

Ofsted Monitoring Visit Devon

September 2020



➤ ***Improved approaches evidencing greater impact with young people in the most challenging circumstances;***

Polly (18) was in our care since she was 11 (early childhood neglect). Risk taking behaviours in adolescence led to secure accommodation and then a children's home (frequently missing). Polly became addicted to alcohol and drugs, she was in an abusive relationship and struggled to maintain tenancies. After a huge amount of work with her Personal Advisor (PA), Polly entered detox and is now in rehab. She is making good progress and planning with her PA for her future. *"I have been given motivation, they supported me daily before I went into rehab they really helped me get there. The whole team has helped me and helped me feel stable."*

Alan (20) came into care in adolescence as a result of behaviour difficulties arising from his autism and mild learning disabilities. He experienced a number of placement moves before being supported to move into a flat with daily floating support. He is now working well with his PA and a range of other professionals, is making his flat his home and reports that he feels safe. *"I feel the support I am getting means I don't feel like I have just been thrown in at the deep end."*

What young people tell us

- “I needed stable and safe accommodation and help to keep me safe. My Personal Adviser has done so much to help me.”
- "I have my own space and time to myself which is what I have all wanted. At first I was nervous and now I am fine. The support I have is great and hopefully after a couple of months I will be confident enough that I won't need so much support. I feel really lucky , not many 19 year olds have flats like this”
- “I feel that my mental health is getting better, and I feel I can deal with it better. I feel the support I am getting means I don't feel like I have just been thrown in at the deep end.”
- “My PA is amazing. He contacts me often and is quick off the mark.”
- “I wasn't clear what I was entitled to as a care leaver.” *(We are reviewing our local offer and how it is communicated to young people).*
- “My PA has been an excellent source of help and advice, the right level of input, not pressuring me. Makes me comfortable and able to ask if I want anything or need help.”
- “I don't feel anxious and I am happy. I am getting out doing things like nature walks which I would not have done before.”
- “My PA has been in contact regularly since CV-19 which was really helpful.”
- “I get good advice from my PA and carer that supports my decisions I make.

Impact:

What life was like and how we supported young people; Stories being identified by PAs, experiences include;

- Isolation
- Disrupted relationships with friends and family
- Increased anxiety and mental health difficulties
- Disrupted learning
- Loss of employment opportunities
- Liked more frequent less intensive contact from PAs
- Some enjoyed not being hassled!
- Poor routines and sleeping habits
- Increase in substance misuse

Ambition: all young people have a high quality Pathway Plan that supports their needs to be met and them to be kept safe.

Impact;

- **Mike** (23) worked well with professionals who supported him to exit an abusive relationship. He retained the deposit for a flat in his savings and his PA supported him to obtain and move into a private rented flat. He is now settled again and is working.
- **Kevin** (20) was living with family friends, but moved out earlier this year, almost no contact since. He prefers no contact. Is he safe or not? We are his parent so we text him every week whether we hear back from him or not. Police and family/friends are part of the safeguarding plan just in case they have contact with him.

Key activity;

- ✓ Appointment of more PAs; reduced caseloads and workforce development
- ✓ Building and maintaining strong relationships with young people in the most challenging circumstances to fully understand their needs
- ✓ Development of improved Pathway Plan with young people and associated risk assessment framework linked to planned programme of workforce development
- ✓ Close oversight of young people in most challenging circumstances by operational managers and development of Team Managers (TM's)
- ✓ Sustained weekly tracking of priority young people by senior managers, DCS and Members and support to ensure young people's plans progress

Ambition: all young people are supported effectively to live in acceptable and affordable accommodation

Impact;

Carrie (18) moved into a shared lives placement to support her to develop independence skills. She has been well supported by her PA and developed a positive relationship with her carer which is enabling her to make progress. She is no longer going missing or self-harming, is managing relationships with her family members better and is looking forward to a more independent future. *“I get good advice from my PA and carer that supports my decisions I make. I don’t feel anxious and I am happy.”*

Andy (18) lives with his partner in a static caravan. His PA is persistent in making contact and visiting. With GP support, Andy is no longer drinking or using drugs, has worked throughout lockdown and is positive about his relationship. We were persistent in getting to see him to check the caravan is suitable - it is well maintained and he has a long term tenancy. Health and Probation maintain regular contact with him and, with the PA, are a team around the young person.

Key activity;

- ✓ Appointment of dedicated Homelessness Prevention Workers working with partners to develop solutions for young people in unacceptable living arrangements
- ✓ Refocused support to priority groups through redesign of existing floating support contracts
- ✓ Evaluation of new floating support approach with young people
- ✓ Updating needs analysis and development of appropriate support with partners
- ✓ Review of emotional and mental health support pathway 0-25 with health partners started
- ✓ Improving relationships with housing providers, including District Councils

Ambition: all young people access their health passport and are supported to be healthy.

Key activity;

- ✓ 100% young people are offered Health Passport at 16yrs and 17 yrs 9m by our Children in Care (CiC) Nurse
- ✓ Take up will be recorded in revised Pathway Plan and reported by health each month from end of August
- ✓ Existing information about Health Passports has been revamped jointly with the CiC Nurse team
- ✓ New leaflet has been sent to all young people by PAs during August
- ✓ Reviewed new materials with young people to ensure it is accessible, engaging and makes sense
- ✓ Information on SUSU website: <https://www.standupspeakup.org.uk/localoffer/info-for-care-leavers/health-passports/>
- ✓ Worked with care experienced young people to produce a 2 minute video for Instagram and Twitter accounts
- ✓ This will become part of our ongoing comms cycle so that promotion recurs
- ✓ Updating the wider Local Offer with young people and reviewing how it is promoted to young people

Ambition: all young people are in education, employment or training 16+

Impact:

- Examples coming from Virtual School and Careers South West

Key activity;

- ✓ Prioritised within DCFP reset and within Council as part of economic recovery planning post covid-19
- ✓ Training for new PAs on expectations as Corporate Parent and options for young people 16+
- ✓ Not in Education, Employment or Training (NEET) meetings for Years 12 and 13 have continued through the lock-down.
- ✓ On June 30th 74% of Year 11 children in care had a confirmed destination.
- ✓ Virtual School currently confirming destination of all Year 11 and 12 young people and working with Personal Advisers to identify any 'at risk' Year 12 and 13 to put in place additional support where needed
- ✓ Strengthened engagement of Corporate Parenting in 16-18 Panel
- ✓ Revising arrangements for post 18 NEET Panel and tracking of priority cohort with Careers South West and other key partners
- ✓ Plans for all young people 18+ to be confirmed in refreshed Pathway Plans from September.

Ambition;

- ***No young person in unacceptable accommodation***
- ***All young people in education, employment and training***

Planned activity;

- Continued tracking of the priority group of children and young people
- Workforce development with PAs, Social Workers (SWs); Pathway Planning and safety planning
- TM development and coaching on supervision and oversight of risk
- Implement revised Pathway Plan
- Risk Assessment Forum with partners; to oversee priority cohort of young people
- Develop effective pathway for emotional wellbeing support
- Revised Care Leaver protocol with District Councils operational
- Complete needs analysis and revise commissioning plans for support and accommodation
- Strengthened partnership approach to NEET and tracking of young people 16+

Ambition: children who can no longer live with their families planning for permanence will start early in their care experience and they will be helped to understand their history.

Impact:

Being identified

Key activity;

- ✓ Continued weekly tracking of priority groups – no children currently inappropriately placed in an unregulated setting
- ✓ Implementing an improved framework for permanence from early in a child's care journey
- ✓ Progress in recording children's Permanence Plans on Eclipse
- ✓ Workforce development on life story work
- ✓ All children Placed with Parents have been reviewed to ensure risk assessments are in place and are now tracked through Locality Panels
- ✓ All young people in Year 11 reviewed to ensure that all have confirmed destinations for September.
- ✓ 65% of eligible children in Years 5 and 10 have **are provided with plans for their futures in a timely way**
- ✓ been signed up for a summer school by the virtual school to prepare them for exams and assessments in Years 6 and 11 in 2021

Ambition: if children are no longer able to live safely with their family, timely and effective action will be taken.

Impact:

Child A: the Court agreed to LA care plan and Guardian agreed for adoption in support of the LA Plan. ICO granted for Baby A now in foster placement, with Guardian's support to seek a foster to adopt placement immediately. A will be placed in a foster to adopt family in order to remain and grow up in a safe and stable environment.

Children B, C and D; following the application to remove the children from their parents. The court and CAFCASS supported the plan for the children to remain separated from their parents. Children are safe in foster placements and permanency planning is progressing for the children.

Key activity:

- ✓ Review of all children on Child Protection Plans 9m+ to ensure progress is being made in timescales for the child
- ✓ Appointment of Case Progression Managers; review of all pre-proceedings >12weeks and any are now purposeful
- ✓ Reflective discussions focused on SW evidence and impact to child; leading to improved timeliness and effectiveness of issuing proceedings
- ✓ Strengthened arrangements for chairing of Legal Planning Meetings
- ✓ Development of Countywide dataset on pre-proceedings and issued cases to improve management oversight
- ✓ Case tracking in Locality Panels to address drift and delay
- ✓ Focus on addressing delay in proceedings over 26 weeks; with courts and CAFCASS

Ambition: *Where the needs and actions of parents may impact on the care of children leading to neglect, we will work together more effectively to identify and prevent it or intervene early to mitigate its impact*

Key activities;

Developing confidence in working with neglect;

- ✓ Team meetings and training on use of evidence based tools (55 social workers attending GCP training)
- ✓ Partnership focus on good practice in neglect led by Devon Children and Families Partnership
- ✓ Workforce development to ensure child protection (CP) medicals are sought in all cases when needed

Quality of SW practice;

- ✓ Reissuing practice standards and focused development work on core priorities in each locality/service
- ✓ Next steps for restorative practice framework; refocused workforce development
- ✓ A new offer for Assistant Team Managers (ATMs) and TMs on developing the use of restorative supervision
- ✓ Modelling reflective case discussions

Ambition: IROs and CP Chairs champion all children and young people's rights and support good outcomes for them

Impact:

- Focus on the quality of Pathway Plans at 16
- Escalations contributing to improvement in children's Permanence Planning
- Review of all repeat plans to ensure consideration of history and effective planning
- Review of CP Plans in place for more than 9 months to ensure effective pre-proceedings are in a timely way
- Evidence of children's voice in care planning

Key activities:

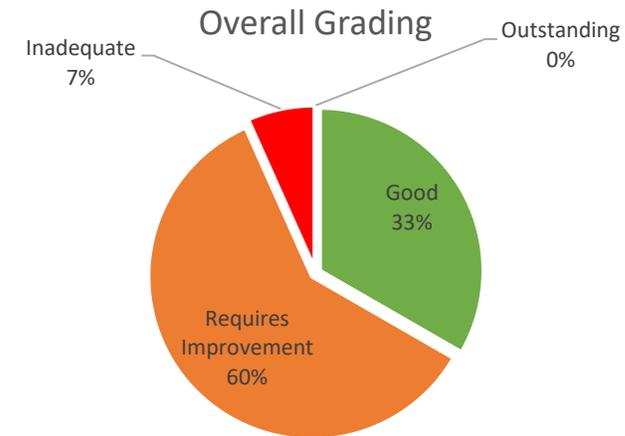
- ✓ Workforce development on the quality of Pathway Planning
- ✓ Workshop on expectations relating to complex neglect and another planned in August
- ✓ Development work with CP chairs on SMART plans, permanence planning, pre-proceedings practice
- ✓ Improved pre-ICPCs oversight by CP chairs with the AM, including a focus on repeat plans and ensuring chronologies are complete
- ✓ Stronger focus on the mid point check - after the second review there is a discussion with the TM and CP chair to ensure there is no drift
- ✓ Joint Locality audits of child protection plans 9m+ to identify and address drift
- ✓ Use of escalation to support improved focus on and recording of permanence planning

Activity;

- Weekly tracking of priority groups
- Focused CV-19 audit approach; internal and with partners through DCFP
- Refreshed and restarted Quality Assurance Framework
- Two Rapid Reviews completed and learning disseminated to teams
- Child Safeguarding Practice Reviews (CSPR) commissioned using Appreciative Inquiry approach
- Restarted monthly practice evaluations in July
- Service Plans in place and Performance Surgeries operating linked to Improvement Plan
- Improved access to and use of performance data
- Review of Disabled Children's Service

Impact;

- **Findings from practice evaluations;**
 - **July:** 45 practice evaluations across CIN, CPP, CiC and CLs - 15 'Good'; 27 RI, 3 Inadequate



- **August:**

- **Findings from DCS review**

2019-20;

- 77% (85) of parents told us that they felt they “were kept informed and (their) views acknowledged”
- 75% (82) of parents told us that they felt they “supported by (their) worker”
- 86% (93) of parents told us that they felt their “worker treated (them) with respect and courtesy”
- 77% (84) of parents told us that they felt “were in agreement with the outcome”

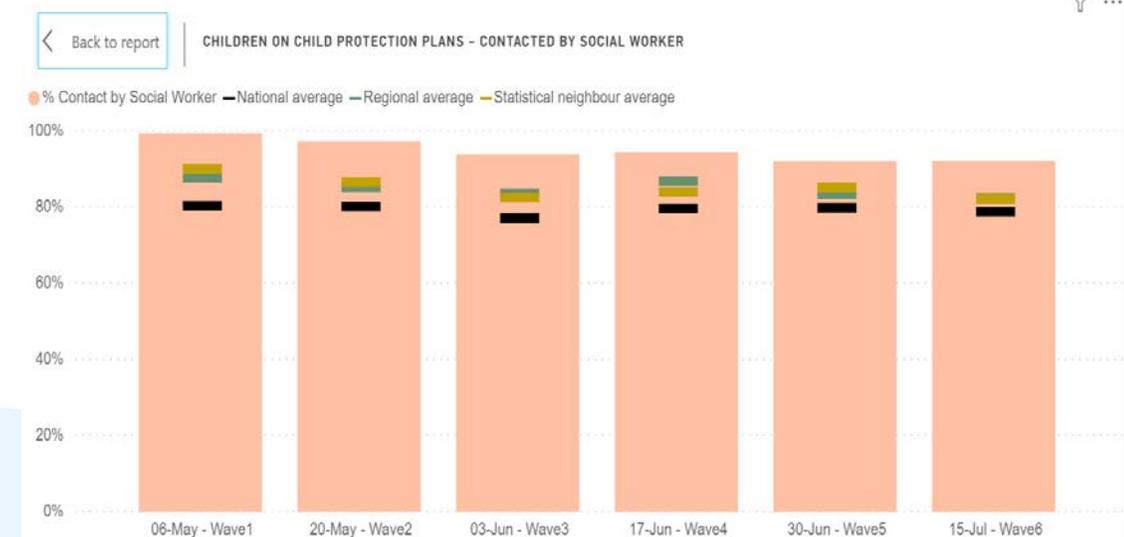
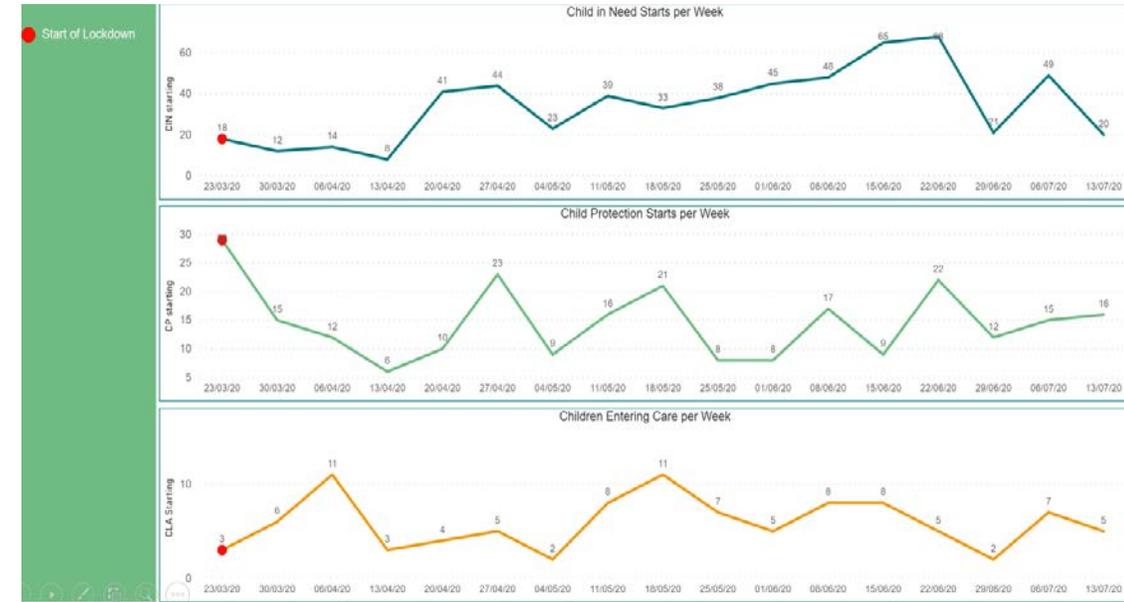
April – July 2020;

- 81% (17) of parents told us that they felt they “were kept informed and (their) views acknowledged”
- 81% (17) of parents told us that they felt they “supported by (their) worker”
- 86% (19) of parents told us that they felt their “worker treated (them) with respect and courtesy”
- 85% (19) of parents told us that they felt “were in agreement with the outcome”

- **A protective partnership framework around children and families;** coordinated response across statutory, community and voluntary sector partners
- **Support for families;**
 - Locality based daily early help triage with midwifery and Public Health Nursing
 - Devon Partnership Trust (DPT), CAMHS rapid response to increased need on Adult Mental Health (AMH) and Domestic Violence (DV) when needed
 - A comprehensive offer from schools and settings providing wraparound welfare and safeguarding
- **Risk assessment framework;** for all open social care cases, leading to enhanced contact and support where identified as needed
- **Practice oversight;**
 - Weekly tracking of priority groups by senior leaders and support to progress plans
 - Dip sampling and assurance of risk assessments by Senior Managers
 - Partnership audits through the DCFP
- **System oversight;** Partnership oversight of and response to emerging needs through Incident Management Teams for vulnerable children and young people
- **DCFP Executive;** oversight of trends and response

A protective framework for CV-19

- **Robust partnership early help framework;** locality based and responsive to need
- **CV19 risk assessments;** in place on all open SW cases (average 93% completion)
- **SW RAG rating;** determined visiting frequency and shared with schools
- **High level of contact;** with those we were most worried about; face to face and virtual
- **School attendance;** report available to the SW daily at a child level
- **Schools and early years;** daily/twice weekly/weekly welfare contact with children linked to settings RAG
- **Escalation through EWOs;** leading to follow up with schools, partners and families where needed (397 in total)
- **Reduction in REDs** (from 12% to 8%); linked to increase in vulnerable children attending school over time
- **Incident Management Teams;** providing system oversight of 0-8s, adolescent contextual safeguarding risks and disabled children



Vulnerable groups attending school - Overtime (attendance for one day)

Children in Care

Group	27 th April	11 th May	17 th June	23 rd June	8 th July
Devon CiC anywhere	11%	17%	28.9%	33.1%	33.4%
Devon CiC in Devon schools	12%	21%	31.6%	37.0%	37%
Other LA CiC in Devon schools	4%	11%	30.9%	34.6%	37%

Children with EHCP plans

Group	27 th April	11 th May	11 th June	23 rd June	8 th July
Devon EHCP anywhere	5.5%	10.3%	21.5%	24.4%	27.4%
Devon EHCP in Devon	6.2%	11.2%	22.9%	25.7%	28.9%
EHCP in Devon (any LA)	5.3%	11.1%	22.8%	25.6%	28.9%

Children in need and those with a Child Protection Plan

Group	27 th April	11 th May	17 th June	23 rd June	8 th July
Child protection plans	20%	36%	41.4%	43.1%	43.8%
Children in Need (all)	7%	14%	23.6%	27.1%	32.8%
Children in Need (allocated SW)	12%	22%	30.1%	33.9%	39%
Children in need with a plan	15%	20%	29.7%	34.2%	34%

RAG (inc those with EHCPs and school elevated)	27 th April	May 11 th	17 th June	23 rd June	8 th July
Devon	14.4%	28.7%	34.1%	37.0%	37%
All LAs +	13.3%	16.8%	33.0%	35.5%	34.4%
Devon	9.9%	16.0%	24.4%	28.2%	29%
All LAs +	9.5%	15.2%	24.0%	27.4%	28%
Devon	4.5%	9.3%	22.9%	25.6%	29%
All LAs +	4.5%	9%	22.4%	25.1%	28%
Devon Other	8.1%	8.3%	17.9%	24.2%	27%
All LAs Other +	7.5%	11.5%	17.6%	23.9%	26%

CV-19 More support - oversight of changing demand

Early help;

- Daily locality based early help triage with improved partnership attendance (e.g. DPT and Police)
- Locality response to increase in demand, e.g. relating to Domestic Abuse and AM
- Supporting vulnerable families - Coordinated approach between Midwifery, Childrens Centre and Early Help colleagues

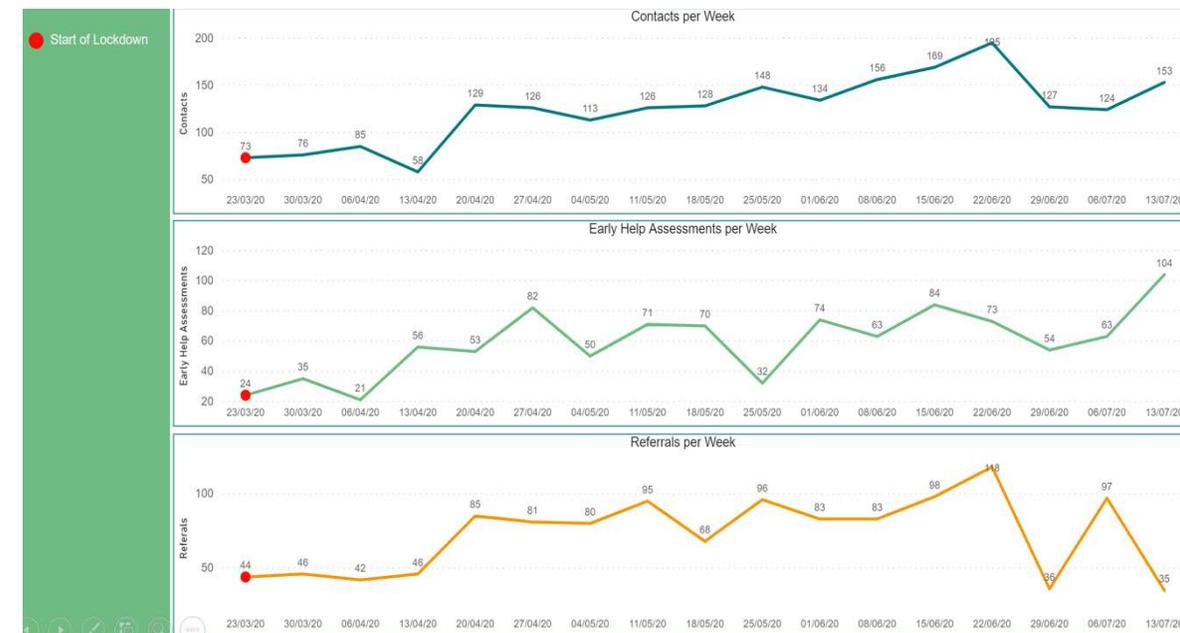
Midwifery;

- Support for vulnerable women including for those suffering with Domestic Violence and Perinatal and Infant Mental Health.
- Refocused midwifery and approach to U1s following two early Rapid Reviews

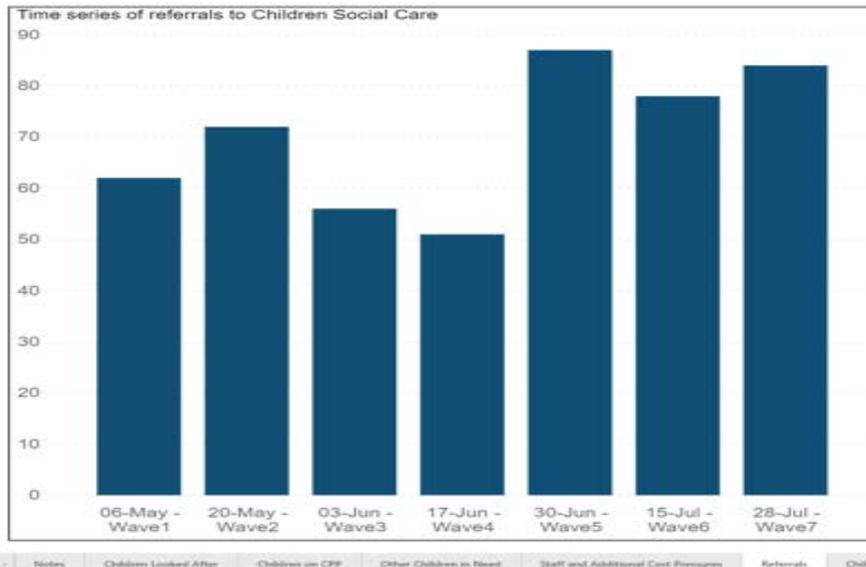
Public Health nursing;

- Offer delivered through locality hub, phone based and video contacts
- All 1,575 babies born from March 1 to May 31, received a phone assessment and a community clinic appointment
- If additional contact and support was required, then also received a follow up email, with additional support and signposting
- This cohort of families will now also receive an additional contact from the health visiting service when their baby is aged between 3-4 months as a safety net

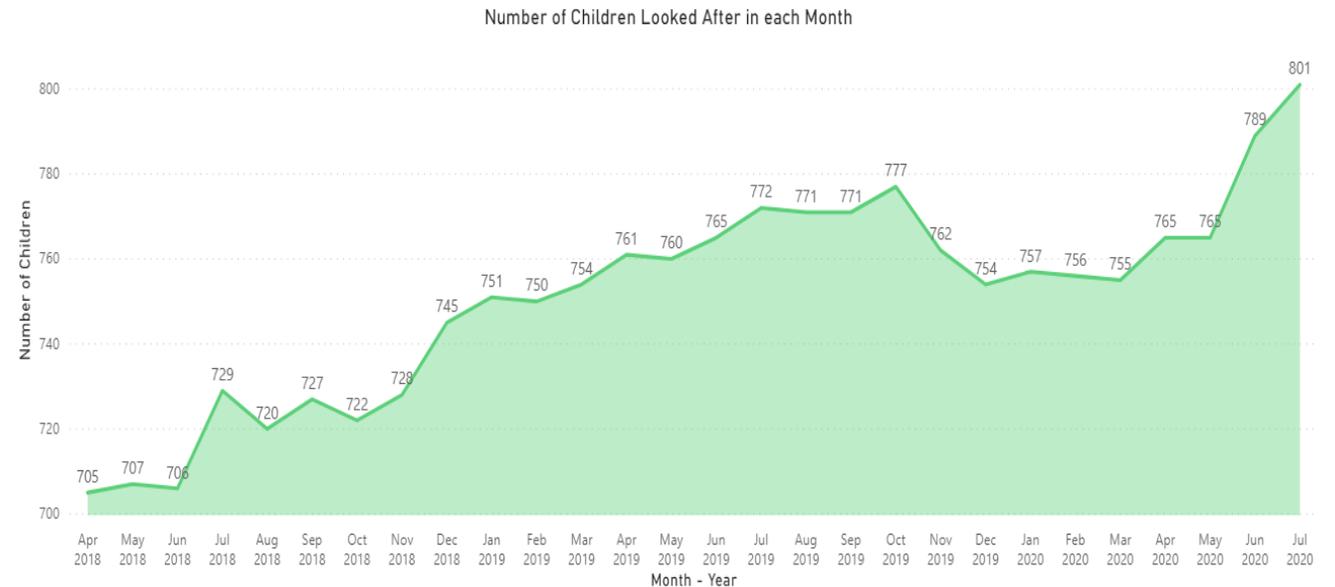
Month/Year	March 2019	April 2019	May 2019	June 2019
Families Discussed at Triage	112	92	115	121
Month/Year	March 2020	April 2020	May 2020	June 2020
Families Discussed at Triage	133	146	192	226
Increase in Families discussed	18.75%	58.70%	66.96%	86.78%



- Increase in referral rates:



- Increase in number of children in care;



Commentary;

- Analysis being completed to better understand trend, link to covid-19 and to develop response plan
 - Impact of high number of care proceedings in June from improved approaches to families experiencing neglect
 - Delays in young people exiting care, including delays in court hearings, impacting on the completion of care proceedings.

How much?

- **Weekly SM dip sampling of risk assessments;**
 - Locality overview
 - Moderation of RAG rating
 - Focus on priority groups (e.g. DV, MH, under 1s)
 - Moderation and feedback to specific identified managers/service areas where needed
 - Support and challenge to Independent Reviewing Officers (IROs) to ensure effective practice quality assurance
- **DCFP Quality Assurance Delivery Group;** 'live' partnership auditing
- **IRO escalations;** permanence planning
- **Routine monthly practice evaluation cycle;** restarted in July

How well?

SM Dip sampling; 1811 completed

- 87% confirmed agreement with risk rating (RAG); confidence in RED, changes typically from GREEN to AMBER

QADG; 11 cases

- Risk assessments in place for all cases and shared well with team around the child. The audit teams agreed with the assessment ratings
- In the main, strong partnership working was found, with appropriate safety planning and clear recording and communication of how, when and by whom children were to be seen

IRO escalations; 70 in April/May/June

- 54 relating to focused work to improve permanence planning now resolved

Partnership agreed priorities 2020-2021

Our re-set ensures our focus on the most pressing need and issues which will have the most significant longer term impact:

- Preventing **Hidden Harm** and working effectively to safeguard children with a particular focus on the significant vulnerability of infants
- Protect all children, build on the **whole family working** achieved in response by continuing to focus on domestic abuse, substance misuse and adult mental health.
- Offer extended services to support **emotional wellbeing and mental health** and recovery for children wrapping around schools and colleges
- **Understanding local vulnerabilities** to target family support and early help where economic impact can lead to increased pressure in families
- Supporting **return to learning particularly for vulnerable children**, Children in Care, **family centred support** for children with SEND and targeted support for children with ASD
- **Extended offer for all young people into work and training** particularly for Care Leavers and children with SEND

Next steps

