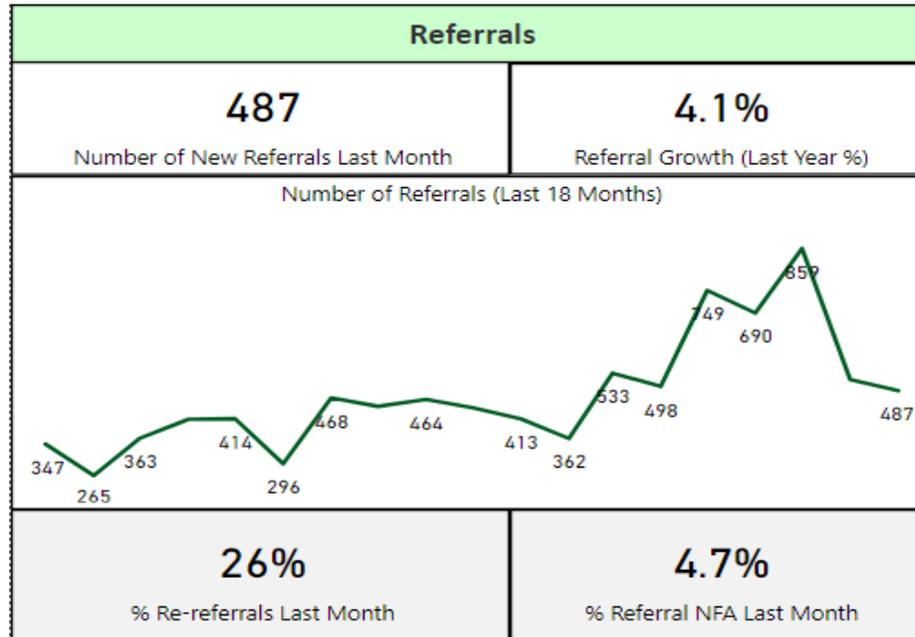


Children's Social Care Performance

Report for Children's Scrutiny Committee

October 2021



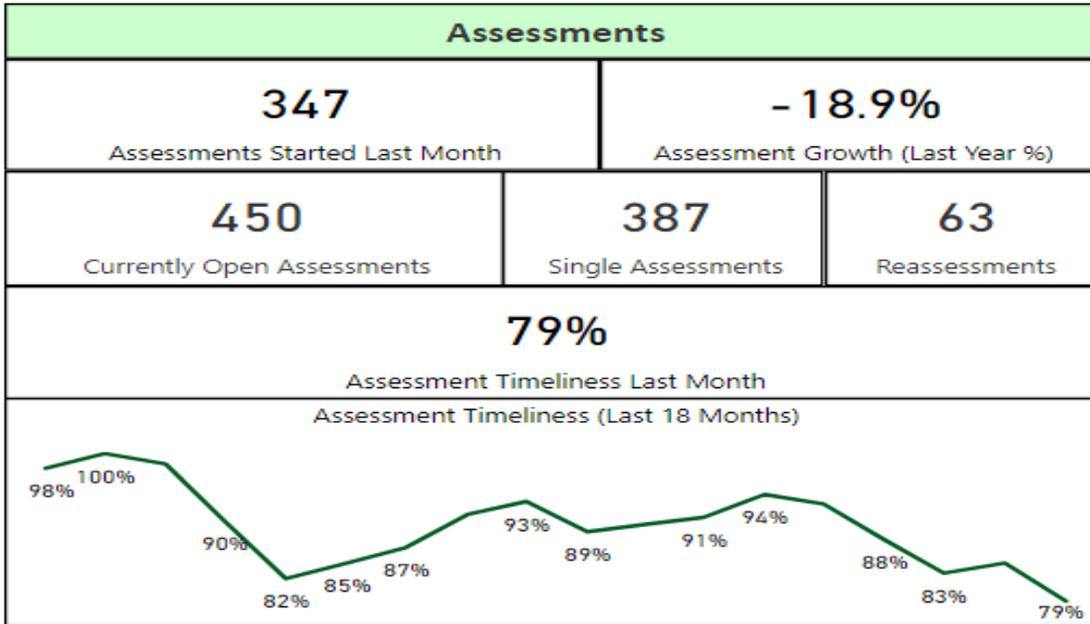
Definition: The majority of referrals relate to a professional contact to the MASH sharing concerns about a child, with the remainder being to the Disabled Children's Service's Single Point of Access. Members of the public can also make referrals. Referrals indicate that further information needs to be gathered to better understand the family's need for help or protection.

Re-referrals are the referrals we have received within 12 months of a previous referral. A re-referral could be an indication that the previous intervention did not fully address the concerns raised at that time or that support did not ensure changes were sustained.

GOOD LAs: have a re-referral rate of 19%

Commentary;

- We have seen a significant increase in the volume of referrals post pandemic, but a reduction since the start of this term
- This includes an increase in concerns relating to parental mental health, domestic violence and substance misuse
- In response, additional staffing has been agreed for the MASH
- We have established operational and strategic governance with key partners to ensure thresholds are applied correctly and appropriate services are provided in line with families needs
- Re-referrals relate to a number of factors including that the earlier help may not have been effective, partnership understanding of threshold for help and protection and previous help ending before changes were fully tested
- Work in response includes ensuring assessments are good quality to support needs being met when first identified and the early help system is effective in supporting change to be sustained.



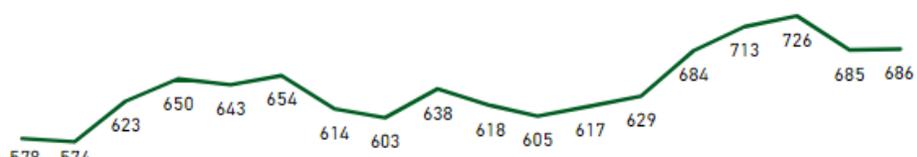
Definition; Assessments are completed for children where concerns indicate they may be in need of support or protection to understand the concerns better and to inform the intervention plan if needed.

Reassessments are undertaken for children who are already open to children's social care as a minimum once every 12 months or when any significant change occurs in a child's life or to inform key decisions.

The appropriate timeframe for an assessment is agreed by the Team Manager, and assessments should usually be completed within 45 working days to ensure families needs are met in a timely way.

Commentary;

- The increased volume of activity, workforce turnover and higher caseloads have impacted on assessment timeliness.
- Assessment timeliness and quality is a current priority for improvement, including ensuring children are seen and assessments are thorough and contain good analysis of the need for help or support.
- The number of children seen during their assessment has continued to improve
- We are working with managers to ensure their effective oversight, of a clear plan for the assessment and an effective review of the completed assessment so that all issues have been explored fully
- A high proportion of assessments do not lead to children's social care remaining involved. We are reviewing our early help offer to determine whether these needs could be better met without social care involvement.

Type of Plan	Children on Plan (Current Month)	Children on Plan - 18 Month Trend	Cohort Trend (Last Year %)	Current Visit Timeliness	Locality Visit Timeliness	Service Visit Timeliness												
Child in Need Plan	686		4.9%	77%	<table border="1"> <tr><td>SOUTH</td><td>77%</td></tr> <tr><td>NORTH</td><td>59%</td></tr> <tr><td>MID & EAST</td><td>58%</td></tr> <tr><td>EXETER</td><td>82%</td></tr> </table>	SOUTH	77%	NORTH	59%	MID & EAST	58%	EXETER	82%	<table border="1"> <tr><td>DISABLED CHILDREN SERVICE</td><td>67%</td></tr> <tr><td>SOCIAL WORKERS IN SCHOOL</td><td>74%</td></tr> </table>	DISABLED CHILDREN SERVICE	67%	SOCIAL WORKERS IN SCHOOL	74%
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SOCIAL WORKERS IN SCHOOL	74%																	

Definition:

A child is a 'child in need' if their health or development would be impaired without the provision of support. When a child is identified by assessment as a child in need, a plan is put together with all relevant professionals for how the family will be supported and changes made.

The child in need plan will set out how social workers will work with children & their families to achieve the outcomes needed, including how often the child will be seen, and is reviewed regularly by the Team Manager. We measure that children are seen at least every four weeks.

Commentary:

- There has been a steady increase in the number of children in need open to a social worker adding to higher caseloads. We are currently reviewing whether some of these needs could have been better met through early help support.
- Higher caseloads and workforce turnover have impacted on the timeliness of visits and this is a current focus in all teams. This has been a particular issue in North and Mid and East where staff turnover has been greatest this summer but is now more stable in both localities.
- 18% of children currently with a CIN plan (124 children) are open to the Disabled Children's Service and more of these plans are open for longer given these children's more enduring needs.
- 12% of the children with a current CIN plan are subject to supervision orders
- 30 children have had a CIN plan for over 2 years and 66 children have had a CIN plan for between 1 & 2 years. These are monitored closely to ensure children's needs are being met.

Child Protection Conferences (ICPC)

72

Number of ICPCs Last Month

24.1%

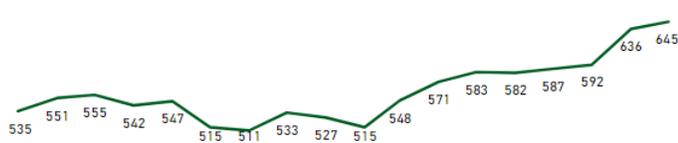
ICPC Growth (Last Year %)

85%

% ICPCs resulting in CP Plan Last Month

Child
Protection
Plan

645



Definition: Initial child protection conferences (ICPCs) are held for children judged to be experiencing or at risk of significant harm and where a multi-agency child protection plan may be needed to keep them safe. ICPCs should usually be held within 15 days of the decision to ensure partners have the opportunity to review the concerns together and the child protection plan is developed in a timely way. An ICPC brings together professionals working with the family to decide if the child is likely to suffer significant harm in the future and where needed a Child Protection Plan (CPP) is put in place. The child protection plan details the concerns that have resulted in the CPP, what needs to change for the child to make them safe and all intended outcomes.

Commentary:

- We have seen a significant increase in child protection activity this year leading to a continued increase in the numbers of children on child protection plans.
- 85% of children subject to an Initial Child Protection Conference are made the subject of a child protection plan indicating that the threshold for holding the meeting is right and families are not being subjected to this unnecessarily.
- 50% of children are subject to a CPP for concerns about neglect, 35% for emotional abuse, 12% for physical abuse and 3% for sexual abuse.
- In the past six months, 22% of children subject to a CPP had been on a CPP before, slightly above good LAs (18%). We are ensuring support is provided to families when the plan ends to ensure changes are sustained, including from early help.
- Only 2% of child protection plans have been in place more than two years which is good practice to avoid drift for children.

Type of Plan	Children on Plan (Current Month)	Cohort - 18 Month Trend	Cohort Trend (Last Year %)	Current Visit Timeliness	Locality Visit Timeliness	Service Visit Timeliness
Children in Care	807	<p>754 777 791 802 811 826 830 841 829 816 821 813 823 821 800 808 804 807</p>	-2.3%	83%	EXETER 93% MID & EAST 90% NORTH 85% SOUTH 96%	CORPORATE PARENTING 77% DISABLED CHILDREN SERVICE 91% SOCIAL WORKERS IN SCHOOL 91%
Health Check Timeliness (Last Month)	76%	<p>92% 91% 90% 91% 93% 92% 92% 92% 92% 93% 94% 94% 93% 90% 89% 84% 82% 76%</p>	Short Term Placement Stability (Last Month)	12%	<p>12% 12% 11% 10% 11% 11% 11% 12% 13% 13% 12% 12% 12%</p>	
Dental Check Timeliness (Last Month)	44%	<p>78% 77% 73% 68% 62% 57% 51% 48% 45% 43% 41% 45% 47% 48% 51% 50% 48% 44%</p>	Long Term Placement Stability (Last Month)	63%	<p>64% 66% 63% 61% 60% 60% 59% 61% 61% 62% 63%</p>	

Definitions: When children come into our care, a Care Plan is developed and overseen by an Independent Reviewing Officer to ensure their stability and that their needs are met. Children in our care should be seen at a minimum of once every 6 weeks, however for children in stable, long term placements longer visit frequencies may be agreed.

All children should have an annual health assessment and dental check. Short term placement stability considers the percentage of children in care who have experienced 3 or more placements within the last 12 months. A lower percentage indicates instability for less children. Long term placement stability considers the percentage of children in care who have been looked after for at least 2 ½ years and been in the same placement for the last 2 years, a higher percentage indicates stability for more children.

Commentary:

- Our 'Bridges' edge of care service has helped to address rising numbers of children in care by supporting families and preventing adolescents from coming into care
- We are working to ensure children return home when changes have been made in their family, 34 children in long term care currently have a plan for reunification
- We are working closely with our Health partners to ensure dental checks are completed on time and address the backlog due to the pandemic.
- The revised Sufficiency Strategy sets out how we are developing the right provision to better provide stability for all children in care

Children's Social Care Performance - Care Experienced Young People

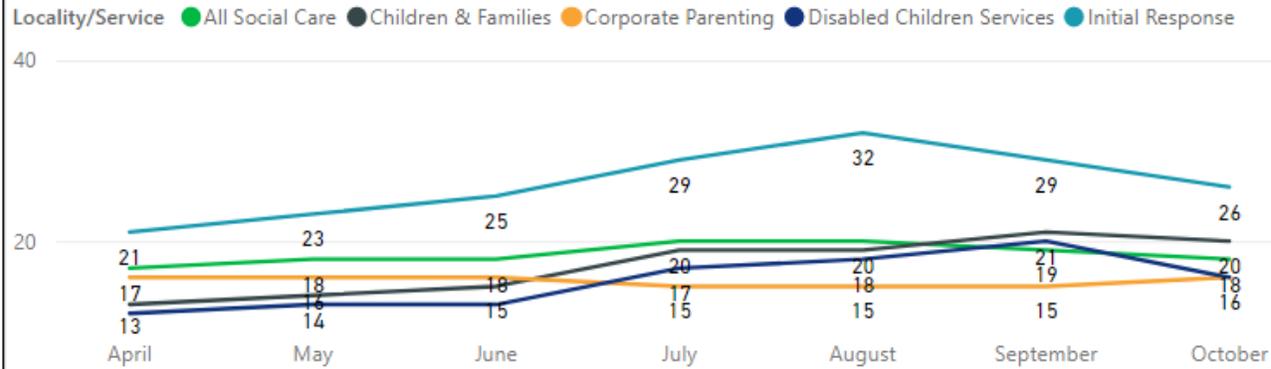
Type of Plan	Children on Plan (Current Month)	Cohort - 18 Month Trend	Cohort Trend (Last Year %)	Young People In Touch %	% in Education, Employment or Training	
Care Experienced	435		-6.7%	92%	50% (Last Month)	
<p>Number of Care Leavers currently living in Unsuitable Accommodation</p>					% In Suitable Accommodation	
					81% (Last Month)	

Definitions: Children & young people who are or have been in care after their 16th birthday become 'care leavers' and are entitled to support from a Personal Advisor (PA) up to the age of 25. This support includes help with obtaining suitable accommodation and pursuing further education or training with the aim of being able to live a successful independent life. The details of how this will be achieved is set out in a Pathway plan. PAs should keep in touch with care experienced young people and remain informed with their progress. A high percentage of young people in touch with their PA's indicates that PAs are well informed of young people's current situation and are able to support them effectively. A high percentage of care experience young people in suitable accommodation and in education, employment or training is an indication of care leavers successfully making the transition to living independently.

Commentary:

- All eligible young people 16+ now have access to a Personal Adviser
- 80% of eligible young people have an up to date Pathway Plan
- Multi-disciplinary working has led to improved accommodation and outcomes for some young people with more complex needs
- Accommodation challenges for young people needing higher support included in the revised Sufficiency Strategy
- Access to apprenticeships and training is improving for younger care leavers.
- Four dedicated Education, Employment and Training worker are currently being appointed to improve expertise and support.

Average Caseload by Month and Locality/Service

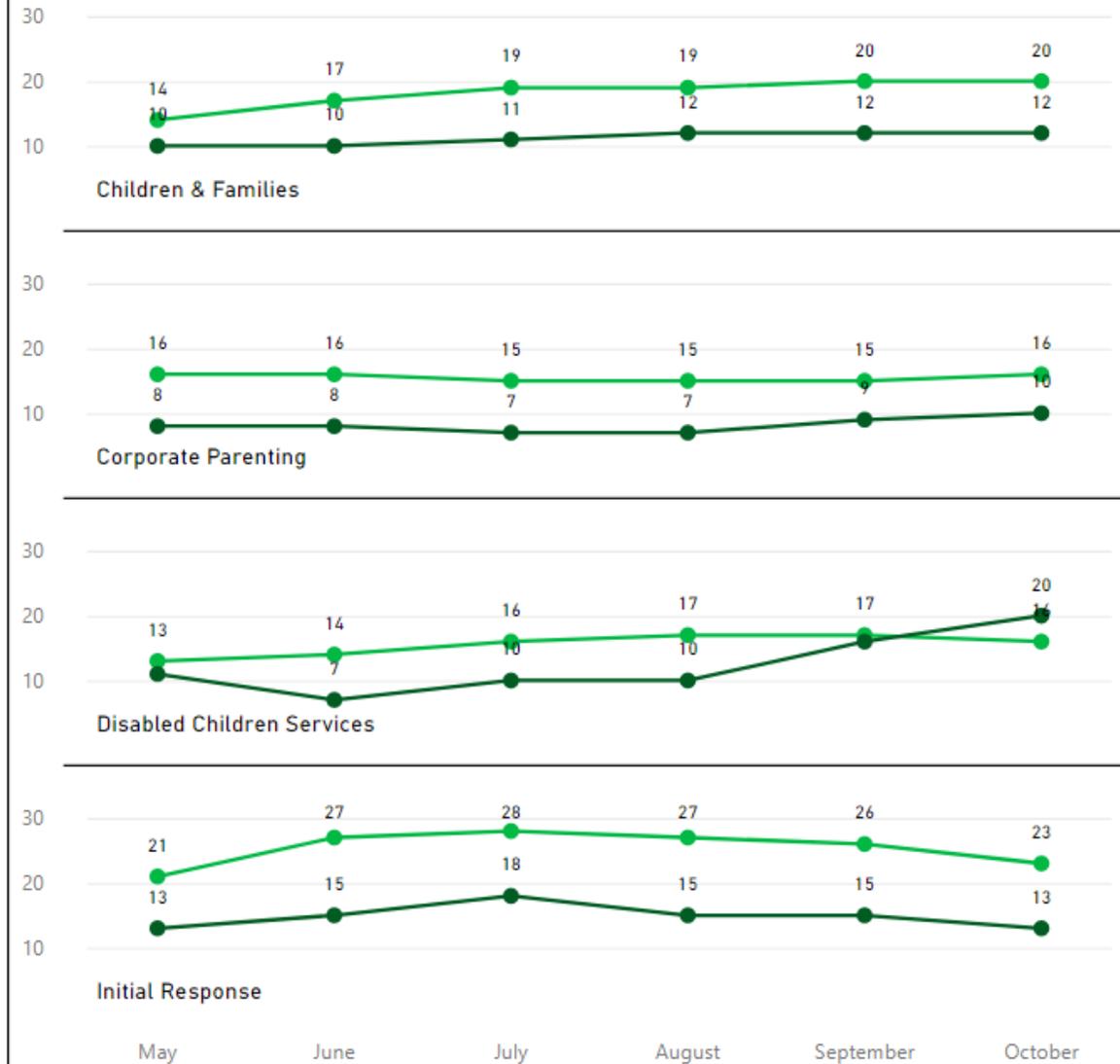


Month	All Social Care	Children & Families	Corporate Parenting	Disabled Children Services	Initial Response
April	17	13	16	12	21
May	18	14	16	13	23
June	18	15	16	13	25
July	20	19	15	17	29
August	20	19	15	18	32
September	19	21	15	20	29
October	18	20	16	16	26

With the exception of P&T, all service areas saw an increase in average caseloads range over the summer as a result of increased demand and high SW vacancy levels and turnover in the service. As a result of improved recruitment impacting in Sept average caseloads are now beginning to reduce in our Initial Response Teams where there has been the most pressure.

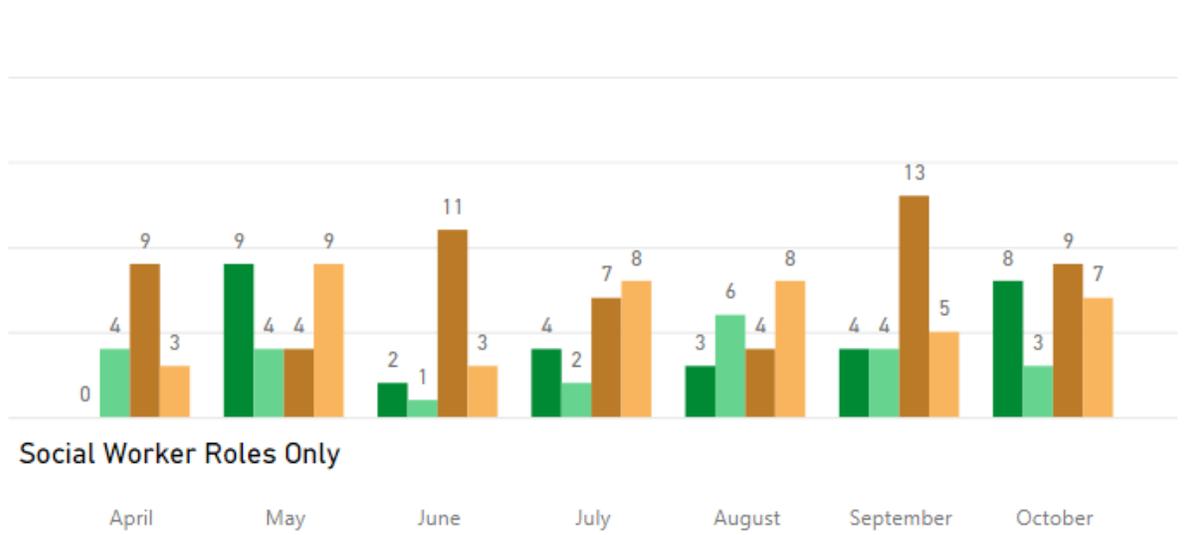
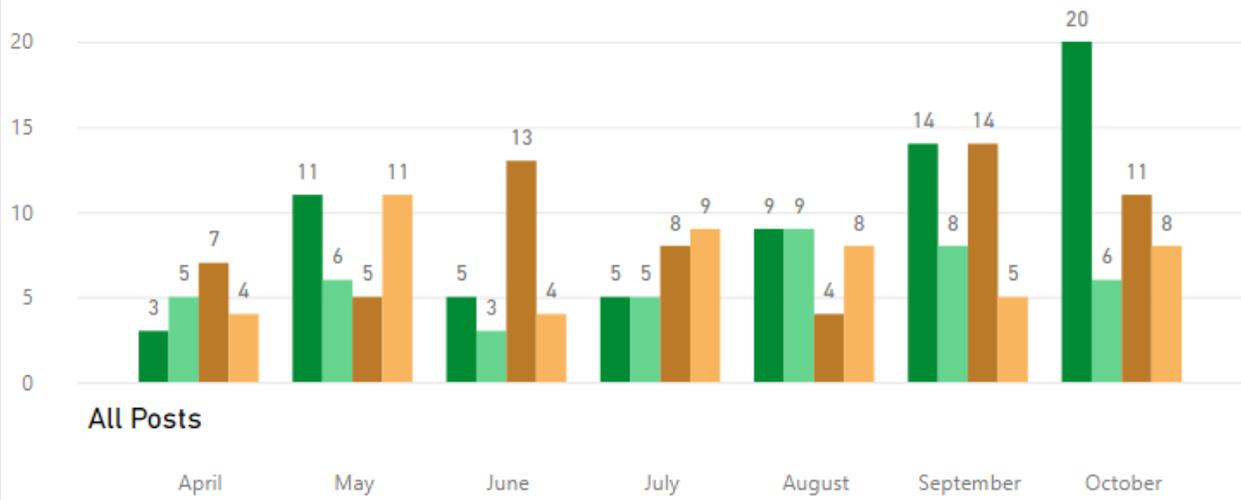
Average Caseloads by Service for Social Workers and ASYE's

Type of Social Worker: ● SW ● ASYE



Starters & Leavers by Month

Contract Type ● Permanent Starter ● Permanent Leaver ● Agency Starter ● Agency Leaver



Total Starters & Leavers (Permanent & Agency)

Type ● Starter ● Leaver



Role	TOTAL STAFFING SHORTFALL			% Of staff Employment Status (in Post)	
	Budgeted FTE Establishment	Unfilled Vacancies (Perm & Temp)	% of Capacity Shortfall / Vacancies	Permanent	Agency
Team Manager	32.00	2.50	7.8%	70.3%	40.6%
Assistant Team Manager	14.00	1.15	8.2%	84.6%	35.7%
Social Worker (Exp & ASYE)	197.01	36.05	18.3%	58.0%	36.5%
Family Practitioner	67.81	14.27	21.0%	91.6%	4.4%
Personal Adviser (Care Leavers)	33.81	5.39	15.9%	88.2%	5.9%
GRAND TOTALS	348.63	63.36	18.2%	69.0%	27.2%

Headline findings Devon's second Practice Week took place 4-8th October

- The Chief Officer and Senior Management Team observed key meetings, shadowed practitioners in their work and audited children's records during the week
- Focus on practice at the 'Front-Door' of Children's Services
- Senior Managers reflected on the extremely high levels of complexity our practitioners are working with, and the impact of this on them
- MASH: children who are clearly at risk of harm are triaged and progressed in a timely way. However, children who require Early Help experience delay - in some examples up to three weeks. Increased workload and complex systems are contributing to this delay.
- Strategy Meetings: good practice was observed, however a clear area for improvement is for managers to provide much clearer guidance and next steps to practitioners in order to support good practice, and this includes expectations to see children and complete checks with other LAs where needed.
- Domestic abuse, working with men & safety planning: practice requires improvement
- Initial Child Protection Conferences: written reports, and the analysis and management oversight that support them require improvement.
- Meetings can be long and parents are not always supported to participate fully
- Assessments; gaps in analysis of children's experience and family history

Five Quick Wins;

1. Rename 'Single Assessment' to 'Child and Family Assessment' to support a holistic and professionally curious culture.
2. Immediate action to address the quality of social work assessments through 'bitesize' workshops for the Initial Response Teams to include guidance on assessments and the role of consent.
3. Provision of Business Support to Managers chairing child protection strategy meetings in assessment teams.
4. Deprivation of Liberty Training to be arranged for frontline staff.
5. MASH Guardian Access for Emergency Duty Service.

Key findings;

- Immediate responses to children's needs of protection were decisive and timely
- Assessments are not always sufficiently thorough and completed in a timely way
- Not all children in need have an up-to-date plan that clearly sets out the support needed by different professionals
- SW reports to ICPC are not always sufficiently thorough and there is a need to ensure they contain good analysis
- There is a need to ensure that the voice of the child is always present in assessments and plans
- High caseloads and staff turnover have meant that SW visits to children have not always been completed or recorded in a timely way
- There is a need to better evidence that visits have a purpose and progress the plan
- Ensure early help becomes involved in a timely way where needed
- Assessments and Plans must always include fathers and grandparents are always included in assessment and planning
- Expectations of parental capacity to change and sustain change where children are experiencing chronic neglect and domestic abuse need to be more realistic
- Further development work is needed with staff on effective safety planning
- There is a need to ensure there is consistent evidence of good supervision and management oversight on children's records
- Practice and decision making for children voluntarily in care was found to be good

Actions in Improvement Plan to address practice learning;

- Support from Leeds for managers on quality of supervision and practice oversight (starts Nov)
- Workshops with Initial Response Teams to clarify good practice Children in Need plans to be prioritised for improvement
- Communication of 10 key tips for engaging children and families
- Development work with CP Chairs to ensure outcome focused planning
- Implement Cabinet decisions to improve social work recruitment and retention
- Communicate messages from audit in ways which support clarity about what good practice looks like