

IMPROVEMENT REPORT



Children Service Improvement plan Summary Report of the Director of Children Services



IMPROVEMENT REPORT

INTRODUCTION

North East Lincolnshire is on a journey of improvement to deliver services that ensure children are seen as 'Our Children- Our Future' with the assistance of our SLIP partners from Lincolnshire we have developed an Improvement Plan that through the Transformation programme which will support the delivery of the Improvement Plan and the changes required to support the journey to outstanding.

The Transformation programme will provide assurance and drive delivery on two priority areas:

- 1) Improving Outcomes for Children
- 2) Stable and Resilient Workforce

The programme aims to enable efficiency in NELC Children's Services by:

- Improving the structure, systems, and practice model of NELC Children's Services.
- Reducing the demand within the system, particularly the number of children in care;
- Creating more capacity within the system to enable further transformation and promote sustainability.

The recent OFSTED monitoring visit, whilst focussed on a bespoke area of the business, has shown elements of delivery. We have established robust Governance and implemented a necessary Framework to mobilise and establish the NELC Children's Transformation programme.

The Transformation Programme has been designed to support and manage the Transformation activity and deliver workstreams and initiatives within the Improvement Plan. The programme has been established to provide governance, structure, quality, and consistency in reporting across all the different workstreams and initiatives.

Each service area has a Workstream Lead who are responsible for providing ongoing assurance to ensure myself as Programme Sponsor (Janice) and Rob as Chief Executive this ongoing assurance on progress will aid in identifying key issues for escalation within the relevant governance arrangements.

Regular updates will be provided to the board as new elements of the programme are mobilised this will support corporate scrutiny for the programme of change.

Improvement Plan Report

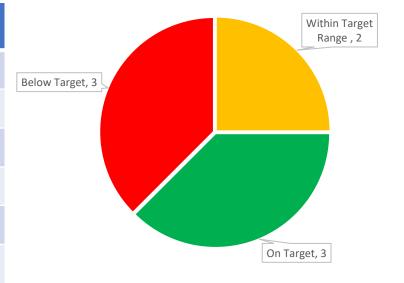
June 2023

Data covers June 2022 – June 2023 Latest data values refreshed on 17th July 2023

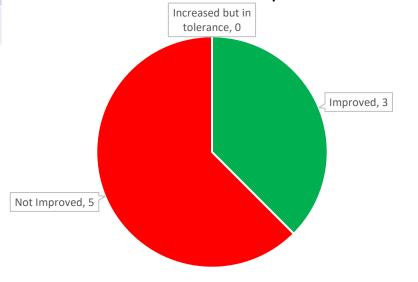
Priority A – Planning and Safety (CiN and CP)

Measure	Actual	Performance	DoT
Number of CiN	807	Amber	1
Rate of CiN	244	Amber	1
CiN Visits within timescales	90%	Green	
Number of CP	321	Red	
Rate of CP	97	Red	1
ICPC held within timescales	64%	Red	-
CP Visits within timescales	91%	Green	1
CP Reviews in timescale	97%	Green	1

Performance



Direction of Travel – from previous month



Number of CiN
Rate of CiN

Target 800 Target 242 Monthly

Tolerance 720-880
Tolerance 218 – 266
Good = within Target range

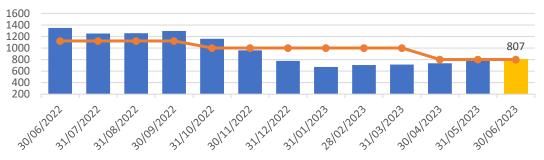
	Apr-23	May-23	June-23	Latest
Number of CiN	735	788	807	849
Rate of CiN	222	239	244	257

Targets	Sept-23	Mar-24
Number	800	800
Rate	242	242

What's working well?

Number of CIN at month end

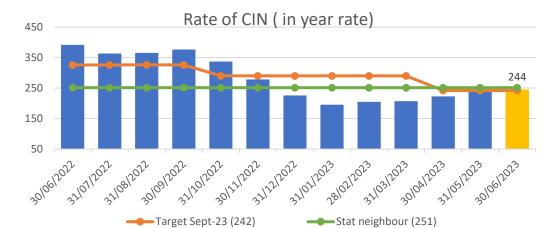
Although there is an increase in the number of CIN it remains in the middle of the tolerance range and continues to be below targets set for improvement plan. NEL is still below the stat neighbour rate of 250 per 10,000 CIN.



What are we worried about?

Target Sept-23 (800)

Numbers of CIN have increased over the last three months. June has seen an increase in demand in the system, which is contributing to the increased numbers.



What are we doing about it?

We continue to review all cases that are open to the teams and identify cases for closure and step down to early help. We have set some admin days for teams with support to ensure all cases that can be safely stepped down or closed are done so in a timely way.

Target 90% Monthly

Lower Tolerance of 85% Good = Bigger is better

	Apr-23	May-23	June-23	Latest
% CiN Visits in Timescale	95	85	90	89

Target	Sept-23	Mar-24
%	90	90

What's working well?

CIN visit timeliness has improved over the last month and is currently on target set for the improvement plan.

What are we worried about?

We need to improve the quality of our CIN visits and hold regular CIN meetings to ensure we are progressing CIN plans

What are we doing about it?

Performance is monitored and challenged via the weekly performance meetings which are also attended by one of our PIP's team who will provide support to any team where issues are identified in relation to performance.. Dip sampling by managers is now in place and we are rolling out workshops on purposeful visiting, core groups, safety planning, assessments, and planning.

% CIN visits in timescales at month end



Number of CP
Rate of CP

Target 275
Target 83
Monthly

	Apr-23	May-23	June-23	Latest
Number of CP	283	291	321	306
Rate of CP	86	88	97	92

What's working well?

Re-registrations are lower than the previous two years at a current in year rate of 17%.

What are we worried about?

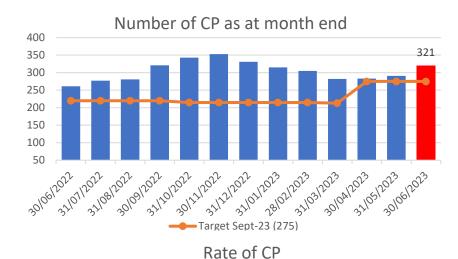
CP numbers have increased for the second time in a row since November 2022. 57 children started on a CP plan in month with 27 children coming off a CP plan, 10 of which stepped up to CLA. Recent higher volumes of Section 47s being initiated have led to ICPCs and increasing numbers of CP starts. We now have 10 children who have been on a CP plan for over 2 years. Re-registrations are lower than the previous two years at a current in year rate of 17%.

What are we doing about it?

We are reviewing cases that have been on a CP plan at 9 months and then 12 months over. The children subject to CP plan for 2 years + are children who are also subject to proceedings which are part of our legacy cohort we expect these cases to be concluded in the near future. We are also working to improve the quality of CP planning and core groups.

Tolerance 300-250 Tolerance 91-76 Good = within Target range

Targets	Sept-23	Mar-24
Number	275	225
Rate	83	68



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Stat neighbour (62)

Target Sept-23 (83)

Target 90% Monthly

Lower tolerance 85% Good = Bigger is better

	Apr-23	May-23	June-23	Latest
% CP Visits within Timescale	89	78	91	80

Target	Sept-23	Mar-24
%	90	90

What's working well?

We have seen an improvement in the visits being recorded. We are currently just above the improvement plan target.

What are we worried about?

We are worried that we are not always seeing children on time and that we are not always recording visits in a timely manner. We are also worried about the quality of the visits we are undertaking and that this needs to improve to ensure we understand the child's lived experience.

What are we doing about it?

CP visit timeliness is being monitored daily and addressed through new strengthened daily and weekly performance meetings. Work is now underway to improve the quality and recording of child protection visit. Dip sampling to being undertaken by mangers to support this work. We are also now inviting a member of the Pip team to attend the performance meeting to support our focus on improving quality whilst maintaining performance.

% CP visits in timescales at month end



	Apr-23	May-23	June-23
ICPC held in Timescale	89	100	64

Target	Sept-23	Mar-24
%	95	95

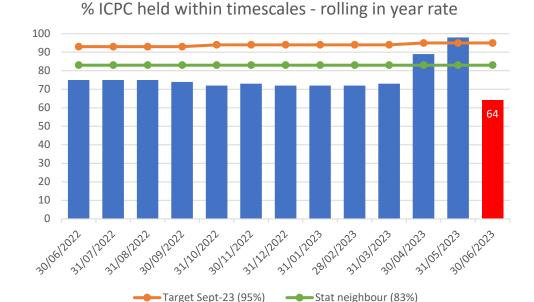
What's working well?

What are we worried about?

We saw a number of late requests for ICPC in May which has an impact on ICPCs not being held in timescales in June. This coupled with increased demand has resulted in very low compliance rate for ICPC timeliness this month.

What are we doing about it?

Managers continue to hold weekly meetings with CASS and CSRS teams. A new daily report of open strategy discussions and S47s is now being circulated to all team managers so strat timeliness can be better tracked. The CSRS team are working with the CASS teams to ensure that all requests for conference have had management oversight to ensure the right children are going to conference.



Target 96% Monthly

Tolerance Good = Bigger is better

	Apr-23	May-23	June-23
% CP Review within Timescale	95	96	97

Target	Sept-23	Mar-24
%	97	97

What's working well?

CP reviews continue to be timely and performance is increasing month on month.

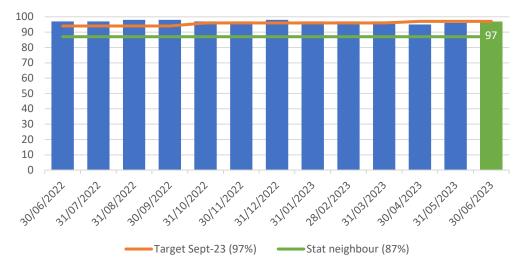
What are we worried about?

The churn of social workers has impacted on the progression of child protection plans meaning some children remain on plans for too long. Partners lack confidence and therefore some children remain on a child protection plan for too long.

What are we doing about it?

CP reviews are planned ahead to ensure timeliness is maintained and further exploration around effectiveness of core groups with partners is required to address the length of time children remain on plans.

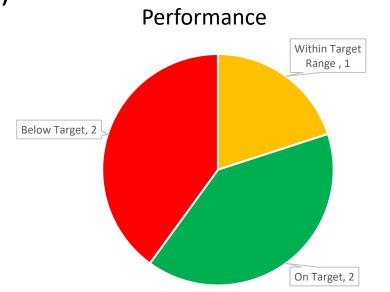
% CP reviews held in timescale - rolling in year rate



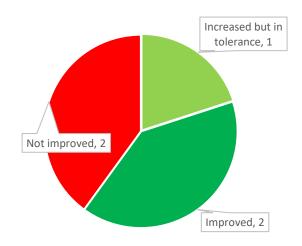


Priority B – Child's journey through the system (Workflow)

Measure	Actual	Performance	DoT
Cases open to Early Help	636		
All open cases	1966	Amber	
Number of Contacts to IFD	1182		
Number of Referrals	250	Red	1
Rate of Referrals	667	Green	1
% Contacts to Early Help	8		
In year Re-referral rate	36%	Red	-
Timeliness of assessments	86%	Green	



Direction of Travel – from previous month



	Apr-23	May-23	June-23	Latest
Cases open to Early Help	586	597	636	637

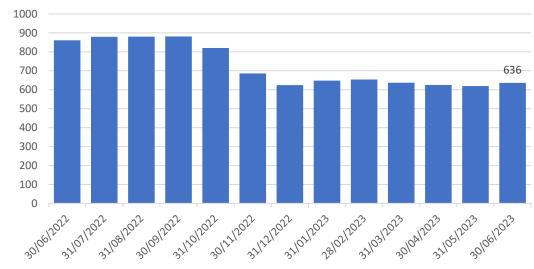
What's working well?

Cases held at Early Help are increasing over the last 2 months, even with increased challenge to partners around completing Early Help assessments. A PowerBi dashboard is now available to help managers track progress and throughput of Early Help cases. A new form has been devised on our case management system to allow recording of external EHA's.

What are we worried about?

What are we doing about it?

Cases open to Early Help at month end



	Apr-23	May-23	June-23	Latest
All open cases	1803	1879	1966	1963

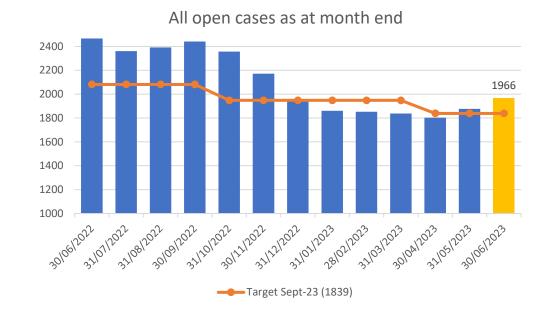
Targets	Sept-23	Mar-24
Number	1839	1756

What's working well?

What are we worried about?

The number of open cases has risen for the second time after 4 months of relatively stable small declining numbers to its highest level since December 2022.

What are we doing about it?



Target Not set Monthly

Tolerance 1200-800 Good = within Target range

	Apr-23	May-23	June-23
Number of contacts to IFD	1019	1120	1182

What's working well?

The number of contacts received in June remains within tolerance but at the higher end.

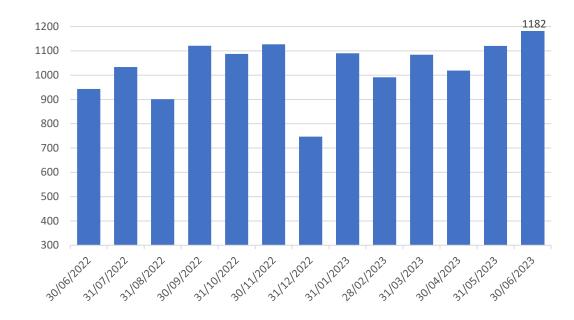
What are we worried about?

A higher number of contacts led to a social care referral in June. The quality of the contacts received from partners are not always of a good quality.

What are we doing about it?

Work with partners to develop a better and more meaningful understanding of threshold and to improve the quality of the contacts they make so that children receive the right support at the right time. Additional capacity has been created in Early Help which is working with school clusters to embed a Team around the Family approach, supporting children at the earliest opportunity

Number of Contacts to IFD per month



Target 185
Target 672
Monthly

	Apr-23	May-23	June-23
Number of Referrals	127	174	250
Rate of Referrals (projected in year)	461	547	667

Targets	Sept-23	Mar-24
Number	185	167
Rate	672	607

What's working well?

What are we worried about?

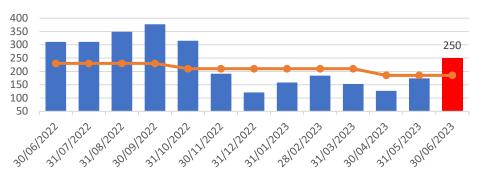
Referrals have increased to their highest level since October with 250 of the 1182 (21%) contacts requiring a referral to social care. Annualised rate of referrals received in year to date is 667 per 10,000 which is above stat neighbours.

LA Services were the highest source of referrals largely due to the increase in step ups.

What are we doing about it?

SLIP partners are providing continuing support around threshold application and partners are working to support this change in practice. we regularly dip sample cases that have not progress to referral from contact to review the application of thresholds.

Number of Referrals per month



Rate of Referrals (annualised)



% of contacts to early help

	Apr-23	May-23	June-23
% of contacts to EH	5	8	8

What's working well?

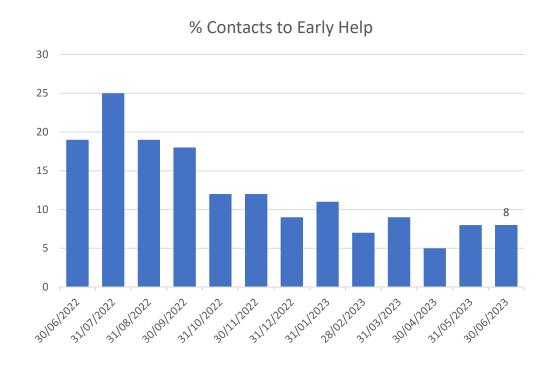
The % of contacts progressing to EH has remained low due to an increased understanding of thresholds from partners. Work is now being undertaken by partners meaning that children receive the right support at the right time by the most appropriate service.

What are we worried about?

Some partners still do not understand thresholds and need support to undertake Early Help Assessment, to undertake work with families and to be the lead professional.

What are we doing about it?

The additional capacity within the Team around the Family will support partners with better quality contacts and how they identify children who need support and who is best placed to offer this considering the wealth of universal/community services in NEL.



% re-referrals within 12 months of previous referral

Target 25% Monthly

Upper Tolerance 28% Good = within Target range

	Apr-23	May-23	June-23
% of re-referrals	54	43	36

Targets	Sept-23	Mar-24
%	25	25

What's working well?

The in-month re-referral rate reduced in June to 27%, which is more in line with our usual rate than the previous 2 months. 68 re-referrals were received in June, which is an increase from 60 received in May, but proportionally the % of re-referrals was lower than the previous month.

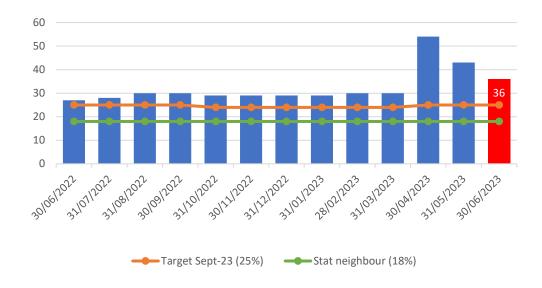
What are we worried about?

The in-year re-referral rate continue to be high.

What are we doing about it?

We are auditing and analysing the re referrals to understand any patterns or themes to ensure we are not stepping cases down or closing them prematurely.

Re-referrals within 12mths as % of referrals - rolling in year rate



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%	Time	liness	ot ass	sessm	ients
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Target 85% Monthly

Lower Tolerance 75% Good = within Target range

	Apr-23	May-23	June-23
% assessment timeliness	77	85	86

Targets	Sept-23	Mar-24
%	85	90

What's working well?

June's in-month assessment timeliness has decreased to 88.9%. Assessments are being tracked to ensure most assessments are closed at 35 days or less.

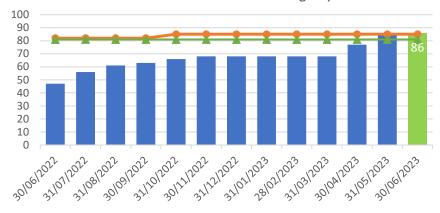
What are we worried about?

24 Assessments were completed outside of the statutory timeframes 45 days, however 16 of these were completed within 46-50 days. The impact of the higher demand in the system has had implications on the time taken to complete the assessments. We currently have a number of assessments sitting between 35 and 45 days which risk going out of timescales if not completed soon.

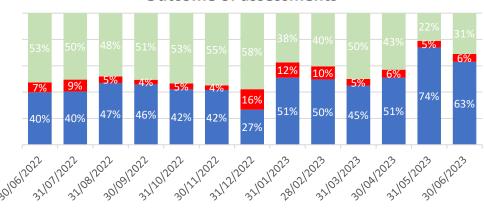
What are we doing about it?

Assessment timeliness is being monitored daily and addressed through new strengthened daily and weekly performance meetings. Assessments are being reviewed at 10 and 20 days to ensure there is no drift and there is a clear action plan. We are also working to improve the quality of our assessments.

% Timeliness of assessments - rollling in year rate



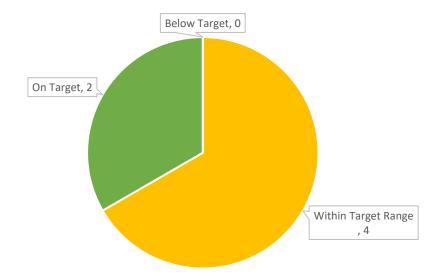
Outcome of assessments



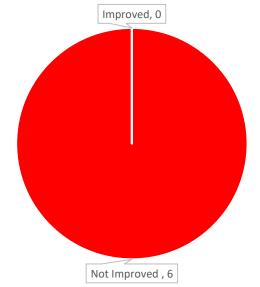
Priority C – Homes and Families for Children who are looked after

Measure	Actual	Performance	DoT
Number of CLA	558	Amber	1
Rate of CLA	169	Amber	
Number of children entering care (cumulative in year)	42	Amber	
Projected annual rate of children entering care per 10,000	51	Amber	1
Number of children ceasing to be looked after (cumulative in year)	58	Green	1
Rate of Children ceasing to be looked after per 10,000	70	Green	•

Performance



Direction of Travel – from previous month



Number of CiC
Rate of CiC

Target 550
Target 166
Monthly

Tolerance 500-600
Tolerance 136 - 181
Good = within Target range

	Apr-23	May-23	June-23	Latest
Number of CiC	552	543	558	556
Rate of CiC	167	164	169	168

What's working well?	?
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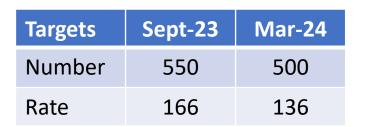
Children in Care numbers have been steadily reducing until an increase this month. A new reunification team has now started. The first of 36 children identified as part of the Fastrack to discharge process will be placed before the court in July. Should the cases progress as planned this will result in 36 children being discharged from care by November 2023.

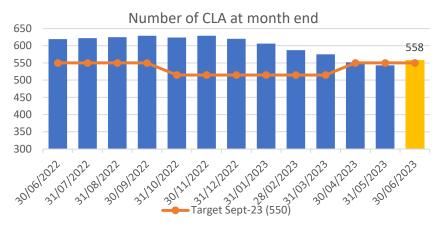
What are we worried about?

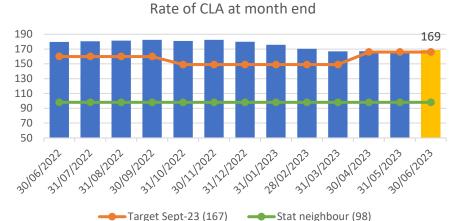
We have seen our first monthly increase in CLA numbers in 6 months. Children in Care numbers are still far higher than comparators (England ave. rate of 70 and stat neighbours rate of 98 per 10,000)

What are we doing about it?

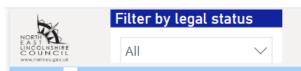
The children in care team are now holding regular weekly care planning and support planning meetings this has resulted in children's plan being reviewed and amended to meet their longer term plan. Work is underway to implement the no detriment SGO support policy and this will ensure where we discharge orders or children move to SGO orders carers are not disadvantaged.







Placements



CLA Over 1 Year **Current CLA** 558

CLA more than 30 mths and same placement 2yrs+

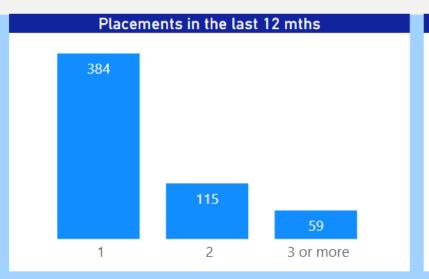
CLA 30 mths+

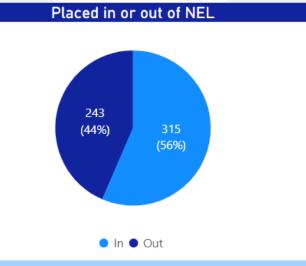
Placement Type ▼	Count
Z1: Other placements	3
U6: Foster placement - not FFA	242
U5: Foster placement - FFA	6
U4: Foster placement - long term	76
U3: Foster placement - relative - not FFA	92
U1: Foster placement - relatives - long term	6
R3: Family Centre or Mother and Baby Unit	1
R2: NHS/Health Trust	1
P1: Placed with parents	56
K2: Children's Homes	41
K1: Secure Children's Homes	1
H5: Residential accommodation	25
A6: Placed for adoption - order - not foster	5
A5: Placed for adoption - order - foster	3
Total	558

Current CLA Placement Information









Time ir	current place	ment	Placement Pro	ovider Type
0-3 mths	73		PR1: Own provision	287
3-6 mths	51		PR4: Private provi	186
		ı	PR0: Parents/Pare	56
6-11 mths		115	PR5: Voluntary/thi	15
One-two yrs		122	PR2: Other LA pro	
Over 2 years		197	PR3: Other public	5

Placement Categories	Count
Semi-independent	25
Secure	1
Placed with parents	56
Placed for adoption	8
Other	4
Mother & Baby unit	1
Independent Resi	27
Independent Fostering	156
In house Resi	14
In house Fostering	162
Fostering for Adoption	6
Total	558

	Apr-23	May-23	June-23	Latest
Number of CiC starts (cumulative in year)	7	19	42	45
Projected Annual Rate of CiC starts	25	35	51	

What's working well?

What are we worried about?

23 children entered care in June. This is above the level we would anticipate, and we need to understand the impact of this on the system

What are we doing about it?

Current processes are being reviewed to ensure a more measured approach is given to children entering care to ensure that this is the right thing for the child.

Targets	Sept-23	Mar-24
Number	60	120
Rate	45	45

Number of children entering care cumulative in year



Rate of children entering care per 10,000 projected in



	Apr-23	May-23	June-23	Latest
Number of CLA leavers (cumulative in year)	33	51	58	63
Rate of CLA leavers	120	93	70	

What's working well?

7 children ceased to be looked after in June this continues to support the right placing of children's needs across our system and the safely shifting the balance of care. Of the 7 children who ceased to be looked after 1 child was adopted, 2 had an SGO or RO granted and 4 children turned 18 - 1 of which remained with former foster carers.

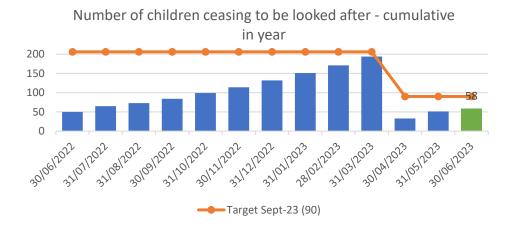
What are we worried about?

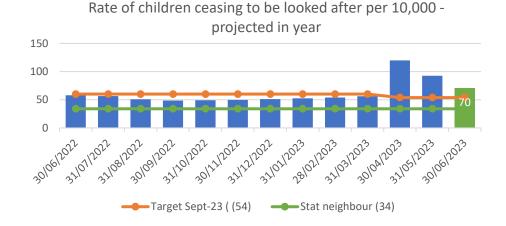
Children in Care ceasing rates are well above that of comparators (SN 34 per 10,000) which reflect the high numbers of children looked after in NEL.

What are we doing about it?

Funding has been secured for a short-term reunification project to focus on exiting children from care through legal permanence such as special guardianship orders and discharge of care orders. Children placed with parents and in connected carer placements are being reviewed to establish next steps required to support their safe discharge from care.

Targets	Sept-23	Mar-24
Number	90	180
Rate	54	54

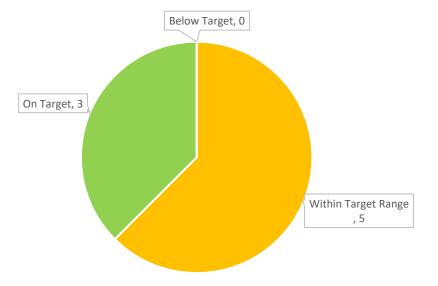




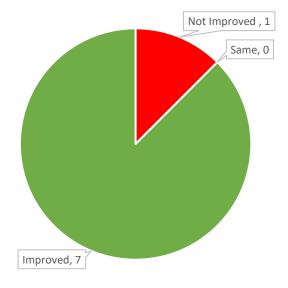
Priority D – People and Workforce

Measure	Actual	Performance	DoT
Average SW Caseload	17	Amber	-
Average AYSE Caseload	14	Green	
% of workforce which are permanent	62	Amber	1
Supervisions in timescales	89%	Amber	1
Supervisions in timescales - CASS	88%	Amber	
Supervisions in timescales – CiC	82%	Amber	1
Supervisions in timescales – CDS	93%	Green	
Supervisions in timescales - New Futures	100%	Green	

Performance



Direction of Travel – from previous month



SW average caseloads
ASYE average caseloads

Target 16
Target 15

Tolerance Good = within Target range

	Apr-23	May-23	June-23	Current
SW ave caseload	19	18	17	18
ASYE ave caseload	13	13	14	15

Targets	Sept-23	Mar-24
Number	16	16
Number	15	15

What's working well?

Average caseloads across the teams have reduced to 7 workers who have caseloads over 25 with the highest caseload being 29. Overseas workers are gradually increasing their caseloads and now have an average caseload of 18. Caseloads in CiC teams have increased to 18 from 17.

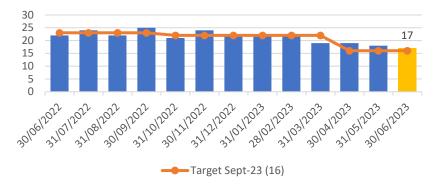
What are we worried about?

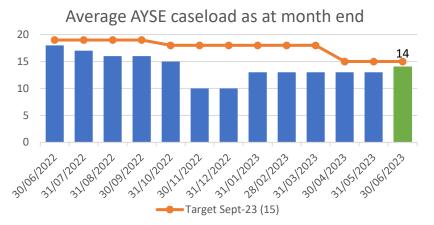
CASS average caseloads have remained at 19 even with the increasing CIN numbers. Some teams have a limited number of experienced workers meaning that they have limited capacity to manage complex cases and we worry that they may become overwhelmed. Some overseas workers require further practical support to enable them to manage their caseloads effectively.

What are we doing about it?

Overseas workers are gradually being allocated more cases and increasing their experience.

Average SW caseload as at month end





% case holding staff which are permanent

Target 70% Monthly

Tolerance Good = within Target range

	Apr-23	May-23	June-23
% of workforce which are permanent	63	61	62

Targets	Sept-23	Mar-24
%	70	95

What's working well?

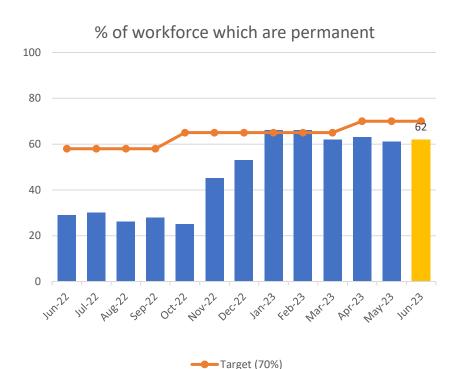
We have seen a slight percentage increase from last month, we are still below the improvement plan target of 70%.

What are we worried about?

There continues to be some instability in the workforce with workers moving teams or leaving the authority.

What are we doing about it?

The new CASS structure and management levels will provide future stability. The social worker academy and new ASYE cohorts will hopefully help to 'grow our own' social workers.



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Target 90% Monthly

Lower tolerance 85% Good = within Target range

% supervision in timescales	Apr-23	May-23	June-23	Latest
% All services	88	75	89	86
% CASS	86	77	88	81
% Children in Care	77	54	82	96
% Childrens Disability	83	84	93	99
% New Futures	88	83	100	98

Targets	Sept-23	Mar-24
%	90	90

What's working well?

There has been in an improvement across all teams on recording supervisions this month. We continue to monitor this on a daily basis and at the weekly/fortnightly performance meetings.

What are we worried about?

Although supervisions have improved since last month, there are three teams who are currently below the lower tolerance of the improvement plan target set.

What are we doing about it?

Supervision is monitored through weekly performance meetings. Work is being developed with SLIP partners to roll out training to all managers to ensure that all managers have the skills to carry out high quality effective supervisions.

% Supervisions in timescales at month end (All services)



% CASS supervisions in timescales at month end



% Children in Care team supervisions in timescales at month end



% CDS team supervisions in timescales at



Target Sept-23 (90%)

% New Futures supervisions in timescales at month end



Residential Homes Date of Full Most recent full inspection Most recent No of beds Current placements Placement Code Inspection Judgement inspection **7th &8th June 2023** Requires Improvement Full SC394101 2 SC477428 05/01/2022 Good Full 2 2 SC069618 05/09/2022 **Requires Improvement** Full Full 10 SC033127 11/10/2022 Good 9-10/05/23 Full 2563216 GOOD 2 3* 21/11/2022 Full 2594189 Requires Improvement 3

What's working well?

There is ongoing evidence of the journey to improvement and the recent full inspection has validated the improvement work undertaken so far and highlighted what is working well and further areas for development. The recent staff engagement event continues to demonstrate the ongoing relationship building and strengthening relationships in the service the recent inspection of Scartho demonstrated home goals and whilst the outcome is not where we wanted lots of very positive feedback in terms of ongoing demonstration of progress.

What are we worried about?

We need to ensure we cross check staff training and induction progression we also need to proactively engage partners to deliver on their services to children who are unsupported with key areas of need of support

What are we doing about it?

Engagement with partner agencies to coordinate effective delivery of services and ongoing work to develop and understand the offer of provision to care experienced young people across the service

Fostering

Checks	Apr-23	May-23	June-23
% of in-house Foster carers with DBS recorded	97	94	97
% of kinship carers with DBS recorded	60	66	78

Supervisions	Apr-23	May-23	June-23
% supervisions with in-house foster carers in timescales	85	83	92
% supervisions with kinship carers in timescales	81	74	83
% of in-house foster carer case workers' supervisions in timescales	100	100	100
% of connected carers case workers' supervision in timescales	100	100	92

What's working well?

DBS checks are up to date for 97% of in-house foster carers. There were 5 carers with DBS which were in the process of being renewed. All connected carers without a DBS are currently under assessment and are in the process of undertaking checks. Case supervisions with workers continues to be held on a regular basis.

What are we worried about?

Foster carer visits are not always happening within timescales each month. We are worried that the lack of right based recruitment activity is resulting in the down turn in foster carer recruitment. The current staff team are struggling to adjust work activity to address the priority areas to aid in improving service delivery and in turn ensure we have the right resource and support to ensure a successful provision.

What are we doing about it?

A recent desk top review by our slip partners has highlighted the strength and fragilities in the team some movement has already begun however this needs to be at a greater pace with more targeted focus on the right activity. A QA toolkit has been developed and recent engagement with foster carers is showing the relationships between the service and carers is improving. There are 37 children currently awaiting discharge of the care order siting in the service area.

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21 June 2023

Janice Spencer
Interim Director for Children's Services
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Grimsby
North East Lincolnshire
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Dear Janice

Monitoring visit to North East Lincolnshire children's services

This letter summarises the findings of the monitoring visit to North East Lincolnshire children's services on 16 to 17 May 2023. This was the fourth monitoring visit since the local authority was judged inadequate in October 2021. His Majesty's inspectors for this visit were Louise Hollick and Margaret Burke.

Areas covered by the visit

Inspectors reviewed the progress made in the following areas of concern identified at the last inspection:

Response to contacts and referrals in the 'front door
Strategy discussions and child protection enquiries.
Emergency action at evenings and weekends.
Child in need assessments.

Step up and step down to early help.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework.



Headline findings

The front door response to children in need of help and protection has improved since the last inspection. This has been an intensive area of improvement focus during this year. While some improvements are evident in this area of the service, leaders acknowledge that there is still much more work to do across the whole of the organisation and they demonstrate appropriate caution in this respect. During this visit, inspectors' findings were in line with the local authority's self-assessment. This demonstrates that leaders continue to understand the key strengths and the areas for development.

The corporate leadership team is well supported by enhanced sector-led improvement arrangements. These arrangements have created a strong and cohesive partnership which is beginning to build tentative improvement. Strategic improvement plans have gathered pace and momentum after a very slow start in the previous year. Leaders are now more realistically aware of the scale of the challenge needed to progress front door services for children and families.

Since the last inspection, there have been improvements in workforce quality and processes in the integrated front door (IFD) leading to overall better management of demand. The children's assessment and safeguarding service (CASS) has been reconfigured and an effective duty system is now in place. There are now fewer handover points for children's cases. This is reducing the number of changes of social workers for children and is providing a more consistent experience for children and families.

Findings and evaluation of progress

In the IFD, call handlers have been introduced to gather information from referrers at the earliest opportunity to enable managers and social workers to process telephone contacts more promptly and accurately. All contacts are now recorded on the system to build a better picture of the demand and the needs of children and families.

When urgent contacts about children's risks and needs are received and it is clear that they meet the threshold for social care, they are screened quickly and efficiently and sent through to CASS for consideration of next steps and assessments. This enables a swift response and children can be visited the same day if required.

The response to less urgent written contacts is more variable. Some contacts are screened purely on the presenting information even when this is limited. Some assumptions are made about the information without testing these out. A small number of contacts are being closed prematurely on limited information without sufficient professional curiosity or follow-up to ensure that this is the right decision for the child.



Managers in IFD direct initial contacts to early help or social workers appropriately and promptly in line with the presenting concerns. Management direction is not explicitly recorded at this stage, and while most practitioners are aware of the next steps they need to take, some written contacts are not sufficiently screened by social workers. There is brief management oversight at the conclusion of each contact screening. A small number of contacts lack robust management challenge to ensure that there are no gaps in gathering detailed information and ensuring that children are consistently directed to the right level of service.

Not all written contacts from partner agencies contain the right level and quality of information. Social workers are not routinely recontacting professionals to clarify information and to advise them of the quality issues. This means that information is not thoroughly clarified or expanded on, and some agency partners are not developing their understanding of what makes a good contact and what the threshold is.

Police contacts regarding domestic abuse are either shared directly with the IFD or are brought to the daily 'Pitstop' meeting to be discussed with social care and partners. While the 'Pitstop' meeting is a useful information-sharing process, the incidents discussed at the meeting are often several weeks old. This builds delay into responding to children's risks. Leaders have listened to the feedback from inspectors about this process and now have plans to hold discussions with the police to review the functionality of 'Pitstop' and the impact on outcomes for children.

A new process and clear pathway for step up and step downs to early help has made the child's journey between social care and early help smoother and quicker. When families step up to social care, early help workers can now remain involved with the family to provide consistent ongoing support. Step-up arrangements ensure that there is timely action taken by social care in urgent situations, ensuring that children are seen quickly by social workers where required.

Step-down processes are more streamlined and are at the right time in line with children's needs. Efforts are made for joint visits with social workers and early help workers to introduce families to their new practitioner. Plans for early help support at the point of step-down do not always provide a clear focus for intervention, meaning that families may not always be sure of the next stage of support.

When children are transferred to CASS, they receive a prompt response. They are reviewed in the receiving duty team; presenting concerns are considered along with the family history and any complicating factors. This is helpful for social workers in thinking broadly about the concerns and the considerations for the subsequent



assessment. It is also a useful team exercise to support learning and sharing case discussions.

Social workers in CASS visit newly allocated children and families promptly, explaining the assessment process and gaining consent. Children are seen as soon as possible. Direct work is completed with children during assessments to gain their wishes and feelings and to better understand their lived experiences. Assessments contain a broad range of information gathered through discussions with family members and agency partners. This helps to build a wider picture of the family's circumstances and family network strengths.

Many children referred into the CASS have had previous involvement with social care that has been ineffective due to the legacy of poor practice. The response to most recent referrals is now more balanced and robust. Social workers now use appropriate caution in measuring families' ability to sustain changes and have a better focus on the child's lived experiences.

Management oversight in CASS is more frequent than at the last inspection. This is helping to ensure that managers are aware of whether children's needs and risks are escalating. The discussions do not always focus keenly on timeliness of assessments to ensure that children's needs are identified and addressed at the earliest point.

When children's risks escalate, the majority are appropriately stepped up for strategy discussions and child protection enquiries at the right time. The quality of the recording of child protection enquiries is variable, with different formats in use, which does not assist with consistency. However, the outcome of enquiries is usually appropriate and in line with risks. Children are seen by social workers and their views are considered. For a small number of children who are already open to the service, strategy meetings are not always held as promptly, meaning that there is some delay in multi-agency information-sharing and planning.

When emergencies happen over weekends and evenings, children's needs and risks are well considered and placed at the centre of the planning. Consistency of planning and communication with the emergency duty team (EDT) is helped by weekly Friday preparation meetings, which are contributing to more consistent decision-making in the best interests of children. EDT social workers visit children when required, often on more than one occasion over extended bank holiday weekends, to ensure that children are safe and well. Liaison with police and partners is well embedded, with prompt strategy meetings held when required. Handovers to daytime services are well managed to ensure a prompt follow-up for children the following day.

A wide range of quality assurance work is taking place which is helping leaders better understand the quality of practice across the service. Dip sampling and thematic



audits are helping leaders to understand and assure themselves of the story behind the performance data. This in turn helps to focus on the key areas that require priority improvement.

Case file audits are of consistently good quality. Audits identify gaps and positive steps to improve on the quality of practice. They focus on the experiences of the child and the impact of practice in improving their outcomes. Better audits include helpful ways that practice could be improved. One-minute briefings from dip samples are a simple and clear way of communicating audit outcomes to staff and to remind them what the basic practice expectations are.

Since the last monitoring visit, the recruited overseas social workers have begun to settle in to working in the organisation. Their recruitment has contributed to higher permanent staffing rates. Leaders are aware that moving to a new country with differences in culture and work practice adds additional challenges and have identified the need for further work to assist with integration and acceptance in the community to ensure workers' safety and emotional well-being.

Leaders have targeted some resources for agency teams to address the legacy of poor practice and delays in planning for some children. This is enabling the permanent teams in CASS to better manage current demand, with a focus on getting it right for the current cohort of children as they come into the system.

Inspectors heard positive feedback from newly qualified social workers who have been well supported in their induction period. They are learning at the right pace, with a proportionate increase in caseload numbers and complexity in line with their development.

Social workers spoken to by inspectors during this visit were positive about the changes brought about in both the IFD and in CASS. The majority of practitioners feel well supported and consulted. Workers are benefiting from increased auditing, more regular development sessions and regular supervision. They have a clearer understanding of practice expectations and this is assisting in improving the overall quality of practice in the front door and for the initial response to referrals in CASS.

Most social workers in CASS have manageable caseloads, although there are some pressure points evident, in particular with the numbers of children in care proceedings.

Supervision and management oversight are now taking place regularly. For most children, there is management oversight evident on case files at key decision-making points. Consistent high-quality supervision and recording of personal supervision remains an organisational challenge and focus.



I am copying this letter to the Department for Education.

Yours sincerely

Louise Hollick **His Majesty's Inspector**