



**Southampton Local Safeguarding Children Board  
Monitoring and Evaluation Sub Committee**

**Single Agency Report**

Please complete this form, providing evidence for each of the key points below. Also attach any relevant data and information to support this report.

**Name: Sophie Skiba**

**Agency: Children's Services**

**Date of Report: 4<sup>th</sup> February 2013**

**Timescale to be covered in this report: Previous 12 months**

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### Key developments over this reporting period:

- Children Services is undergoing the Transformation Programme (CSTP) September 2013 - April 2017. The CSTP will transform and redesign service provision across the city in order to deliver the partnerships agreed vision to be

*“An Early Intervention City with a multi agency, integrated service provision that works to ensure children's needs are met at the earliest stage. Where possible, and children's welfare is assured, these needs will be met within their family and community resources.”*

The CSTP is the basis and delivery model of both our Early Intervention Strategy, and our strategy for improving the outcomes for children, and in particular, vulnerable children and families across the city.

The strategy aims to reduce the number of children, young people and their families requiring support at Tiers 3 and 4 (i.e. multiple needs and specialist needs) thus improving the quality of life for children and families and reducing overall cost of service delivery.

The first stage of the CSTP, the restructure of the senior management team, is underway and formal consultation with affected staff has commenced.

- The CSTP Board was established with 7 Working Groups to carry the work forward such as the new MASH, the new Quality Assurance Unit and a new Professional Development Offer for staff.
- New performance management and quality assurance processes were introduced in front-line teams to increase management oversight and learning from practice for example, personal performance templates, SKIRT reports, monthly case audits and the very new observations of practice.
- The Fostering and Adoption Service have devised and begun to implement clear improvement plans. More children were placed for adoption over the last 6 months.
- Concurrently, Children's Service is planning for the new Ofsted Single Inspection Framework. A working group was established to oversee this with a focus on collation of a detailed list of performance and management information requested, known as Annex A and any new areas included in the inspection. Southampton is learning from other LA's who have recently been through the process.

### Statistical information and analysis:

#### Referral and Assessment Summary of Activity (known as the “Safeguarding Front Door”)

	10/11	11/12	12/13	13/14 (Oct-Dec)	SN 12/13	England 12/13
Rate of referrals received per 10,000	733	794	813	648	679	521
% or re-referrals within 1 year	30%	29%	31%	33%	27%	25%
Number of initial assessments per 10 000	553	593	703	N/A	476	387

<b>Number of core assessments per 10 000</b>	297	216	273	N/A	224	204
<b>Number of Single Assessments completed</b>				114	New measure	New Measure

In Southampton, referrals continued to rise in 2012/13 although as of December 2013 we saw a drop, in line with our focus on early intervention, bringing us back in line with our Statistical Neighbours and England. We would anticipate a further reduction with the introduction of the Multi-Agency Safeguarding Hub in 2014.

Re-referral rates are higher than our Statistical Neighbours and England which may suggest our interventions are less effective. The new Transformation Programme is in place to address this.

We complete significantly more assessments compared to our Statistical Neighbours and England. The new MASH will aim to ensure our threshold is correct and that assessments are carried out at a Tier 3 level only when necessary. We anticipate an increase in CAFS and assessments at a Tier 2 level.

### Summary of performance for Key Child Protection Process and Outcome Measures

	10/11	11/12	12/13	13/14 (Oct-Dec)	SN 12/13	England 12/13
<b>Number of children with child protection plans per 10 000</b>	64	58	50	51	52	38
<b>% of child protection plans lasting 2 years or more</b>	N/A	0.4%	1%	N/A	N/A	3%
<b>% of review child protection plans reviewed within timescales</b>	89%	99%	100%	100%	97%	98%
<b>% of children subject to child protection plan for a second or subsequent time</b>	11%	14%	13%	N/A	15%	15%

There were fewer Southampton children who were subject of a child protection plan (CPP) in 2012/13 (232) than in 2011/12 (269). The numbers have remained lower in 2013/14. These figures are similar to our Statistical Neighbours although higher than England.

1% of children were subject to a child protection plan for 2+ years lower than in England. These children are tracked individually and reports provided to the Head of Service.

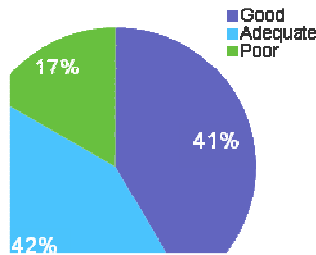
100% of review child protection conferences were held on time, above local and national figures. Slightly less children were subject to a child protection plan for a second or subsequent time compared to our Statistical Neighbours and England. This may suggest our interventions are slightly more effective.

**Evidence from at least one case file audit/other qualitative assessment:**

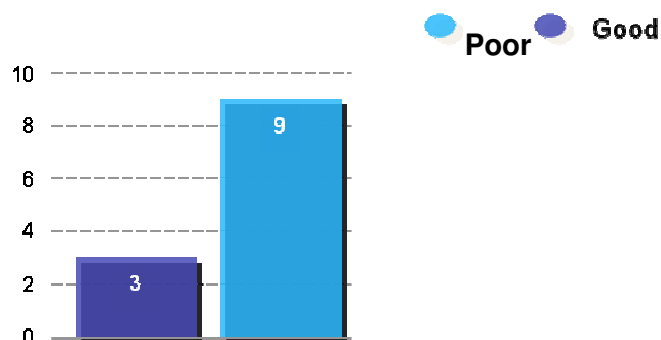
## Southampton Quality Review November 2013.

Please see Ingson Report Attached. Key findings are as follows:

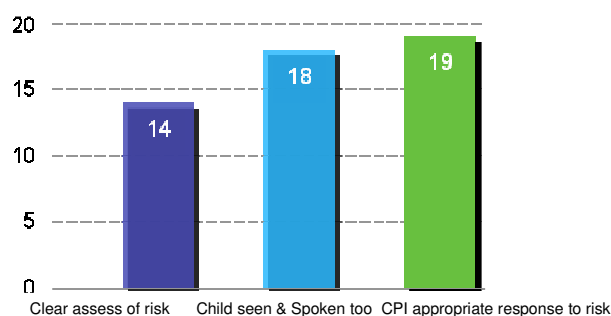
- 12 **single assessments** were reviewed and overall quality and analysis was judged to be good (5 judged good, 5 judged adequate, 2 judged inadequate).
- All children were seen and spoken too and showed a good level of practice.
- 4 assessments had no evidence of agency checks.
- There was delay for some children being seen by a social worker. 50% children were not seen within 10 days of the assessment starting.



- 12 cases were audited in relation to **Child Protection Plans and visits**.
- The plans reviewed became less outcome focused the longer they were open to core groups.
- In 50% of children's case notes social workers evidenced active and clear discussion of elements of the plan. 40% evidenced this partially.
- Children on a CP Plan were visited frequently and when a 10 day visit was missed e.g. absence of a child, follow up visits were generally arranged very quickly in these circumstances.
- Core Group meetings demonstrated a more mixed picture. In the majority of Core Group records there were large gaps between there occurrence or there was a record on file of a core group taking place, but no report of the meeting on file.



- 20 **child protection investigations which lead to ICPC's** were reviewed.
- The timeliness to ICPC was generally good with a median of 3 weeks.
- There was little evidence of any agency other than police and social care taking part in strategy discussions.



- Overall quality of **Child in Need Plans** judged to be poor or no plan held on file.
- **LAC plans** set out by the review chair at the end of the LAC review were reasonable or good quality and were outcome focused. This was not so for social work LAC plans held on the Paris recording system. The two plans need to align.
- An action plan is in place to address areas of concern.

### **Audit of Quality in Reports to Initial Child Protection Conferences**

An audit was commissioned by the LSCB to understand the quality of reports to Initial Child Protection Conferences. 9 cases were audited. Key findings are as follows:

- In most cases the professionals relevant to each case provided reports to conference. Schools did not consistently provide reports, there were no GP reports and in 2 relevant cases there were no reports from a health visitor.
- Agencies generally provided historical information in their reports apart from schools although citing historical risk factors in reports was inconsistent across agencies. Health visitors, school nurses and probation were more likely to reference historical risk.
- All agencies clearly outlined the current concerns and generally presented the strengths and weaknesses within the families.
- Social workers were the key professionals presenting the child's views, although this was of variable quality. Their views did however, form a part of all ICPC minutes.
- Mother's views were expressed in social work reports but less so in other agency reports. Father's views were less apparent. When relevant they featured in over half of social work reports, 2 probation reports but not in any other agency report.
- Social work reports referenced risk factors but did not always identify risk to each individual child or recognise all the risk factors. Other agencies generally presented risks to the child.
- There was little evidence of robust multi-agency working, with exception of the child protection investigation period.
- Apart from social worker reports, all other agency reports tended to be factual rather than analytical.
- The minutes of the ICPC were, in most cases, comprehensive, although in some instances did not reflect that information and risk factors were discussed or challenged during conference (ie in one case there may have been a need for a LADO referral but this was not explored and in another the potential need for a PLO meeting).

### **Evidence of feedback from frontline staff and information on any staffing issues during this period:**

The Principal Social Worker was appointed in June 2013 with the aim of feeding frontline staff views to the leadership team. The PSW completed an audit with staff considering how they ranked themselves in terms of their confidence and expertise in specific areas. Overall the areas in which the social worker believed they were more skilled and confident were Equal Opportunities, Intervention in Family Life and Service User Involvement. The area social workers feel the least skilled and confident are around Asylum Seeking Children and Refugee Children. This will inform the training and development offer. An annual staff survey is under development.

There have been informal and formal consultation stages with staff for the CS Transformation Programme. The consultation phase is currently underway. Staff have the opportunities to express their views via a number of avenues.

### **Evidence of input from children/young people and their families and evidence of reflecting on the child's journey through the service:**

This is an area of development. New processes to track the journey of the child and ensure their views shape service development are due to be in place by April 2014. In the interim:

1. A care leavers lunch was arranged to celebrate their achievements, take the opportunity to seek their views about the Care Leavers Charter and their relate their experiences of the

City's performance against the stated principles. They felt supported through:

- Bus fares
- Travelling costs
- Decent social worker
- Independent living – moving on

But they need:

- House deposits
  - Housing – need more support – tailoring to individual needs –we need someone to advocate for us when things get hard in housing
2. Young people are encouraged to take part in and lead on the review of their Pathway Plans. Care leavers are also encouraged to contribute to service planning, interviews of staff, social events, foster carer training and the review of foster carers' registration. The Service Manager for Children Looked After has recently visited care leavers in their housing accommodation and sought their views about their accommodation.
  3. W received positive feed back from the Ofsted survey on children and young people in foster care (please see attached). The Team Manager will follow-up on any issues of concerns in particular that some young people felt their foster carers did not help them when they were bullied.
  4. There has been a recent focus on improving the attendance of children aged 10 + at Child Protection Conferences. In November and December 5 children and 2 advocates attended on their behalf out of a possible 36 conferences. There is an action plan in place to address this. The Head of Service recently observed a Child Protection Conference and positive feed back was received about the conference incorporating the child's views.

#### **Evidence of how SCR findings have been implemented:**

The current CS Transformation Programme, particularly MASH, while not specifically from current SCR's is informed by previous SCR's and national evidence based practice. In relation to the current SCR's, on 10<sup>th</sup> February 2014 the LSCB Board Manager is running a session for managers with the IMR authors to detail the recommendations and what will need to happen next – an action plan for Children's Services will come from this.

#### **How has learning from completed SCR's been addressed?**

Please see above.

#### **Key findings:**

Strengths:

- Clear strategic vision through the CSTP 2013-17 with a focus on early intervention and partnership working
- Performance measures starting to come back into line with national and local trends- although there is some way to go
- Improvement plans in place where necessary
- Case loads at their lowest allowing more time for quality social work practice
- Increased management capacity and better grip on cases and throughput
- Re-launch of the children in care council

Concerns:

- High numbers of referrals although these are dropping and we anticipate will continue to drop with the introduction of MASH
- High numbers of CLA

Areas for development:

- Performance and quality assurance systems as part of the CSTP 2013-17 and the performance management corporate review; with a focus on systematically collecting

children and families views to inform service development

**Action plan:**

- Children's Services Transformation Programme 2013-17
- Service area development plans for CLA, Adoption and Children in Need

**What will the outcomes of improvements be?**

- Reduce the number of children, young people and their families requiring support at Tiers 3 and 4 (i.e. multiple needs and specialist needs) thus improving the quality of life for children and families.
- Services across the partnership operate from an evidence base and deliver interventions that can evidence positive impact in families.
- A comprehensive range of both universal and targeted services to support vulnerable children and families to enable them to achieve better health, social, emotional, educational outcomes in order to break the cycle of deprivation through a policy of prevention and early intervention.

Upon completion, send this document plus any additional information to  
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