

Children's Social Care Self Assessment

April 2021

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Introduction

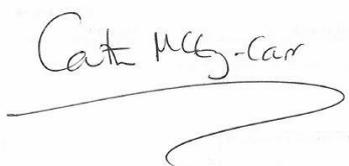
2020 certainly has been a year like no other. The year started with our Ofsted ILACS inspection in the last two weeks of January, the findings of which were published in March 2020. We were very pleased with the findings of this inspection, which recognised the quality and effectiveness of the services that our front-line staff are providing for children and families and that significant progress had been made since the previous Ofsted inspection in 2016. The overall effectiveness of our services was judged to be good as were the experiences and progress of children who need help and protection, the experiences and progress of children in care and care leavers and the impact of leaders on social work practice with children and families.

“ Since the last inspection in 2016, the local authority has successfully delivered improved and good-quality operational practice in most areas of service provision, by means of thoughtful strategic planning and determined focus. As a result, children are helped, protected and cared for to a good standard.”

Ofsted Inspection of Northumberland children's services 2020

No sooner had the report been published, then the pandemic struck, and we went into national lockdown. The focus was and is to ensure that we have continued to provide the best quality services that we can in striving to achieve our vision of being a service where meeting the needs of children young people and families is the focus so that they get the best out of life. This has presented significant challenges, requiring very different ways of working, both in our delivery of services and in the organisation of our workforce. The effectiveness of this is integral to this self-assessment, but the key feature for us has been the commitment and dedication of our staff to continue providing services in the most challenging of circumstances.

While we were very pleased with the Ofsted findings and judgements and absolutely acknowledge and recognise the challenges of this year, we remain committed to being open, honest and transparent in this self-assessment. We are determined to ensure that we fulfil our leadership pledge to challenge ourselves relentlessly to keep improving the quality and effectiveness of our services to do and be the very best we can with and for our children and young people.



Cath McEvoy-Carr
Executive Director of Adults and Children's Services



Graham Reiter
Service Director Children's Social Care

Our evaluation of the top 5 improvement priorities 2019/20

Progress key:

PROGRESS	EVIDENCE OF IMPACT	WHAT'S NEXT
<p>Strategic Leadership: Implement identified actions to improve services following inspections and further develop the rigor of our QA processes.</p>	<ul style="list-style-type: none"> Majority of inspection actions progressed with evidence of impact. Quality of practice processes further developed. Detailed guidance, risk assessments, and support for staff in place from pandemic. Service delivery maintained through pandemic. 	<ul style="list-style-type: none"> Develop and embed effective practice in service delivery and workforce support from pandemic learning. Progress joint commissioning with CCG. Further develop and embed the Quality of practice framework including strengthen the gathering and use of feedback.
<p>Workforce: Further developing the workforce and embedding family focused practice. This includes staff survey priorities and learning from the pandemic.</p>	<ul style="list-style-type: none"> Positive feedback about effectiveness of training and development. Enhanced capacity of ASYE academy (but challenge of consistent staffing). Effective development of SoS. Staff survey priorities implemented. 	<ul style="list-style-type: none"> Restructure front line management. Further develop the academy. Further develop/embed consistent use of the SoS practice model.
<p>Children living away from birth parents: To ensure our support is as comprehensive and effective as possible.</p>	<ul style="list-style-type: none"> Corporate parenting role strengthened. Effective support in response to pandemic. Continuing pressure on placement sufficiency and further work on external residential placements. Improved supported accommodation Increased capacity to support for kin carers. Improving adoption performance. Improvements in care leaver services. More CLA now in EET, FE and 6th Form. All care leavers studying for level 3 qualifications secured places at university and those in the final year achieved good classifications. 	<ul style="list-style-type: none"> Continue to strengthen corporate parenting. Improve placement sufficiency, new builds and invest to save. Implement identified actions to improve placement stability. Contribute to and oversee developments relating to ANE. Deliver the Care Leavers' Covenant and improve EET rates. Complete the Virtual School re-structure. Implement recommendations from the care leavers review.

<p>Improving social care practice: Further improve the effectiveness, timeliness and consistency of social care planning and practice including learning from the pandemic.</p>	<ul style="list-style-type: none"> • QP indicates strong child-centred practice. • Improvements in the quality of plans. • Improvements in the quality of recording. • Ongoing training, development and QP in relation to domestic abuse and neglect. • Effective implementation of virtual methods to support practice. • Task and Finish groups in place to identify and implement good practice learning. 	<ul style="list-style-type: none"> • Undertake strategic review of MASH. • Add capacity to the Disabled Children's Team. • Maintain develop and further embed practice improvements. • Embed virtual methods where enhances practice
<p>Prevention and support: Further developing early prevention and support in specific areas of need.</p>	<ul style="list-style-type: none"> • Improvements in the social care elements of SEND. • Further links developed with Community and voluntary sector, e.g. through NCT. 	<ul style="list-style-type: none"> • Further co-ordination and delivery of the social care elements of SEND. • To further develop links with the VCS and Communities Together. • To develop an evidence base and measurement tools for programmes • To implement relational practice and joint working mechanisms. • Develop an early help clinic model with schools and school support teams.

1. LEADERSHIP AND MANAGEMENT

1.1 What have we done well in the last year?

This and the wider findings were very pleasing, and we have integrated both the formal areas noted for improvement in the report and other areas given through verbal feedback through the inspection into our continuous improvement plan, the progress monitoring of which has been maintained and the evaluation of which is contributing to this self-assessment.

The major challenge for our services over the year has been to respond to the pandemic, maintaining our services to ensure children continue to be supported, safeguarded, and cared for.

We have put in place detailed guidance and risk assessments in conjunction with public health and health and safety colleagues and in line with national and local guidance. We have ensured our front-line staff have been vaccinated in line with JCVI priorities and are taking up LFT as required.

We increased the cohort of ASYE staff in September 2020, in part to enhance social work capacity, in response to an expected significant rise in referrals and demand at that point. We have used our staff flexibly where necessary moving staff to support our residential homes where there were significant staffing pressures.

Effective use of technology and virtual methods of working have been put in place, again in line with national guidance and we have also seen creative approaches being developed by our staff to maintain and enhance our support to children, young people and families.

Joint working with colleagues across the partnership has further developed including identification, oversight of, and support to, vulnerable children with colleagues in education and coordination with the development of NCT in supporting local communities.

Overall, we know our actions and responses have worked well, as we have maintained front line services, have managed to respond to demand, and the levels of staff sickness have remained within normal limits and indeed below previous years with limited impact of Covid related absences. Further to this, feedback from staff has been positive about the support that has been offered to them by management through the pandemic.

We have put in place task and finish groups on service delivery and workforce to capture learning from our responses to the pandemic to embed going forward as part of future service planning.

We have further developed our quality of practice work with the embedding of a specific senior manager post, and we have ensured that our range of quality of practice processes have adapted to current working as well as developing with SoS.

What Ofsted said:

The leadership team knows children's needs well and is aware of the areas where the greatest demand for their services is located. This understanding is clearly articulated in a detailed self-assessment and supports the local authority to accurately target resources. The impact of this is demonstrated in the improvements to the quality of practice. This, in turn, has benefited the lives of children and families.

Corporate parenting has remained a priority for us and is one of the lead member priorities. The inspection noted the improvement of CPAG's oversight and scrutiny of services for our children looked after.

Work to further strengthen the discharge of corporate parenting responsibilities across the council and partners has taken place e.g., housing and care leavers, Northumberland Fire and Rescue service and wider development work with members and CPAG has been picked up again at the start of 2021.

We have maintained the financial contributions from the CCG for our external residential placements and there have been recent positive examples of effective joint work to commission individual placements and support for young people with complex needs, but the overall developments have not progressed as far as we would have liked.

While the overall CSC budget continues to overspend, wholly to do with placement pressures in particular external placements, we have achieved the majority of the savings required within the year and have identified achievable savings for next year. The build of 2 new children's homes has not progressed through planning as quickly as we would have wanted but these remain part of planned financial investment for next year to further support our placement sufficiency.

We have continued to progress our improvement actions from inspections. The CSC work in relation to children with SEND has progressed but further work is required. We have put in place actions to respond to the ILACS findings, including development sessions for our managers and the findings from the ILACS did evidence progress from the JTAI inspection in relation to exploitation.

We have continued to resource and support the development, implementation and embedding of our chosen practice model Signs of Safety (SoS).

We have taken the opportunity to restructure our senior management team with the retirement of two colleagues which has realigned responsibilities allowing for better integration between and line management of key areas as well contributing to the savings target for CSC.

We have integrated actions relating both to the ILACS inspection findings and in response to the pandemic into our continuous improvement plan for this year.

Good practice example

The development of a Promise for our children looked after and care leavers from individual directorates across the council. The exemplar for this has been developed with our Northumberland Fire and Rescue service (NFRS) which details the range of support and opportunities that NFRS promises to offer to and for our young people. We are working to extend this to other directorates at the time of writing.

1.2 What could we do better?

While CSC have made clear progress in improving our SEND work, there is more that we need to do including evidence of impact and further work to incorporate and align all partnership PfA pathways.

Some improvements have been made, but we have not managed to progress the development of an agreed joint commissioning framework with colleagues from CCG as far or as fast as we would have liked.

The build of the new children's homes has not progressed as quickly as planned, albeit the reasons were out with CSC control.

1.3 What are we going to do next to support continuous improvement?

- Develop and embed effective practice in service delivery and workforce support from pandemic learning.
- Continue to strengthen wider council and member ownership of and contributions to corporate parenting.
- Improve placement sufficiency with the building of 2 new children's homes.
- Further progress joint commissioning with CCG.
- Continue embedding SoS, including quality of practice developments.
- Progress SEND developments.
- Embed the senior management restructure.
- Refresh the continuous improvement plan (CIP) considering findings of this self-assessment and use that to drive ongoing improvement.

2. WORKFORCE STABILITY AND DEVELOPMENT

Our primary commitment and focus is service delivery, and this aim is supported by our staff who take on demanding roles to ensure the highest possible standards of service delivery are maintained. The best possible service for children not only benefits but requires high quality investment in the workforce, the greatest asset and resource we have.

Our workforce strategy focuses on the 4 key areas of recruitment, retention, best practice and quality assurance, describing our aims, goals, enablers and plans under each of these areas. While recruitment and retention of

staff in some service areas continues to be a challenge, social work recruitment and retention continues to be the main area with the focus on recruiting high calibre newly qualified social

What Ofsted said:

Significant financial investment by the council has resulted in a strong and valued academy for newly qualified social workers that oversees their assessed and supported year in employment (ASYE). This has enabled a culture of high support, protected caseloads, and enhanced learning opportunities for social workers. Newly qualified social workers are trained to practise in accordance with the local authority's chosen social work model that underpins some very positive engagement and interventions with families

Members and leaders recognised the need to increase the number of social work posts across the county and successfully secured funding. This has resulted in a reduction of social workers' caseloads, allowing them to spend more time with children and their families and engage in purposeful and effective direct work.

workers into the academy and then maintaining a well-trained and motivated workforce to develop individuals in preparation for more demanding roles.

2.1 What have we done well in the last year?

During 2020 our workforce has demonstrated resilience and tenacity operating within the Covid restrictions that have impacted on normal working practices. Staff have responded creatively to reach children and families and they report feeling well supported by their managers and the organisation as a whole. The needs of each worker have been considered with a personalised risk assessment and additional assessments for BAME and staff in certain groups. The corporate health and well-being offer has supported staff with a variety of motivational activities and managers and teams have developed networks to replace the connections lost through remote working. Surveys indicate how staff feel well supported and sickness absence levels have reduced.

Throughout the period social work student placements have continued, and we have doubled capacity within the academy and increased the management support. Recruitment has been maintained and new staff have been inducted into the organisation virtually. We have supported 2 students through the step up to social work programme and have 6 social work apprentices in training. These activities have supported our updated workforce strategy which focuses on recruiting high calibre staff and supporting them to develop within Northumberland. This has ensured a steady stream of competent and motivated staff joining the workforce.

All front-line managers have been encouraged to participate in the DfE skills for practice supervisors' programme and progress onto the managers mentoring scheme. We have developed an in-house managers development programme that offers modules to enhance management skills, such as supervision, motivating staff and managing performance. The team managers structure is currently being revised to offer more management capacity and improved lines of accountability. All the posts have been filled with internal candidates who are offered a rounded induction into the role.

A new PAM's assessment team is being established to enhance the service offer and to provide development opportunities for workers. Managers have been recruited and the team will be operational by the end of March 2021. The impact of this will be more focussed specialist assessments and targeted interventions for parents with learning difficulties and reduced delay for care planning for their children.

The training offer has been enhanced particularly in relation to Signs of Safety. Two dedicated practice leaders have been appointed who offer individual and team support around the implementation and embedding of the practice model as well as a comprehensive range of learning opportunities. They have taken advantage of virtual working to reach more staff and offer more specialist workshops. The impact of this support has been observed increasingly in practice days where the application of the practice model is becoming more embedded further supporting effective work with families and consistent management oversight.

Staff are building confidence in the use and application of SoS and as above this is evident in their practice in virtual practice days and audit. Practice champions are in place in all service areas supporting colleagues through group supervision and co working. Feedback from workers and families to date indicates that the approach is more meaningful and inclusive for parents and children.

Caseloads are largely manageable across the service and a workload weighting tool has been refined to reflect the complexities of the social work caseloads. On practice days, staff do report that caseloads feel manageable and where there are particular pressures, management and team support is effective in supporting service delivery. Use of agency social workers is lower than the regional and national average and are used to cover vacancies where necessary to manage workloads.

All staff continue to have access to CC inform and are encouraged to use the resource to enhance their practice and professional development. Nine workers have completed their practice educator's awards during 2020 and all staff are encouraged to complete the full PQ award which is fully funded by the Local Authority.

Good practice example

The maintenance of our services to ensure children have been safeguarded during the pandemic. As detailed above, clear risk assessments have been put in place to guide our staff, but it has been the commitment of our front-line staff and the support of their managers that has ensured that direct services have been maintained where this has been required and the creative approaches to enhancing contact with and virtual approaches to supporting families and safeguarding children.

2.2 What could we do better?

The use of CC inform does need to be further encouraged by all. The plan is to promote this through a series of themed workshops and learning events.

2.3 What are we going to do next to support continuous improvement?

- Restructure social work front line managers to improve accountability and create smaller supervision groups.
- Implement the learning from enhanced service planning task and finish groups to consider how new ways of working developed during Covid can be retained where they offer benefits to service delivery and the workforce.
- Further embed the SOS practice model with the launch of the ICS module in April 2021
- Continue to develop a learning culture that encourages continuous professional development (CPD) and the use of resources such as CC inform/ SoS knowledge bank to enhance practice.
- Further expand and develop the academy to provide support for sufficient numbers of newly qualified social workers and offer additional learning opportunities to current staff.

3. QUALITY OF PRACTICE AND PERFORMANCE MANAGEMENT

3.1 What have we done well in the last year?

What Ofsted said:

Our quality of practice work in this year has consistently identified the following areas of good practice and impact across the county and across services:

- Strong child centred practice across the main areas of social work and early help/social care activity. Direct work with and views and experiences of children are undertaken and supported in a range of creative ways.
- Thresholds are applied appropriately, and work is stepped up or down between early help and social work effectively.
- Management oversight is regular, thorough and supports the progress of the work and there is clear evidence of developing and effective use of SoS in both early help and social work.
- Assessments in both social work and early help are thorough, detailed and effectively underpin future work.
- Plans do cover the key areas of work and improvements are evident in supporting the progress of the work, but further development is required to ensure they are consistently SMART and clear with and for children and families.
- There is good multi agency working and more consistently regular care team meetings (CTM's) and children in need (CIN) meetings as well as core groups (although there is some variation across the county) which engage parents, carers and wider family members. The effectiveness of these in focusing on the plan and progress has improved, supported by the implementation of SoS, but further embedding of this is needed to ensure consistency.
- There is effective engagement of the wider family network in the majority of cases and the consistency and timeliness of this across all work can be further improved.
- Reviews are timely and include children's and parents' views effectively and focus on the experience of children and drive the progress of plans including for permanence.
- Staff in social work and early help are uniformly positive about the management, support and training that they receive.

Leaders make good use of the improved performance and quality assurance framework. Learning from audits, practice days and complaints enables leaders to review progress and the impact of practice on children's experiences effectively.

Leaders have created a strong culture of learning and development for social workers.... (who) can clearly articulate how this learning impacted on their practice.

Practice days continue to be seen positively and are a core element of our quality of practice work. We have further developed the approach using performance data as well as previous findings to inform and target the days. Teams felt the model gave them the opportunity to share practice issues, identifying good practice from which to share learning and areas for practice improvement. In the future this will be further developed to include the work of Children's Centres.

The introduction of a dedicated Quality of Practice Lead has given us the opportunity to further develop our quality of practice processes, including enhancing our ability to capture data and analyse it, and to ensure the learning is cascaded timely and effectively.

We continue to develop feedback from service users, but because of the pandemic, we have not repeated 'Over to You' October. However, we have used a number of ways to obtain feedback from children, young people and families, for example: Our audits are enhanced by using feedback from families/children to evaluate the effectiveness and impact along with the experiences of our workers. This will be further enhanced with the new meaningful measures, connecting the data with the practice and the outcomes for families and their children; Mind Of My Own support young people to have their views heard and to be included with their support plans. Of the 84 "Worker Visit" statements that were completed over the past 12 months, young people's top three answers to the question "What is good in life right now?" were: Where I Live (46), My Family (32), My Friends (28). To the question "What is not so good in life right now?" the responses were: Where I live (14), My Family (14) and My School (13).

Across Northumberland Adolescent Service the most recent feedback from young people suggests that they value the relationship between themselves and their worker the most, saying the staff are easy to talk to and provide good support and answers. The young people involved with NAS also indicate that they feel the staff always try and make time for them and treat them as individuals. Overall, the young people responding rated NAS as 4.6 out of 5 in providing a good service.

Learning is shared through every level of the organisation, via corporate meetings to individual workshops within teams. Teams are encouraged through their performance clinics to highlight areas of strengths and development, which become a working action log shared with their teams, demonstrating the journey.

The development of supervision surveys and their findings helps us understand the needs of our workforce, their experiences within the workplace and allows us to develop practice, support and training to meet need.

Data sets which are more outcome-focused have been embedded at senior manager level by analysing them in the 3 PQA reports that went to senior managers. They gave us a better sense of children's longitudinal experiences, rather than snapshots. We have identified 5 meaningful measures, which, in tandem with a more quality-focused audit and revised performance clinics, will support the embedding of quality assurance at all organisational levels with the Signs of Safety model in 2021.

These Meaningful Measures will make us question what we are doing and why, answering the so what question. They will be used as standard across our quality of practice activities, within performance clinics, standard audits, and evaluating practice days. The measures may change as we move forward with SoS and become embedded not only in our practice but also in our learning moving forward.

It is reassuring that the findings from practice days completed to date mirror those from our standard audits, demonstrating consistent practice across the county. Action logs will help focus the areas of learning for ALL the service.

The development of financial reporting has been done through the LIFT project, whereby NCC is an early adopter of the Liquid Logic Payments system. All reports have been identified and demonstrated, using finance, commissioning colleagues and senior managers as test drivers. Whilst the coming months will see more data in the system and therefore will be a better gauge of the reports' effectiveness, early feedback is positive about being able to see a

more comprehensive picture of costs about “the whole child” in one view. The project implementation is on track.

The legal module within ICS has been successfully implemented, with locality teams now updating this (rather than a standalone spreadsheet) for all proceedings and pre-proceedings activity. Using the module will make processes more efficient, and whilst the recording and functionality of the module is improving, managers can now track the progress and timeliness of their legal cases with regular data available via a Tableau dashboard.

We led the regional work in devising a near real time benchmarking system to help directors understand fluctuations in demand levels from the onset of the pandemic, and risk assess and target our early help and social work offer to those families in need. More broadly, we have led benchmarking on demand levels across the NSCC partnership, benchmarking against pre COVID levels to help us understand how our resources should be deployed and how the impacts of demand levels in other agencies are affecting our own activity. Participation in such work, as well as the one-off benchmarking undertaken through the County Council Network, has influenced our enhanced service planning, for example identifying how we will measure our response to COVID and our post COVID recovery.

Across social work services, team managers have access to daily team activity and performance dashboards, some of which are filterable to worker level, which gives them insight into trends and allows them to address any issues. Using the functionality within Tableau has allowed timeline dashboards to be created to visually show children’s journeys whilst in care.

In addition to the tasks, we set ourselves a year ago, we have developed manager self-service in Tableau, expanded our predictive analysis, and redesigned our early help data offer, all of which has provided senior managers with more flexible, current data that they can use to manage changing demand. For example, within Early Help, managers now have robust automated performance reports in Tableau and there is a far better understanding of how to use the data to inform practice and target resources appropriately. For example, Sustained Engagement in the North locality improved to 58% in February, and this was due to using the data to target the children most in need.

Good practice example

Practice days are a key element of our quality of practice work, supporting a participative and reflective approach to continuous improvement and underpinning our culture of learning. The approach ensures that there is consistent service director and senior manager line of sight to front line practice and ensures that front line staff can both articulate and reflect on the quality of work. We have continued to develop this approach through the use of service level performance data to inform lines of enquiry for the days and the findings from the days underpin practice development plans for the respective service areas.

3.2 What could we do better?

- Embedding what the data means to front line practice (we are on this journey through the new meaningful measures performance clinics).
- We need better mechanisms to capture criminal exploitation.
- Strengthening the evidence of delivering quality of practice improvement actions.
- Training and moderation of auditors.

3.3 What are we going to do next to support continuous improvement?

- Further develop and embed the Quality of practice framework in line with SoS implementation.
- Implement monthly financial reporting from LIFT to support budget management.

CHILDREN'S SOCIAL CARE

4. THE FRONT DOOR

4.1 What have we done well in the last year?

What Ofsted said:

Over the last year we have continued to have some staff consistency in the team and four workers have been promoted within, giving them the opportunity to further develop within Northumberland. Staff continue to receive regular supervisions with managers who know them well.

The 'front door' service ensures effectively that children's needs are identified promptly. Decision-making at the first point of contact is robust and proportionate to need, signposting children and families to the most appropriate service.

Partner agencies work well together at the front door and this means that thresholds are applied appropriately, the right decisions are made, and next steps are well considered..... Decisions and actions to safeguard children are well considered and result in prompt visits to children and families.

Performance in the Front Door over the last year has been positive and practice days and audits have highlighted that decisions are made in a timely manner, ensuring that the right course of action has been identified.

Management oversight is evident on all cases drawing on workers thorough research which includes a synopsis of historical information and a recommendation based on Northumberland's threshold document. The rationale for decision making is clearly recorded by the Team Manager and in some cases, the threshold document has been cited.

The vast majority of assessments are timely giving a clear picture of the reasons for the assessment and the views and experiences of children, and the views of parents are detailed, including the engagement of fathers or key adults who are not in the household. Historical information is analysed although there is variation in consistency, and relevant multi agency information is incorporated well. The weighing and balancing of information is supported using signs of safety by structuring areas of strength and concern and overall, the assessments do effectively underpin decisions and plans for future work. Where danger statements were seen, these effectively captured the key issues although in a small number of cases, the use of plain English would have further enhanced the quality.

Use of 'tableau' is embedded in the Team and is used to measure performance and practice being used by the management team to understand worker's caseloads, effectiveness and efficiency of completion of assessments and is used in monthly performance clinics to identify patterns and trends.

Over recent months, a task and finish group has been completing work around process mapping in the Front Door (children's) and the map is now completed with a view to ensuring:

- New staff are aware of processes.
- Partner agencies have knowledge and understanding of processes.
- Current staff can determine relevant processes.

In recent months there has been consultation around a reconfiguration of the management team to strengthen the focus in particular areas of practice and to provide an improved network for staff.

Over the last year there have been changes to some personnel from partner agencies within the MASH however multi agency working remains a priority for all partner agencies.

Staff at the front door have contributed to the early help assessment and hub reviews above which are detailed in the early help section of the report.

The detail of work, including front door staff in relation to exploitation, is included in the Help and Protection section below with the impact:

Overall, the evidence of MSET shows effective risk reduction for the vast majority of young people who presented as at risk of exploitation. (Over 82% of children were stepped down from MSET in the year Jan 20-December 20).

Further audits of re referrals have been undertaken with decision making seen to be appropriate and the re-referral rate being in line with comparators. These are monitored at all performance clinics regarding the Front Door.

Domestic abuse: MARAC meetings are now held on a weekly basis which results in the meetings being better focused on a smaller number of cases. Potential learning from a regional LA on daily MARAC will be considered.

The daily CCN meeting continues to take place, albeit on a virtual basis due to the pandemic. This process was reviewed and resulted in a change in the process which enabled agencies to share their information but also to challenge decision making if relevant or applicable.

SoS: A comprehensive approach to mapping and action planning the training, development and implementation of SoS at the front door for all staff and managers has taken place over the year. Changes have been made to recording of contacts, case discussions, assessments and initial child protection reports are now formulated in signs of safety format. In work with children, signs of safety tools are used.

SEND: This year new staff and processes have been put in place at the front door which have been evaluated in the recent SEND peer review. The new staff and processes were found to add value to children's social care contribution and to overall outcomes for children and young people.

Good practice example

The MASH has had an Independent Domestic Violence Advisor (IDVA) working with domestic abuse cases since October 2020 which has strengthened working with those who have suffered

domestic abuse. The IDVA has acted as a consultant, contributed to the MARAC and MATAAC processes and has undertaken some work with those that have experienced domestic violence. The worker has taken on cases from Early Help, Triage, MASH and the Assessment function of the Front Door (both from Adult's and Children's Services) and has also worked in conjunction with police and victim services providing excellent support to service users. Funding is currently being explored to determine whether this can continue.

4.2 What could we do better?

In recent months, there has been a decline in the number of MASH episodes completed within timescale and whilst safety planning for children has not been compromised, it is important that processes are efficient.

Whilst Signs of Safety is the agreed model to be used in Northumberland, this needs to continue to be practised to embed further and particularly so when the new database comes in to play in April 2021.

Whilst it has been highlighted above that MASH continues to operate effectively with partner agencies, the MASH strategic group has planned an independent review to ensure that this continues and if there are any areas for further improvement to ensure children's safeguarding

4.3 What are we going to do next to support continuous improvement?

Workers are to continue to embed signs of safety and from April 2021 this will include use of the new database.

Develop a better understanding of completion of MASH episodes – reconfiguration of management structure will support with this.

Independent review of the MASH is to be undertaken to determine the level of cohesive working and whether MASH is maximising effectiveness regarding outcomes for children and young people of Northumberland.

5. EARLY HELP AND PREVENTION

5.1 What have we done well in the last year?

What Ofsted said:

Early help is of good quality and engages children and families in purposeful assessments that recommend what interventions and services will best meet their needs. As a result, children's experiences improve and the need for statutory intervention is avoided

The Prevention and Intervention pathway has been through a full review process this year. The main aim is to firm up course content and delivery mechanisms in order to test out our original intentions, and purpose, in providing the

outcomes and impact that we require. This has led to some changes to the pathway to provide a more robust monitoring tool. Getting this into practice has been restricted during Covid but it has also afforded the opportunity to test out virtual methods with a view to delivery of a blended model. One programme, Tiny Talkers, is being jointly assessed with the Early Intervention Foundation to provide a more sophisticated evidence base to assist with impact.

Tableau is now well embedded within the performance framework in early help. Regular information is produced for performance clinics with the addition of the ability to run bespoke reports to address emerging issues and need. For example, uptake of the Prevention and Intervention pathway and the milestones of those who attend are monitored. This allows us to demonstrate impact more clearly and to identify how and where localities can share learning about what works, for example, in retention of participants on group programmes.

The Youth Service have started to use groupworks for the targeted groups they deliver-the numbers of groups have been severely restricted by Covid, and they have only been running a couple of groups since the summer. Development has happened with the detached youth workers for them to have a Total mobile solution on work phones to be able to put case records onto the electronic system straight away. This is allowing us to see how many young people have been spoken to and the key themes which are being raised.

This year has seen the launch of the Healthy Relationships website including the infographic about the healthy relationship scale. We have developed our own internal e learning programme which over 400 staff have accessed and are the highest referrer in the group of local authorities accessing the specialist programmes. Face to face training stopped from March but virtual training has commenced and there is to be additional funding for further training provision next year; a questionnaire has gone out to staff to ask what areas we should focus on. This means that families where there is parental conflict are able to access support through a combination of professionals who are more trained and aware of the impact of this and tools to use to support change and access to a number of specialist interventions to support parents who need it.

The launch of Northumberland Communities Together in response to Covid has created opportunities for more joined up work between the local authority early help offer and communities with a pathway for supporting families now developed. For example, there is joint work in relation to the Holiday Activity Fund and in provision for disabled children.

The Early Help Assessment template has been reviewed and revised in line with Signs of Safety and was rolled out through a soft launch in September 2020. In addition to this we have revised the Early Help Hub approach moving to a county wide virtual hub model to discuss a smaller cohort of children who require a more coordinated approach than has previously been offered. A review of this including gathering feedback from families and referrers found that it was an effective model and was providing an appropriate level of support.

Early help referral processes have been reviewed and the findings have subsequently been factored into the changes in early help referrals and the introduction of the virtual hub which is currently being used for cases that are 'stuck' and require being mapped out using signs of safety. These cases are discussed in depth at two weekly virtual hub meetings which are chaired by an Early Help Senior Manager.

Bespoke training for social care staff by the council for disabled children to support their understanding of SEND happened in February and was positively received. Following that and a review of the social care offer for disabled children, the SEND social care coordinator posts have been moved to sit with DCT which is to be expanded to include a wider criterion of children who have lifelong impairments. The SEND champions network in early help is well established and utilised. This has supported the social care offer for disabled children and their families to be more effective. A recent audit of children with an EHCP open to social care found that the majority of the information collated for the assessment of need was thorough and addressed the child's SEND.

Children and young people who access Early Help services tell us that they feel supported by their workers, they feel listened to and trust the workers to represent their views in meetings if they don't feel able to attend. They enjoy 1-1 time with their workers and enjoy the creative ways in which workers gain their views. Before Lockdown our Young people enjoyed coming into our Centres which are set up to accommodate children of all ages.

The services have developed a range of creative ways to engage and support families through the pandemic which are detailed in the good practice example below

Quality of practice findings:

- Strong child centred practice in early help/social care activity. Direct work with and views and experiences of children were undertaken and supported in a range of creative ways and seen to be a particular strength in early help work.
- Thresholds are applied appropriately, and work is stepped up or down between early help and social work effectively.
- Assessments in early help are thorough, detailed and effectively underpin future work
- Early help audits evidenced the overall effectiveness of casework remains high at 91%.

Good practice example

As indicated above, our early help and prevention services have responded creatively in a range of ways to the pandemic:

- Moving group delivery to virtual platforms for children's centre and some targeted youth service groups.
- Providing a wide range of activity packs for children across all age ranges delivered by our children's centre and youth service staff and focussed on those families most in need.
- Providing proactive telephone support to young people known to be vulnerable but not engaging with schools.
- Using social media sites to provide young people and parents with a wide range of information and activities to undertake.
- Using data identified approx. 1000 families who may need support and proactively contacted as many as possible to check whether they needed support.
- Introduced a 'pop up' multi agency support hub for children and families where going back to school in September was going to be challenging as a result of anxiety -91 referrals were received from 49 schools. All children are tracked and attendance in the main for most has improved.

5.2 What could we do better?

The pandemic has impacted on our ability to deliver group work and to measure the impact of that through the use of milestones. It has also impacted the roll out of the use of Groupworks by the Youth Service. Both of these mean that we are not able to demonstrate with any certainty the evidence of impact of our group-based provision

5.3 What are we going to do next to support continuous improvement?

- Develop Youth Service use of group works more completely as we come out of lockdown.
- To work more closely with the VCS and Communities Together to develop join up around the universal and targeted universal offer in the localities.
- Healthy Relationships-to develop the training offer for 21/22 to reflect the demand from across the partnership. To look at the continuum of the relationship work offer within the local authority early help service to reflect the preventative approach. To work with the research project from Northumbria Police to help us to identify more accurately the range of relationship referrals coming i.e., domestic abuse vs conflict.
- To develop an evidence base for the prevention programmes within the Prevention and Intervention Pathway in conjunction with the Early Intervention Foundation to strengthen the impact.
- To develop as part of the SoS module implementation the outcome measurement tools for EHFV through meaningful measures.
- Northumberland Families First, edge of care service. To explore and implement relational practice and joint working mechanisms with health partners, in particular, CYPS and PMH.
- To explore the opportunities presented by the DfE focus on the development of Family Hubs by forming a task and finish group to explore and be ready to take our Children's Centre buildings and service delivery forward within the family hub framework.
- To strengthen our early help evidence base by working in partnership with Northumbria University to make application to the Applied Research Collaboration (ARC) to fund research into our virtual rural early help offer within the west of Northumberland.
- Develop an early help clinic model with schools and school support teams to target earlier intervention at schools and partnerships where exclusions are high, particularly in relation to young people with SEND.

6. HELP AND PROTECTION

6.1 What have we done well in the last year?

What Ofsted said:

Children are well protected and engaged in effective direct work with social workers. Managers and social workers have been successful in ensuring that children's voices can be clearly heard. For children with additional needs, practice is child-focused and of a good quality.

Our quality of practice processes in this year have consistently identified areas of good practice and impact across the county and across services in relation to the voice and views of children, the comprehensive

assessments, improving quality of plans and regular and participative reviews and multi-agency meetings which support the timely progress of work. These have been detailed in the earlier section on QA and performance management.

Over the last 12 months there has been a focus on CIN work and now almost 100% of CIN reviews are completed within timescales and practice days and audit demonstrate that CIN plans are largely well written with clear actions, timescales and family friendly language and that more regular CIN meetings are ensuring work is progressed effectively in the majority of cases.

Covid has focussed workers attention on risk assessment and ensuring vulnerable children are safeguarded. Risk assessments were undertaken at the start of the first lock down to ensure that a plan was in place to maintain contact with all vulnerable children. Close working with educational colleagues provided reassurance that every child had a professional contact plan to ensure their wellbeing and safety. All practice has complied with statutory guidance during the pandemic and children have been seen regularly and plans have progressed.

The social care contribution to the SEND offer has been strengthened with identification of SEND champions who meet fortnightly, specific SEND workers located in the front door to collate information and mandatory training commissioned for all staff from the Council for Disabled Children.

The findings from a themed audit considering response to domestic abuse are being fed into a task and finish group looking at the implementation of the Domestic Abuse and Sexual Violence Bill. Referrals relating to domestic abuse are closely monitored and two projects where police referrals are shared with schools and GPs have been evaluated, seen to be effective and continued. Two APVA workers have been appointed and are now in post offering support to the whole service.

Workers have undertaken training regarding CSE and CE and the Child Sexual Exploitation Practitioner acts in a consultancy role for all cases where these issues are highlighted.

MSET processes have been reviewed by the Partnership and relevant monitoring is in place by MSET members to ensure that plans reflect actions identified and these actions improve outcomes for young people.

The arrangements for reviewing missing children are now fully embedded and children are tracked and offered return home interviews consistently if they do have a missing episode. The number of children missing from education remains very low and these are managed through the EMS following a system transformation.

Overall, the evidence of MSET shows effective risk reduction for the vast majority of young people presented as at risk of exploitation. (Over 82% of children were stepped down from MSET in the year Jan 20-December 20).

The multiagency strategy for children who are Electively Home Educated was ratified by the NSSC and the implementation commenced in September 2020. The training programme to raise awareness and support the embedding of the strategy is underway. Numbers of children being EHE have risen during the pandemic and early indications are that a single point of contact at the front door and a revised risk assessment are having a positive impact.

Over the last 12 months the implementation and embedding of SoS as the practice model has been consolidated and detailed earlier in the self-assessment. Initial feedback from parents and families is that they feel listened to, some for the first time and they understand why professionals are concerned about their families.

Good Practice Example

We have been working in a collaborative way to prepare for the system 'Go Live' of the Signs of safety practice model in April 2021. Practice, systems, training, partnership and quality assurance workstreams have focused on ensuring the staff group are confident in their practice for the new system. Front line staff and managers have been trained and have worked together in group supervisions and workshops to develop best questions to underpin assessment work, create safety plans and analyse risk. Feedback from staff is positive and families tell us that they feel more included and understand the worries.

6.2 What could we do better?

- The pool of staff identified as practice leads to drive forward the embedding of SoS could be broadened to share the responsibility and role model best practice.
- Feedback mechanisms need to be streamlined to ensure that information is collated and then themes used to amend practice and support learning.

6.3 What are we going to do next to support continuous improvement?

- Ensure consistent use of the SoS practice model is supported in all areas of the service and strengthen the sustainable training offer in relation to SoS.
- Add capacity to the Disabled Children's Team.
- Restructure the safeguarding team manager group to create smaller supervision groups and clearer lines of accountability.

7. CHILDREN WHO ARE LOOKED AFTER

7.1 What have we done well in the last year?

A key challenge subsequent to the inspection has been to ensure that the care and support to our children looked after has been maintained and adjusted to deal with the impact of the pandemic. The numbers of children looked after had increased prior to the pandemic and further increased during the period to the highest at 455, plateaued around 445 for several months and has recently reduced at the time of this self-assessment to 430. This is the second lowest rate in the region. The inspection and our quality of practice work does evidence that children only become looked after when it is right for them to do so.

What Ofsted said:

Children and young people come into care in a timely way when it is in their best interests.... children looked after benefit from good standards of care, are well supported in their education and live with carers who look after them well.

All our services have been maintained supported by clear guidance and risk assessments, use of national flexibilities albeit we have maintained statutory timescales, increased capacity and flexibility of our in-house fostering, use of wider CSC staff to support residential as required and effective links with and oversight by our virtual school.

The majority of increased foster placements needed have been provided through our in-house fostering service and we have continued with creative recruitment practices and the use

of flexibilities as required to maintain and increase our capacity. The inspection commented positively on the recruitment, training and support of our foster carers.

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 maintained in the vast majority of cases and nearly 100% have been held within timescales. There is consistent IRO oversight of looked after plans in between reviews to further support timely progression of plans.

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.

We have worked with courts and regional colleagues to identify and prioritise work to mitigate delays due to the impact of the pandemic and to progress work where possible through the courts.

We have developed facilities and capacity at Kyloe House including stepdown, maintaining numbers of young people through the use of isolation areas to support those children at very high risk nationally.

The inspection and our quality of practice work has consistently evidenced that social workers know children well and undertake direct work with them supported by a range of creative methods which helps them to contribute to care planning. This has been maintained through the pandemic and indeed enhanced the range of methods of communication with children and young people.

Every six months all young people in our residential homes are given the opportunity to comment on the quality of the service and provision and where appropriate this opportunity is also extended to family members. Over time this process has shown a continued history of positive feedback from the young people and their families. In relation to the care and support given to the young people, a representative comment from the last round of Reg 45 surveys was "It's homely, kind and caring". However, the most common theme that young people in the homes tell us is that they feel there are different rules for each young person living there.

The Reg 45 surveys are also used to gather the thoughts and feelings of the families and young people attending Barndale Short Break Service. Again, these have a history of being very positive, with one family member commenting "the staff do a fantastic job". The themes that came out of the last round of surveys suggest that families feel there is a good range of activities available, that their children are well cared for and there is support for the whole family, not just the young person staying at Barndale.

The priority of and focus on corporate parenting has been noted in the leadership and management section. MALAP and CPAG have continued to progress and oversee the action plan of the corporate parenting strategy within which we have updated and integrated actions and learning relevant for and from the pandemic. The response of services has been reported to CPAG through the pandemic.

A very positive development has been the implementation and embedding of accessible consultation and pathways to mental health and wellbeing services for our children looked after, effectively led by the Community Matron (Children Looked After and Access). The narrative and data to evidence the improvements have been reported to the January 2021 CPAG meeting.

The restructure of our family placement service has taken place and the support offer to SGO carers continues to develop.

There has been a significant increase in the numbers of children placed with parents, primarily through the outcomes of care proceedings and court orders made at that point. A review of those cases has shown that practice in the vast majority of cases has overseen and progressed the work appropriately and further monitoring of this will be embedded through the implementation of permanence clinics.

We continue to achieve permanence for children through SGOs (30%) at a higher rate than national (12%) and regional (23%) comparators.

As indicated above, we have further developed the process and are putting in place permanence clinics to ensure consistent oversight of the progress of permanence plans in all services.

The application of the Promise for our children looked after is now embedded in each review and following a practice day review for the IRO service, actions are in place to further improve this.

We have completed a thorough invest to save case for recruiting permanent staff for work currently covered by agency or commissioned staff, including staffing of bespoke placements, covering vacancies in residential care. The balanced conclusion was that this should not progress for both value for money and quality of service reasons.

Virtual School

Education outcomes for children looked after improved in most key stages in 2020, with a significant improvement in GCSE achievement where more than twice as many pupils achieved the Basics (grade 4+ in English and maths) compared to last year. Numbers of children looked after progressing into further education at 16 has remained consistently high over the last three years and this year all our care leavers studying for level 3 qualifications secured places on university degree courses. All our care leavers in the final year of their university degree courses achieved good classifications.

The pandemic forced school closures in the summer of 2020 and reduced pupil numbers from January 2021. The impact on school placement stability is positive regarding attendance which improved and exclusions which reduced. The record of no permanent exclusions of children looked after since 2008 has been sustained. The latest Children's Commissioner Stability Index shows that school placement stability for children looked after is good and better than in other local authorities. However, the pandemic period has seen a sharp increase in the number of school placement moves and this is being addressed strategically through Children's Services.

ESLAC staff and Education Welfare Officers supported children to stabilise school placements. Designated Teachers were supported, and when necessary challenged, to maintain good quality PEPs which appropriately reflect the impact of school closure and Covid-19 on each looked after child. Training and support were provided through virtual Designated Teacher conferences and fortnightly briefings.

Pupil Premium Plus (PP+) was dispersed to ensure that schools had the right resources to meet pupils' needs and we continued to make progress with the Care Leavers' Covenant action plan to mitigate the impact of school closure on pathways into education, training and employment.

Good practice example

Coordinated work has ensured effective oversight and support to our children looked after and their education. Our two priorities throughout the pandemic have been to keep our children safe and to keep our children learning. Daily and 'live' risk assessments were undertaken jointly by the Virtual School, carers, social workers and the Family Placement Service ensured that every child was in the environment which best met their needs, including those living and learning in other local authorities.

All children looked after had a Virtual School laptop and that care leavers all had access to a laptop and the internet from home. The Virtual School set up its own virtual google classroom in the first week of lockdown and our teachers made sure on a daily basis that it was full of age-appropriate learning activities across a range of subjects. We also invested in the Britannica online school and foster carers joined us for the virtual training to maximise its use.

7.2 What could we do better?

We have continued to participate with regional colleagues in the oversight and development of ANE. This has included time limited project support from senior manager in Northumberland. While progress and improvements have been made, the outcomes in terms of numbers, timeliness and cost for Northumberland remains worse than pre RAA although the impact of the pandemic does need to be considered. The current rate of children being adopted from care is 12% which is in line with national average. Further actions including a review of the funding structure as well as improved performance reporting progressing into 21/22.

The stability index task and finish group has supported further improvement in the links and liaison between social work and the virtual school and while improvements have been seen in the last nationally published data for Northumberland, our most recent data has shown a decline in our placement stability and the number of school moves during the period of the pandemic. We are currently undertaking a more detailed analysis of this at the time of writing the self-assessment.

The residential project analysing and developing learning from our cohort of young people placed in external placements to consider creative and alternative ways to trying to maintain children in family settings has been delayed through the pandemic but has restarted and is currently looking at national learning and models to develop an invest to save proposal. We are also linked to regional developments to consider improving the effectiveness of commissioning.

Delays in planning processes have meant that we have not been able to progress the build of our 2 children's homes within this year, but we will be progressing these in 2021/22.

The ILACS inspection found that we could improve the quality of our Later Life Letters (LLL). Actions to support this have been put in place including allocation of adoption casework to child permanence workers (CPWs), guidance for LLL in line with CoramBaaf and we are undertaking an audit at the time of this self-assessment to judge the impact of those actions.

Our quality of practice work has evidenced improvements in the quality of plans for our children looked after, including an improved focus on permanence, but we need to continue to ensure this is consistent with clear timescales and that these are consistently and effectively progressed in care team meetings as well as at reviews.

There have been improvements in the alignment of children looked after and education, health and care plan reviews but this has been impacted by the pandemic and we will aim to further improve this in the coming year in conjunction with education colleagues.

Improve the PEP completion rate.

Once pupils are safely returned to school, we need to re-visit the areas for improvement identified before the pandemic that focus on stability – reduce the number of school placement moves, reduce the number of pupils who are persistent absentees and further reduce fixed term exclusions.

7.3 What are we going to do next to support continuous improvement?

Continue to strengthen wider council and member ownership of and contributions to corporate parenting as indicated earlier.

Contribute to and oversee the continuing developments and actions relating to ANE.

Finalise and present the invest to save proposal flowing from the external residential project work.

Implement actions arising from the further analysis of stability information to lessen placement moves for our children who are looked after.

Progress the builds, staffing and set up of the 2 new homes.

Ensure consistent quality of written plans being effectively progressed through care team meetings as well as children looked after reviews and maintain the consistent focus on permanence.

Undertake any improvement actions arising from the Later Life Letter (LLL) audit.

Work with education colleagues to further increase the alignment between children looked after and EHCP reviews.

Embed positive practice and learning from the pandemic.

Return pupils safely back to school and get progress back on track.

Deliver on the Care Leavers' Covenant and improve recruitment and retention in education, training and employment from age 16 to 21.

Continue to promote and support the development of attachment aware and trauma informed schools in Northumberland.

Complete the Virtual School re-structure and improve outcomes for children looked after with SEND by developing the roles of the Virtual School SENDCO and CLA EHCP Co-ordinator.

8. CARE LEAVERS

8.1 What have we done well in the last year?

What Ofsted said:

Care leavers benefit from support workers who visit them regularly, understand their needs and help coordinate support and interventions that improve their lives. This good work is clearly evidenced in care leavers' case records.

With regards to transitions, up to the outset of the pandemic there were Adult Services (ASC) staff based within Northumberland Adolescent Service (NAS) one day a week. This came to a halt, but we are looking to introduce a virtual clinic with ASC practitioners which NAS can book an appointment at. A joined-up piece of work was done across CSC and ASC to identify children looked after aged 14+ who would potentially require a DOLS application post 16 and to provide support from the adults DOLS team to support what needs to happen next.

A focused care leavers audit tool has been developed to help understand how we support those with specific needs and is embedded in the case recording system. It will become part of the themed audit process across children's social care.

In relation to workforce issues, the turnover of staff has slowed down. Job descriptions have been reviewed into a generic one across NAS to aid continuity of staff who provide support for young people. We have workers and managers who are doing a range of apprenticeships, management and social work, coaching and practice teaching. We are developing our advanced practitioners so they can be SOS practice champions, SEND champions and do case supervision, and elsewhere in NAS, staff are developing skills to be APVA Support Workers.

To support care leaver aspirations and opportunities, EET clinics have continued with multi-service and agency representation to target individuals to engage with EET, which the senior manager and head of service have continued to scrutinise. Our quality assurance processes in this area and how they feed into the Pathway Plan were backed up through a visit from Mark Riddell, DfE care leaver expert, who undertook an assurance visit in February 2021.

In addition, the care leaver covenant and its steering group has a clear action plan which is helping to drive forward the corporate offer for children looked after and care leavers around education, employment and training. This includes care leavers being guaranteed interviews for apprenticeship posts, and multi service training delivered to our HR and Learning and organisation development team who oversee apprenticeships; this sets out the challenges care leavers face, the role of all council officers as corporate parents and the impact on child development that attachment and trauma can have. We have also participated in What Works Research into the recruitment of care leavers into further education (FE) and higher education (HE). Care leavers are allocated a leaving care support worker at 17.5 years. The leaving care support worker ensures they are supported to understand their rights and entitlements as a care leaver and given information in respect of services available to them. We are starting to see some impact of all this work within the context of the pandemic with the percentage of care leavers who are in EET gradually increasing to over 53% by March 2021, and now in line with the national average.

Care Leavers views are sought during all interactions the service has with them; this is strengthened also by use of the Mind of My Own application. These statements are used to inform the pathway plan and enables workers to capture the young person's voice and views

clearly in their individual plans. It also gives young people the opportunity to state actions / support that she feels may help them progress. Young people's views are recorded in blue throughout assessment, plans and case recordings. Across NAS all teams are encouraged to complete the NAS feedback form with the young people they work with at key points and times in the young person's journey. This includes when cases close, key review points or simply when the young person expresses a view about the service they receive.

The service has completed a review of the accommodation and support framework in conjunction with our colleagues in commissioning. This has resulted in the development of a new framework, incorporating options for those young people with complex support needs. In addition to the review of the framework, the service has worked in partnership with housing services within Northumberland to progress housing options for young people. This has resulted in NAS being able to develop a number of supported tenancies for young people which has facilitated them to remain in placement and take on the tenancy in their own right when the time was right for them. In addition to the supported tenancies, the service has also worked jointly with Housing to consider young people with complex needs/offending backgrounds to ensure that young people are able to access appropriate accommodation, suitable to their needs. We are rolling out the Care Leavers Accommodation and Support Protocol (CLASP) and will be delivering training jointly with colleagues from Housing, the aim being to ensure that young people are supported to access the most appropriate accommodation as they transition towards independence.

Whilst the service has a high percentage of young people in suitable and appropriate accommodation, a Placement Retention Protocol has been established to minimise the potential of young people being evicted from supported accommodation and outlines processes in which we will work together with our partners to maintain placement stability.

Our young people leaving care tell us that in general they are positive about the support they receive from Northumberland County Council, particularly in respect to the relationships they build with the support workers. Young people leaving care also tell us the financial support they receive is good and appropriate. When completing their Pathway Plans using Mind Of My Own the young people have indicated that they are feeling OK, Hopeful and Calm.

Good Practice example

The organisation and integration of the range of services in Northumberland Adolescent Service supports timely, coordinated, and creative approaches to working with our care leavers as well as with our young people who are looked after aged 14 and over.

One example is where the Virtual School and NAS hold monthly EET clinics where young people who are NEET are discussed individually to review their current situation. Its purpose is to plan and co-ordinate EET support, identify barriers to engagement and possible solutions to this, and to discuss potentially suitable opportunities. At the end of every discussion there is a written plan of what will happen next to support each young person and this plan is reviewed in supervision and at the next EET clinic. The Virtual School Lead Careers Adviser and 14/18+ Team manager attend the whole clinic session while social workers/ 18+ workers are given time slots to come and discuss their young people. The DWP have recently agreed to attend EET Clinics which will allow us to explore the possibility of Jobcentre managed opportunities, such as Kickstart, as part of this process and ensure a coordinated approach to the young person's EET support.

These clinics ensure that all NEET children who are looked after and care leavers are regularly discussed and EET is considered for all of them, including those who appear furthest from being EET ready. They allow us to reflect on each NEET young person and what can be done to support them to progress towards EET; they have also proved to be a good way for 14/18+ workers to be updated on current EET opportunities and labour market developments.

8.2 What could we do better?

We have not been able to roll out the audit process in the way we would have envisaged due to the competing priorities arising from the pandemic.

Some young people have indicated that more preparation for leaving care is needed.

8.3 What are we going to do next to support continuous improvement?

- Implement any recommendations arising from Mark Riddell's visit.
- Progress the integration of the health passport within the Pathway Plan as it is developed in the Signs of Safety module.
- Further develop our relationships and monitoring of our supported accommodation providers including developing a quarterly forum with robust performance monitoring arrangements for all providers to be part of.
- Roll out the newly developed transitions protocol between adults and children's social care including piloted a transition panel, led by adults for any young person who may need support from adult services.
- Further develop and implement a whole council approach to corporate parenting children looked after and care leavers that prioritises individuals through services, including opportunities for EET with the council and through procurement.
- Develop the full functionality of the Care Leavers' Covenant app.
- Increase careers' guidance capacity through the Virtual School.
- Deliver a comprehensive programme of training across council services and with EET providers.
- Develop a Charter for Children Looked After and Care Leavers with the support of our learning and organisational development service.

Conclusion

The self-assessment supported by our quality of practice and performance work as well as external scrutiny through inspection and review does evidence continuing improvements in the quality and effectiveness of practice across children's social care with timely and appropriate actions being put in place to support that practice. We have also identified areas where we need to improve further. The responses to the pandemic have been thorough and creative and have been underpinned by a committed and supported workforce. Our culture as a learning organisation, underpinned by our leadership pledge, means that we know that we have to be relentless in continuously driving forward the quality and consistency of our practice both to maintain improvements and further develop our effectiveness. Our continuous improvement plan will be drawn from the findings of this self-assessment, the ongoing quality of practice work and responses to national developments.

Continuous Improvement Plan 2021/2022: 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>1. STRATEGIC LEADERSHIP:</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"> • Quality of practice framework • Early Help and prevention • SEND CSC • Corporate Parenting • National developments <ul style="list-style-type: none"> - Case for Change - Domestic Abuse Act 2021 - Liberty Protection Standards - Responsibilities of the Virtual school
<p>2. WORKFORCE:</p> <p>Further developing the workforce, embedding family focused practice and supporting effective recruitment and retention</p>	<ul style="list-style-type: none"> • Workforce strategy • Signs of Safety • Recruitment and retention • Learning from the pandemic • First line social work management • Staff surveys
<p>3. PLACEMENT SUFFICIENCY, STABILITY AND SUPPORT</p> <p>To further improve the range of and support for placements and for children and young people living away from birth parents</p>	<ul style="list-style-type: none"> • Corporate parenting strategy • Placement sufficiency • Placement support • National developments: placement legislation and regulation • Virtual school action plan • ANE
<p>4. IMPROVING SOCIAL CARE PRACTICE:</p> <p>Further improve the effectiveness, timeliness and consistency of social care planning and practice including learning from the pandemic</p>	<ul style="list-style-type: none"> • Signs of Safety • Domestic Abuse • Neglect • Public Law • Consistency of recording • Learning from the pandemic

GLOSSARY OF ACRONYMS

ANE	Adopt North East
APVA	Adolescent to Parent Violent Abuse
ARC	Applied Research Collaboration
ASW	Approved Social Worker
ASYE	Assessed and Supported Year in Employment
BAME	Black, Asian and Minority Ethnic
CC Inform	Community Care Inform
CCG	Clinical Commissioning Group
CCN	Child Concern Notification
CE	Child Exploitation
CIN	Children in Need
CIP	Continuous Improvement Plan
CLA	Children Looked After
CLASP	Care Leavers Accommodation and Support Protocol
CPAG	Corporate Parenting Advisory Group
CPD	Continuing Professional Development
CPW	Child Permanence Worker
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CTM	Care Team Meeting
CYPS	Children and Young People Service
DCS	Director of Children's Services
DCT	Disabled Children Team
DfE	Department for Education
DOLS	Deprivation of Liberty Safeguards
EET	Education, Employment and Training
EHCP	Education Health Care Plan
EHFW	Early Help Family Worker
EMS	Education Management System
ESLAC	Education Service for Looked After Children
FE	Further Education
HE	Higher Education
HR	Human Resources
ICS	Integrated Children's System
IDVA	Independent Domestic Violence Advisor
ILACS	Inspection of Local Authority Children's Services
IRO	Independent Reviewing Officer
JCVI	Joint Committee on Vaccination and Immunisation
JD	Job Description
JTAI	Joint Targeted Area Inspection
LCSW	Leaving Care Social Worker
LFT	Lateral Flow Testing
LIFT	Children's Social Care Payments Module
LLL	Later Life Letter
MALAP	Multi Agency Looked After Partnership
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MATAC	Multi Agency Team Around the Child

MSET	Missing, Slavery, Exploited, Trafficked
NAS	Northumberland Adolescent Service
NCT	Northumberland Communities Together
NEET	Not in Education, Employment and Training
NFRS	Northumberland Fire and Rescue Service
NCC	Northumberland County Council
NSCC	Northumberland Safeguarding Children Committee
PAM	Parent Assessment
PEP	Personal Education Plan
PfA	Preparation for Adulthood
PMH	Primary Mental Health
PP+	Pupil Premium Plus
PQ	Post Qualifying
PQA	Performance and Quality Assurance
QA	Quality Assurance
QP	Quality of Practice
RAA	Regional Adoption Agency
RJW	Restorative Justice Worker
SEND	Special Educational Needs and Disability
SENDSCO	Special Educational Needs and Disability Coordinator
SGO	Special Guardianship Order
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SoS	Signs of Safety
VCS	Voluntary and Community Sector