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Stockton-On-Tees Borough Council
Municipal Buildings
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12 May 2014

Dear Jane,

Stockton-On-Tees Borough Council - Safeguarding Practice Diagnostic

On behalf of the team I would like to thank you for commissioning this safeguarding practice diagnostic. It was delivered by a team of peers using their experience to reflect on a number of sources of evidence and provide the council with an external perspective on the quality of safeguarding practice, key strengths and areas for further consideration and improvement.

The Peer Team were:

1. Cliff James (Head of Safeguarding and Children's Social Care - Children and Young People Services Suffolk County Council)
2. Mark Nicholas (Head of Adult Safeguarding and Performance Management City of Bradford Metropolitan District Council)
3. Neil Holden (Operations Manager, Childrens' Social Care, West Sussex County Council)
4. Ernest Opuni (Peer Challenge Manager, Local Government Association)

The peer team utilised three of the four strands which underpin such diagnostics in gathering our evidence:

- Case records review
- Real Time Review of contact, referral and assessment
- Social work practice observation

As part of the discussion with you in which the scope for this diagnostic was agreed, you confirmed that you did not require the team to cover the 'Information Health check' or Audit Validation elements of the element of the SPD framework.

Before the team arrived at Stockton-On-Tees you had identified three main areas on which you were particularly keen to get the team's views:

1. The quality of assessment, decision making, supervision and management oversight in referral and assessment,
2. The application of thresholds in early help, CAF referral and step down processes,
3. The quality of practice in long term children in need cases involving neglect and domestic violence and

You subsequently underpinned these with 9 'key lines of enquiry/questions' you wanted us to use in formulating our messages. These are detailed as Appendix 1 of this letter.

It became clear once the team arrived on site that there would be some value to the Authority if a fourth area was also looked at.

4. Child Protection Case Conference process and thresholds

This became an area of focus after the team arrived-on site.

We agreed to send you a letter confirming our findings to provide you with further detail on the points set out in our feedback presentation on the final day of the diagnostic (27 March 2014). We set out our findings under the following five main headings:

1. Real Time Review of contact, referral and assessment,
2. The quality of assessment, decision making, supervision and management oversight in referral and assessment,
3. The application of thresholds in early help, CAF referral and step down processes,
4. The quality of practice in long term cases involving neglect and domestic violence and
5. Child Protection Conference process and thresholds

All of our findings are collated under areas of strength and areas for consideration and improvement. Our review of case records, observations of social work practice, visits to teams and interviews with managers and social workers underpin all our findings.

Within the case records review the peer team looked at 35 case records (25 Social Care cases and 10 CAF). These are detailed as Appendix 2 of this letter. We also visited your First Contact Team, Assessment Teams (North and South), Field Work Teams (North and South), Family Support Team and CAF Coordinator. Our practice observation was of 2 CP Conferences and we also held interviews with Social Workers, Team Managers and Service Managers. Our findings from the practice observations and the review of current contacts and referrals are included in the case records review section of the letter.

It is important to stress that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented about the quality of safeguarding practice 'on the ground' in Stockton-On-Tees and those areas requiring improvement.

We approached the task as critical friends to the authority and used the evidence provided to us to assist you in your on-going improvement.

As a preface to the findings, it should be noted that you demonstrated both self-awareness and a willingness to learn and improve as an authority in your selection of the key issues upon which the team would focus. These were areas where you had historic issues and concerns.

The practice diagnostic team received a great welcome. We valued the excellent co-operation and support provided to the team throughout the process. All those we met demonstrated a willingness to use the peer diagnostic as an opportunity for learning and improvement. We recognise that many people made themselves readily available to us at short notice and we thank them for their flexibility and the helpful and enthusiastic way that everybody engaged in the process.

Key Messages

- From the work undertaken by the team we felt there was a strong commitment to keeping children safe from social workers and managers working with them in Stockton-On-Tees and we found good evidence of this.
- Although the sample of cases was limited there were no immediate safeguarding concerns in any of the cases examined. The team found clear signs of strong senior management leadership of safeguarding. The performance clinics which review both the performance of teams and the performance of individual social workers have become embedded within the organisation. These provide regular information throughout the service about trends and the ability of staff to progress work.
- The Early Help offer and Family Support Service are well developed and meet the needs of children receiving them.
- Thresholds for cases coming into Social Care are appropriate. However there was evidence that more cases could subsequently be stepped down to CAF/TAC.
- The authority has recently implemented the new model of single statutory assessment, which has been welcomed both by social workers and managers. The assessments reviewed during the three days provided comprehensive information and were of a good quality.
- There is good identification of children at risk and use of S47 enquiries with partners, agencies and the family. However, evidence of detailed analysis of risks and needs (and implications of both) for the child are more limited.
- There was clear evidence of Child Protection and Children in Need Plans in place but they would benefit from being more outcome-focused and SMART in order to reflect the good work done in assessment.
- Domestic incident referrals from the Police form the major source of referrals to children's services and there does not appear to be any form of initial risk screening relating to children undertaken prior to the referral being received. Doing so would assist children's social care in determining how best to respond whilst also helping to determine thresholds for intervention.

Suggestions for Improvements

- The Diagnostic Team felt that the planned introduction of the Signs of Safety model of practice will benefit analysis of risk and planning in child protection cases and be useful in dealing with domestic incident and neglect cases.
- Neglect cases would also benefit from a more structured model of intervention (e.g. Graded Care Profile, Strengths and Difficulties Questionnaire, Bolton Model).
- The exploration of the Multi Agency Safeguarding Hub with neighbouring authorities should continue and if introduced will offer improvements in sharing information between agencies and for threshold decisions to be made in a more timely manner.
- A greater number of cases could move direct to CAF from First Contact and stepped down from being children in need as the early help offer is well developed .
- Plans would benefit from being more outcome focused and SMART
- The authority would benefit from introducing a quality assurance process which includes a more detailed analysis of the impact the service is having on the child.
- Consideration should be given to the introduction of a more structured 'whole team' approach for measuring team effectiveness instead of relying solely on a random case file audit process of quality assurance.
- The quality assurance of casework does not currently seem to involve analysis of outcomes for children. This should be included as an assessed factor in case audits and other QA processes.
- Front line managers would benefit from a more succinct performance management framework which incorporates some of the existing measures used in caseload management and performance clinics.

FINDINGS

1. Contact and Referral Process

Areas of Strength

- Evidence of comprehensive checks being made with partner agencies in First Contact.
- Social worker in First Contact adds value to the service and undertakes initial risk assessments as part of initial consideration process.
- Generally, cases are transferred through to Assessment Teams and CAF in a timely manner.

Areas for consideration and improvement

- Consideration should be given to additional social work capacity in First Contact and greater clarity obtained regarding the role and function of social work practice in the team.
- While the team found evidence that First Contact process cases within 5 working days, there was also evidence that some cases remain longer. The service

would benefit from a tracking system to avoid delays and provide managers with real time data on progress.

- Police do not risk assess domestic incidents regarding risks to children in the household as part of referral creating potential for the system being overwhelmed. This needs to be addressed with the police as other forces do use models of risk assessment.
- Accelerate introduction of a multi-agency presence in First Contact or development of Multi Agency Safeguarding Hub (MASH) in partnership with the police, health and neighbouring authority.

The team visited First Contact which is the team that accepts all referrals to children's social care services. This involved a discussion with the Team Manager and Social Worker and a review of a sample of live cases being dealt with by the team at the point that the referral was made and those where initial consideration was being undertaken. The Team Manager was able to evidence that a decision was made within one working day of referral and the team allowed itself up to 5 working days to gather information before sending cases onto the Assessment Teams. Cases which met the threshold for child protection enquires to be made under section 47 were transferred the same day. Where there was uncertainty and benefit to be gained from a home visit to clarify any areas of concern, such visits are undertaken by the social worker in the team who undertook an initial assessment of risks prior to transfer.

There were a small number of cases seen by the Peer Team which had been in First Contact for more than 5 working days. There was no obvious way of such delays being highlighted so introducing a tracking system (either on the electronic case record or as a weekly management report) would better manage the risk of delay.

Although most police forces assess risk in Domestic Violence (DV) incidents using the CAADA-DASH tool, the focus of the assessment is on the risk to the victim rather than any associated risks to children in the household. Better identification and proactive reporting of DV incidents by the Police can lead to the level of referrals generated overwhelming Children's Social Care. Domestic incident referrals from the police account for the largest proportion of referrals to Children's Social Care in Stockton-On-Tees. There is a need to discuss and agree the use of a suitable risk assessment tool by the police which would help in ensuring children receive a more appropriate form of intervention in a timely manner.

Introducing a MASH model needs careful planning and this takes time. Recent discussions with neighbouring authorities, the police and health partners regarding a possible MASH model are to be encouraged as having a multi-agency presence at the initial point of contact would help information exchange and gathering in a timely manner and determination of thresholds. A step towards this in Stockton-on-Tees might include introducing a multi-agency presence in the form of linked Police or NHS staff.

The authority is taking steps to strengthen the use of the CAF by appointing additional staff to process CAF referrals and take up. These staff are to be sited with the First Contact Team and there will therefore be greater opportunity to refer more children

directly for a CAF for an early help service in appropriate cases as an alternative to the Assessment Team.

2. The quality of assessment, decision making, supervision and management oversight in referral and assessment teams

Areas of Strength

- When reviewing the case records there was clear evidence of regular supervision and management oversight recorded on the electronic recording system as well as management sign-off of assessments.
- Statutory Assessments are of good quality and are comprehensive.
- Case transfer to the Assessment Team from First Contact team is normally timely.
- There was good evidence of detailed recording of visits to families. Children subject to child protection plans and section 47 enquiries were seen and spoken to.
- There were good examples of the views of children of school-age being sought and recorded.
- Performance clinics had been introduced to monitor the performance of individual social workers and social worker teams. These took place on a regular basis.
- There was evidence that team managers and senior managers were monitoring performance and were clear about teams and staff who were under pressure
- Social work caseloads were reasonable and a caseload waiting system was used by team managers to determine workloads and assist with case allocation.

Areas for consideration and improvement

- Supervision records on case files do not capture reflective practice and are not SMART/outcome focused.
- There was no evidence on the recording system to show management decision making outside of the formal supervision process.
- The RAISE electronic recording system is very comprehensive but is not a complete record of the case. This is because both paper files and the CAF database are also used.
- The views and observations of younger children are not always apparent in assessments. The service would benefit from a better understanding of early childhood development to help identify areas of concern as well as positive interaction.
- There is also a need to consider how to capture and analyse current strengths and risks for the child on a more consistent basis as the case develops (following the initial assessment) and following them being made subject to a protection plan.
- The impact of the case audit process on practice could be clearer with evidence of changes which have been made when issues and themes have been identified.

- Assessments and reports to child protection conferences are not always available in advance of the conference or discussed with parents and other professionals.
- Child Protection and Children in Need Plans are not currently SMART or outcome focused.
- The introduction of the single statutory assessment is a very positive development but it is essential that assessments continue to be undertaken in a timely manner and do not take longer than necessary.
- Assessment teams feel that information received from First Contact could be more comprehensive in some cases.
- Consider the introduction of a more tailored risk assessment model for use by practitioners.

Although supervision is apparent on case records, the quality could be improved through revising the authorities supervision policy and linking this with the College of Social Work Professional Capabilities Framework (see http://www.tcsw.org.uk/uploadedFiles/TheCollege/CollegeLibrary/Reform_resources/PCFfancolour.pdf).

Developing a basic understanding of SMART planning or Outcomes Based accountability among front line staff (together with a revised format for plans) would ensure planning is more focused and effective.

Management decisions taken outside of formal supervision need to be captured on the case record. In some instances these are in the case notes but this makes it difficult to follow the process of decision-making on a case. A separate area on the case record would help to capture this better.

There were several instances noted by the Peer Team where the views and observations of younger children were not recorded, due to their age. However, the skills to be able to determine these views exist within the department especially in the Children's Centres and Family Support Team. Where necessary, the skills of Early Years staff could either be used to train social workers to better elicit views from these children and to interpret behaviour or for this work to be undertaken on behalf of the social worker.

The risk assessment currently on the electronic case record is generic and does not provide enough of a focus on child protection. A more tailored model which both assesses and analyses risk would benefit case workers.

3. The application of thresholds in early help, CAF referral and step down processes

Areas of Strength

- The authority has a well-developed and comprehensive Early Help offer.
- CAF is the gateway to Early Help and well understood by local practitioners and schools

- Additional resources are being targeted on improving co-ordination and take up of CAF.
- Good systems are in place to quality assure Early Help services.

Areas for consideration and improvement

- The Early Help Strategy is in need of further development and does not fully reflect the range of services which are available.
- The Diagnostic Team felt there was the potential for more cases to go straight from First Contact to CAF and that a review of referrals which may better meet the threshold for CAF could divert some cases from going through to the Assessment Teams for a single statutory assessment.
- A greater number of social care cases than is currently the case could also be safely stepped down to CAF as the Family Support Service is well developed.
- The range of Early Help services could be better co-ordinated and the recent investment in staff in the CAF team will help address this.
- The financial challenges facing the authority is likely to mean that maintaining the investment in the Early Help offer will be difficult. As a result it may be necessary to look at different models of service delivery involving the independent and voluntary sector.

The Early Help offer in Stockton-On-Tees is particularly well developed. Staff talk about the commitment to support the offer at both Corporate and Directorate levels.

Due to the range of Early Help resources, there is a risk of a lack of coordination between agencies which could result in duplication or gaps in provision. This has been recognised and additional resources focused on better co-ordination of CAF have been identified.

Quality Assurance of Early Help services have been well thought through and both managers and staff were confident about the quality of service they provide.

Due to the robust nature of the Early Help services we saw, it is likely that more referrals could be referred directly for a CAF from First Contact than is currently the case. This would mean that Assessment Teams would be able to offer greater focus on children at risk of harm and those with complex needs. Social Care cases could also be safely 'stepped down' to CAF sooner than is currently the case and this is also linked to the issue about risk assessment and analysis.

4. The quality of practice in long term cases involving neglect and domestic violence

Areas of Strength

- There was good evidence that children subject to protection plans are being visited and seen and are being safeguarded.
- There was good evidence of self-awareness of issues and challenges by managers and strategies in place to ensure plans are implemented.

- There is a clear recognition amongst managers that supervision needs to include reflective practice.
- Recent Service Manager authorisation and sign-off of decisions to go to conference was felt by the team to be appropriate and will ensure better management oversight and scrutiny of child protection thresholds.

Areas for consideration and improvement

- Domestic violence incidents could be better managed and responded to in a more proportionate manner and tailored to the needs of the family.
- The Diagnostic Team felt there was an overreliance on the Harbour service, which has lengthy waiting lists and appears to have a standard response to referrals.
- The management performance framework needs to include data on timeliness of statutory visits and S47 enquiries.
- Care and protection planning needs to be more outcome focused.
- Children who are suffering from neglect would benefit from a more structured model of response to assess parenting and the impact of intervention

There are a very high number of referrals of domestic violence and incidents from the Police into children's services. These account for the highest proportion of referrals into Children's Social Care. These are feeding through into assessments and enquiries under section 47 and result in a high workload for First Contact, the Assessment Teams and partner agencies. Much of this is linked to drug and alcohol misuse by parents whilst domestic incidents and neglect was a feature of a significant number of cases considered by the Diagnostic Team. In addition to Children's Social Care intervention the Harbour Service was frequently used as a service response.

The number of children subject to child protection plans is high compared with statistical neighbours.. The authority was concerned about this and the impact it was having on the local safeguarding system. Emotional abuse (linked to domestic violence) and neglect (linked to drug and alcohol abuse) were a key feature in these plans.

The assessing and analysis of long term neglect cases is difficult and this process would benefit from the use of more structured models. There are a number of these models which could be used in Stockton-On-Tees with the most appropriate ones being deployed according to the circumstances of the case. The Graded Care Profile Strengths and Difficulties Questionnaire (Bolton Model) is a good example of a model which practitioners have found useful in dealing with neglect cases.

The authority with its partners should monitor the effectiveness of the newly commissioned domestic violence service to ensure that it is providing a more flexible model which takes account of individual circumstances and family need.

5. Child Protection Conferences

Areas of Strength

- There was good evidence of multi-professional commitment , attendance and information sharing at conferences
- Conference chairing provides good opportunities for parental participation in the child protection process. Social work reports to conference are of good quality and comprehensive.
- The recent decision for Field work Team Managers to attend all ICPCs is appropriate and should provide both professional challenge and improved protection and care planning.

Areas for consideration and improvement

- Child Protection Plans should be more outcome focused
- Child Protection Plans should demonstrate contingency planning which allows for children to be removed from a plan if orders from the court are obtained without the need for a subsequent conference. This is currently not the case.
- Conferences would benefit from the provision of partner agency reports rather than relying solely on the social worker gathering the views of partners and reflecting this in their reports to conference.
- There was evidence that Conference Chairs could increase the impact of their challenge to practice across agencies and outside of the conference process to ensure progress in some cases and help deliver better outcomes.

At the initial meeting with the senior management team on the first day of the Diagnostic it became clear that the authority would value the Diagnostic Team's consideration of the impact of the child protection conference process. In order to address this additional area, it was agreed that a member of the team would attend and observe one initial and one review child protection conference. In addition to this the sample of cases audited by the Team included children subject to child protection plans because of neglect and emotional abuse linked to domestic violence.

The authority has identified measures to ensure that appropriate thresholds are being applied for cases coming to conference and for children being made subject to protection plans. Children are not remaining subject to plans for protracted periods of time and most come off within a year. The attendance at Child Protection Conferences by Fieldwork Team Managers whose teams are receiving cases is an appropriate development and should offer greater challenge as to whether children should be made subject to a plan. This will also lead to greater clarity about the work which needs to be undertaken and outcomes that are sought from this. It is the staff in these teams who will be undertaking this work and the Conference Chair and Fieldwork Manager should be able to provide greater clarity to this with clear timescales and objectives.

The Diagnostic Team felt that greater emphasis should be given to improving child protection plans in order that they are more outcomes focused and SMART.

Conclusion

Through this letter we have sought to outline the strengths of children's safeguarding practice arrangements in Stockton-On-Tees, along with areas for consideration and improvement. You and your colleagues will no doubt now wish to reflect on the team's findings, and then consider how they might inform your improvement journey and future plans and activities.

For further improvement support you can contact the LGA's Principal Adviser, Mark Edgell, who can be contacted either by email: Mark.Edgell@local.gov.uk or by phone on 07747 636910.

Once again, thank you for agreeing to commission a safeguarding diagnostic challenge; please pass on our special thanks to Martin Graham, Jackie Barnes and other colleagues for the effort they put into preparing for and supporting our visit. We valued their excellent and unstinting help before and during our three days in Stockton-On-Tees.



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Appendices:

Appendix 1 – Key lines of enquiry requested by Stockton-On-Tees Borough Council

Appendix 2 - Case Records outcome (25 Social Care cases)

Appendix 3 – CAF Summary report (10 cases)

APPENDIX 1 – Key lines of enquiry requested by Stockton-On-Tees Borough Council

KLOEs	RATIONALE
1. Are there any cases being referred to children's social care which could / should be responded to at a lower level i.e. CAF?	To check progress on CAF since CP inspection and subsequent arrangements agreed via SLSCB.
2. Are there any cases appropriately referred to children's social care which could potentially have been diverted if they had been appropriately responded to at an earlier stage?	To check progress on Early Help Strategy following CP inspection.
3. Are there any referrals not crossing the social care threshold which should receive a response?	To test impact of new, stricter application of threshold criteria, and any risks arising from this.
4. Are all the referrals crossing the social care threshold appropriate or is there scope to deal with any of these in a different way?	
5. Is there any activity which is contrary to the Continuum of Need and Services?	Need to test how well agencies are fulfilling their obligations under the Continuum of Need and Services.
6. On a continuum from threshold too low i.e. risk averse to threshold too high i.e. unsafe practice where would you place Stockton-On-Tees Borough Council currently?	To add to the evidence base arising from recent Critical Friend Review and other internal monitoring.
7. Are assessments carried out in a timely fashion and based on robust risk assessments?	To check progress following CP inspection, work undertaken on risk assessment, performance on assessment timescales, and impact of new single assessment arrangements.
8. Is handover from Assessment Team to Fieldwork Team carried out effectively, taking account of the needs of the child and family?	To test out effectiveness of these arrangements, following staffing and structure changes implemented since CP inspection.
9. How effective is the response to longer term cases related to domestic violence, or neglect?	To check out some local concerns relating to management of such cases.