going to do next to support continuous improvement?

We are agreeing a plan to sustain the progress in the application and embedding of the SoS practice model once the implementation Board is disbanded.

We are in the process of applying the best practice guidance issued by the Nuffield Family Justice Institute and supported by regional colleagues we are developing a pre-birth team which should be operational by October 2022.

We will implement the findings of the extra familial harm review to further strengthen and develop consistent approaches across social care.

We will proceed with further enhancing our relationship with Northumbria Police regarding our response to missing. Additionally, we will introduce increased quality of practice oversight of Return Home Interviews and missing to identify key areas for development and improvement to service delivery in the future.

For Disabled children, through the short break steering group work continue to develop the short break offer to make it more resilient and robust. This includes developing a resource panel to oversee allocation of short break resources.

We will implement a Children Not In School register to fulfil requirements of the Schools' Bill 2022 and implement new DfE guidance on 'Working together to improve school attendance'.

The areas of practice for further improvement which are identified through our quality of practice oversight continue to be addressed through a range of training and development work

### 3. CHILDREN WHO ARE LOOKED AFTER AND CARE LEAVERS

#### 3.1 What have we done well in the last year?

We have strengthened our oversight of the corporate parenting strategy and related action plan through the creation of a corporate parenting management group that drives forward the actions and reports to MALAP.

We have participated with regional colleagues to deliver workshops around the PLWG recommendations and best practices, implementing these into our PLO processes. The well-established legal gateway panel has expanded to include the psychologist from the emotional well-being team and education representatives from the Virtual School to strengthen information sharing and decision making.

We have introduced permanence performance clinics to monitor and challenge the planning for children in our care who have not reached their permanent placement which supports improved accountability and timely care planning.



*Foster Carer Celebration 2022*

The impact on placement sufficiency has been managed in collaboration with a team of foster carers who have stretched their skill base to meet the needs of children that need looking after and the team in the service. The service has seen an increase in approved foster carers with an increase of children being placed with in house foster carers (16% during 2021/22). We have continued with creative recruitment practices and the use of flexibilities as required to maintain and increase our capacity.

A senior manager has been appointed to oversee residential care and the new build projects. External residential placements continue to be closely monitored by a multiagency High-Level resource Panel which meets weekly to agree and review external placements.

The quality of our in-house residential care has been maintained, including our secure unit which received a good rating with outstanding for education in the most recent inspection.

While placement sufficiency for young people with complex needs does remain a challenge, we have not placed any children under 16 in unregistered or unregulated provision in the year.

Within the LA, children who have an agreed adoption plan now become the responsibility of the permanence team so that they are offered specialist support from an adoption worker who will oversee their care planning until the adoption order is granted. This has improved the consistency and quality of the CPR documents, life story work, later life letters (an area for improvement noted in the ILACS inspection) and permanence planning for young children with adoption plans. We

have also introduced the UAE model for moving children from foster care to adoption which is seen as good practice and had positive feedback from carers and staff. The children with adoption plans who are not yet adopted are reviewed quarterly through the head of service-led adoption monitoring meetings that feedback to the ADM on progress.

We have continued to work constructively with Adopt North East (ANE) and the information for this year shows an increase in the volume of adoption activity with Northumberland having a higher percentage of children leaving care to be adopted than the national average (see below 3.3). It does remain the case however that no agreement has yet been reached between the member authorities for an agreed funding formula going forward.

We have stabilised school placements by working with schools to improve their understanding of adverse childhood experiences and promoting good practise for school transitions. and school attendance has improved as a consequence of prioritising it with the Attendance Initiative that rewards children for engaging with education.

Mid-year school moves have dropped as an impact of effective integrated working between the Virtual School, children's social care and the Family Placement Service. The Virtual School is involved in the early planning stages for children looked after and regular training and updates are provided for foster carers. We continue to have had no permanent exclusions for our looked after children in the year.

Looked after reviews have been conducted virtually and have facilitated wider participation, while IRO contact with the young people separate to the reviews has been increased (at March 2021, 71% of children had received a consultation in the previous 6 months, and this improved to 86% by March 2022). In the vast majority of cases, children's looked after reviews have been held within timescales (99% in each of the last 2 years). There is consistent IRO oversight of looked after plans in between reviews to further support timely progression of plans. We have also increased the percentage of CLA reviews which have been combined with EHCP reviews from 31%% to 56%.

Accessible consultation and pathways to mental health and wellbeing services for our children looked after have been maintained and further enhanced by the development of the NEWST team.

Family Time service has ensured that direct face to face contact has been put in place or resumed for priority work in line with regionally agreed approaches.

For our care leavers services, we have Implemented a number of Mark Riddell's recommendations including joining NLCBF and creating a PDF version of the Local Offer.

The transitions protocol and panel are now set up and working well; this has recently been reviewed with Adult Services. Contributions to a national DfE seminar have been requested to share this as good practice.

There is a clear process and criteria for care leavers to access bus passes where needed.

The accommodation processes and offer for young people leaving care is continuing to be much improved with Care Leaver and Accommodation Support Protocol meetings more embedded. There is an established Supported Accommodation forum in place with a performance dashboard to support this. Better relationships with housing mean that more young people have access to priority banding via Homefinder.

For further information on education outcomes for children looked after, please click [here](#).

### 3.2 What could we do better?

While we have improved our short-term placement stability, our long-term placement stability has reduced (See below for more detail) and placement stability remains a key priority.

We do provide a range of advocacy and participation supports and activities which are used by our children looked after and young people, but our use of independent visitors is low and we have developed workshops to heighten the profile of this.

The new-build residential project has been thwarted by unforeseen delays and is now behind the anticipated schedule so we need to progress this as speedily as possible.

We need to work with schools to introduce new strategies, or identify strategies that are known to work, to accelerate the academic progress of children looked after so that more are learning in their age-related curriculum. We need to reduce the number of persistent absentees.

Some of the developments planned for last year for our care leavers have not progressed as we had planned, in some cases because of the feedback and reality for young people (care leaver covenant app and discounted gym membership).

The health passport is still a work in progress due to the introduction of new CLA forms into the case recording system.

Some of the participation tools and forums for care leavers are not as widely used as we would want them to be.

### 3.3 What impact has this had and how do we know?

#### **Meaningful Measure 3- Making sure that children are living safely and securely as soon as possible**

There is a well embedded use of Legal Gateway who give oversight on cases that require planned public law outline (PLO) or legal action, and this is well documented within children's case files. PLO and cases within care proceedings are progressed without delay, the average for them to conclude from point of issue reducing from 40 weeks at March 2021 to 36 weeks at March 2022. The managers have a good grip of those cases and are aware of timescales and these are discussed in supervision.

The improved use of networks gives a more robust approach to consideration for rapid safety plans and initiation of viability assessments where necessary and these are seen to be completed in a timely way to prevent delay for the child. This is further evidenced by our use of Special Guardianship orders for children who exit care: 36 children looked after (19%) were made subject to special guardianship orders in the year, a higher proportion than the national figure of 14%.

Through permanence performance clinics, actions to improve the timeliness of permanence for our CLA have been identified, including timely discharge from care where appropriate. This is reflected in the reduction of children looked after in the last 12 months from 74 per 10K to 72 and

a sustained proportion of children being adopted or subject to an SGO. (See above and below for more detail).

We have undertaken focused work on children placed with parents and have reduced the number children on care orders at home in this year from 66 to 46 as at March 2022

The number of children in external residential placements has remained constant with the vast majority children in these homes being afforded stability.

73% of our children in care are placed within a 20-mile radius of the family home – similar to the national average, but a real strength given Northumberland’s size and rurality. This enables family and friend connections to be maintained that in turn supports placement stability.

We have increased our in-house fostering capacity as part of our drive to meet our sufficiency need: We had 336 total approved carers in 203 households (as of 31st March) increased from the previous year which was 307 in 182 households.

Of the 185 children who left care in the year ending March 2022, 34 were adopted – equating to 18%, which is better than regional and national averages. (see above)

There are 97% of care leavers in suitable accommodation which is significantly higher than the national and regional average.

We have an improving number of care leavers who are accessing EET-59%-again higher than regional and national averages.

**Meaningful Measure 2- Making sure we are working with children, parents, important family, and friends so that they are fully involved in developing plans that are clear about who will do what and when**

Direct work with young people observed in practice days is of extremely high quality with staff clearly engaging with young people in meaningful and purposeful work and where appropriate using a range of creative methods and tools to support effective engagement.

We know from young people’s feedback that they feel supported and listened to:

***“Listened to me and was an extra voice to try and get me a place to live in Cramlington as that is where I wanted to be. I am now in accommodation in Cramlington and very happy.”***

***“The best way social services has helped me is by giving me a life my parents couldn't and making sure they can do whatever I have needed.”***

Feedback from young people about The Promise showed they value their relationship with their worker:

- 95% of respondents say they are always listened to.
- 99% say they are always treated with respect.
- 96% say their workers are always honest with them.



Whilst responses from young people are positive overall, it is worth noting that a small number of young people have identified as feeling that they were only “sometimes” supported, helped or involved in their care plans or interventions and we will continue to monitor that.

Feedback from young people about the best ways that the service has helped them again showed the importance to them of the relationship they have with their worker. The theme was that they trust, and respect them, and they feel workers also respect and value them, having time or making time for them. The following were most-frequently mentioned:

- Learning new skills or abilities
  - Understanding substance misuse risks and knowledge
  - Understanding consequences of actions
  - Being able to express themselves appropriately
  - Understanding how to deal with mental and emotional health issues
- Improved relationships at home
- Helping understand and move into adulthood
- Being listened to
  - Being available and supportive.

***“(worker’s name) has been really supportive and caring. She gives good advice and has earned my full respect and trust.***

***“I’d be homeless if it wasn’t for (worker’s name), no one else has ever helped me this much.”***

***“The service helped me change my life around and has inspired me to do a youth work degree.”***

From the increased focus on placement stability through the CLA Stability Task and Finish group, the deteriorating figures have been reversed (from 15% to 10%) and are now much closer to the national average of 9%.

Our long term placement stability however has reduced from 66% to 63% and this is primarily due to a number of young people reaching the age of 16 who had been and are in stable placements but no longer part of the cohort, as well as a reduction in the number of children in adoptive placements.

By using data to improve accurate recording, the proportion of 17 and 18-year-old care leavers with their ‘in touch’ activity information recorded has increased significantly from 63% in Sept 2021 to 90% in May 2022.

### **3.4 What are we going to do next to support continuous improvement?**

We will implement the pre-birth team which will offer parents the opportunity to care for their children where possible, but if they cannot then permanence planning will be clear and in place prior to the newborn's arrival reducing delay for their future placement.

Effective working relationships with the court and LFJB will be maintained to further improve practice in line with the PLWG recommendations.

Placement sufficiency and stability remain key challenges:

Continue to increase fostering placement availability and choice, ensuring the service remains inclusive and engaging to all, while maintaining a recruitment and development focus on several key targeted audiences, for example, sibling groups, older children, long term placements.

Northumberland is collaborating with the 11 other local authorities in the Northeast (NE) Region to implement the Mockingbird programme, a global award winning and pioneering programme led by The Fostering Network in the UK. NCC will be implementing the Model with a target launch date of October 2022. Mockingbird delivers sustainable foster care. It is an evidence-based model structured around the support and relationships an extended family provides. The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community.

We will progress the new builds of the children's homes, maximising the DfE grant funding agreed.

We will develop and implement a reviewed fee payment structure for our foster carers.

More children will be matched with long-term foster carers and this process will be overseen through permanence performance clinics.

Continue return to face to face reviews for our children looked after, supported where possible and appropriate by hybrid options to enhance participation.

Coming out of the pandemic, we need to further reinvigorate the mechanisms for participation for care leavers and to revitalise on the use of the independent visitor service.

Now that the new CLA forms are embedded, we will establish a more seamless approach to the health passport information being inserted into pathway plans.

We are using the school led tutoring grant to work with local tuition agencies to provide summer school opportunities for children looked after, identifying those that need the intervention most from targeted year groups.

## **Conclusion**

This self-assessment demonstrates the range of work that has been undertaken with the overall aim of continuously improving the range, quality and effectiveness of our services for children, young people and their families. We are pleased with the findings that our services continue to improve and that children and young people, their voices and lived experiences are at the centre of all of our work. We will strive to improve those areas of practice that we have identified, and we will also ensure that we are as prepared and inclusive as possible in responding to the major changes and challenges that are coming to social care in this and following years.

## Continuous Improvement Plan 2022/2023: Overview

As indicated above, our continuous improvement plan is drawn from the findings of this self-assessment, the ongoing quality of practice work and responses to national developments.

Improvement Priority	Areas to Cover
<p><b>1. STRATEGIC LEADERSHIP:</b></p> <p>To ensure effective oversight of the progress and implementation of key strategies and that management actions are in place to support continuous improvement</p>	<ul style="list-style-type: none"> <li>• Early Help and Prevention: Family hubs/SF/Healthy relationships</li> <li>• SEND: Develop the short break offer</li> <li>• Corporate Parenting</li> <li>• Quality of Practice Framework</li> <li>• Develop use of focused IT systems</li> <li>• National Developments: IRCSC and National Panel Review</li> <li>• Virtual school: CIN/School attendance</li> </ul>
<p><b>2. WORKFORCE:</b></p> <p>Further developing the workforce, embedding family-focused practice and supporting effective recruitment and retention</p>	<ul style="list-style-type: none"> <li>• Continue embedding Signs of Safety</li> <li>• Recruitment and retention</li> <li>• Career pathways and grading</li> <li>• Pre-birth team</li> <li>• Implement the new admin structure</li> </ul>
<p><b>3. PLACEMENT SUFFICIENCY, STABILITY AND SUPPORT</b></p> <p>To further improve the stability, range of and support for placements and for children and young people living away from birth parents</p>	<ul style="list-style-type: none"> <li>• Sufficiency: Foster care model and training               <ul style="list-style-type: none"> <li>: Residential home builds</li> <li>: Supported accommodation</li> </ul> </li> <li>• Using the school-led tutoring grant to provide summer school opportunities for children looked after</li> <li>• Working relationships with the court and Local Family Justice Board</li> <li>• Permanence</li> </ul>
<p><b>4. IMPROVING SOCIAL CARE PRACTICE:</b></p> <p>Further improve the effectiveness, timeliness and consistency of social care planning and practice</p>	<ul style="list-style-type: none"> <li>• Implementation and embedding of the Quality of Practice Framework</li> <li>• Areas for identified practice improvement and consistency.</li> </ul>

## GLOSSARY OF ACRONYMS

<b>ANE</b>	Adopt North East
<b>ASD</b>	Autistic Spectrum Disorder
<b>ASYE</b>	Assessed and Supported Year in Employment
<b>CCG</b>	Clinical Commissioning Group
<b>CLA</b>	Children Looked After
<b>CME</b>	Children Missing Education
<b>CPD</b>	Continuing Professional Development
<b>CSC</b>	Children's Social Care
<b>CSM</b>	Children's Services Manager
<b>DCS</b>	Director of Children's Services
<b>DfE</b>	Department for Education
<b>EDT</b>	Emergency Duty Team
<b>EET</b>	Education, Employment and Training
<b>EHA</b>	Early Help Assessment
<b>EHCP</b>	Education Health Care Plan
<b>EHFW</b>	Early Help Family Worker
<b>EWB</b>	Emotional Wellbeing
<b>HR</b>	Human Resources
<b>ICPC</b>	Initial Child Protection Conference
<b>ICS</b>	Integrated Children's System
<b>IRCSC</b>	Independent Review of Children's Social Care
<b>IRO</b>	Independent Reviewing Officer
<b>IT</b>	Information Technology
<b>L&amp;D</b>	Learning and Development
<b>LFJB</b>	Local Family Justice Board
<b>LIFT</b>	Children's Social Care Payments Module
<b>MALAP</b>	Multi Agency Looked After Partnership
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MCA</b>	Mental Capacity Act
<b>MSET</b>	Missing, Slavery, Exploited, Trafficked
<b>NAS</b>	Northumberland Adolescent Service
<b>NCASP</b>	Northumberland Children and Adults Safeguarding Partnership
<b>NCC</b>	Northumberland County Council
<b>NLCBF</b>	National Leaving Care Benchmarking Forum
<b>NESWA</b>	North East Social Work Alliance
<b>NEWST</b>	Northumberland Emotional Well-being Support Team
<b>NFF</b>	Northumberland Families First
<b>PAM</b>	Parent Assessment
<b>PLO</b>	Public Law Outline
<b>PLWG</b>	Public Law Working Group
<b>QPAG</b>	Quality of Practice Assurance Group
<b>SEND</b>	Special Educational Needs and Disability
<b>SF</b>	Supporting Families
<b>SGO</b>	Special Guardianship Order
<b>SMART</b>	Specific, Measurable, Achievable, Realistic, Time-bound
<b>SoS</b>	Signs of Safety
<b>VCS</b>	Voluntary and Community Sector