

Scrutiny Report

Criteria for Entry of Children into Care

May 2011

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FOREWORD

The way in which a society looks after its vulnerable is a benchmark of its level of civilisation. Children and young people are one of the most vulnerable groups in our society and society has made the County Council the lead in their protection. It is the desire to enhance the input to that care that prompts this Scrutiny.

This has been an unusually complex scrutiny. Firstly, the initial objective had been, as the title suggests, a scrutiny solely into '*The Criteria for the Admission of Children into Care*', not into the process or the administration of the process. However, during the scrutiny the investigation did naturally expand to include the broader issues. In retrospect it would have been advantageous to have included the wider issues of the process and the administration of the process at the initial stage, which may have enabled us to identify any deficiencies of the Service earlier.

A major complication for the scrutiny was the very welcome injection by Cabinet of an extra £1million to address perceived problems with the service. The enhancements funded by this additional support were being implemented during the scrutiny process so what was evidenced at one meeting was not necessarily the case by the date of subsequent meetings due to the improvements being made.

Also, the *Next Steps* Programme was being rolled out, with similar consequences.

The difficulties were unavoidable and it is in no way inferred that vital improvements to the service should have been put on hold during the scrutiny. These problems have been put on record for the purpose of putting the scrutiny into context.

Related to the issues referred to above, there was a perception, especially during the early part of the scrutiny that the service, which had recently been recognised as underperforming and granted extra resources by Cabinet to fund improvement, represented itself as it would be when those improvements had been fully implemented and not necessarily as it currently was. Also, with hindsight, the Task Group perhaps should have spoken to a wider range of witnesses. Taking this issue into account and recognising that Ofsted has direct access to individual files not available to scrutiny; it is not surprising that the findings of scrutiny do not possess the profundity of the fully professional investigation of Ofsted. However, the Task Group has investigated the issues in considerable depth and has put forward a range of recommendations.

Referring back to the service improvements, the *Next Steps* Programme and taking into account the service's response to the Ofsted Report, the Task Group recognises that substantial changes have been implemented both during the scrutiny process and also in the period between the completion of the scrutiny and the Cabinet receipt of this Report. However, the recommendations are still published as representing the conclusions of the Task Group at the time of the scrutiny of the relevant part of the service.

My thanks go to all the members of the Scrutiny Task Group who have worked very hard and made a valuable contribution to the recommendations and conclusions of this report.

Barry Gandy

**Lead Member for the Criteria for Entry of Children into Care Scrutiny Task Group
April 2011**

Criteria for Entry of Children into Care Scrutiny Report

EXECUTIVE SUMMARY

Members of both the Council's Children and Young People Overview and Scrutiny Panel (CYPOSP) and the Corporate Parenting Board were interested in fully understanding the criteria for taking children into the care of the Local Authority and ensuring that the systems and procedures in place in Worcestershire were effective and conformed with current best practice.

The terms of reference for the scrutiny were to look at:

- How decisions are made on whether a child should be taken into the care of the Local Authority;
- Whether the processes for making these decisions are effective and conform to best practice;
- Whether anything could be done to improve the decision making process.

Context

The scrutiny took place at a time when there were many pressures for change acting upon the Service. As a result, service areas that may have been the subject of scrutiny recommendations were being changed and improved during the period of the exercise.

Also, throughout 2010 Children's Services had been undergoing a large programme of restructuring, under the *Next Steps* Project. (*Next Steps* is the Directorate's response to the Council-wide BOLD (Better Outcomes Leaner Delivery) Programme which aims to reduce Council expenditure at a time of anticipated reductions in its budget.) As a result, the Task Group, at times, found it difficult to focus on structures and procedures within the Directorate, as they were subject to change. The *Next Steps* Project has resulted in a new senior management structure which was implemented from 1 September 2010, with other changes being rolled out in subsequent months.

Further influences on the course of the scrutiny exercise were the reports following the Annual Ofsted Unannounced Inspection of Contact, Referral and Assessment in July 2010, and the Care Quality Commission (CQC)/Ofsted Inspection of Safeguarding and Looked After Children Services which was published in November 2010.

Findings and Recommendations

A driver for establishing the scrutiny was the rise in the number of referrals to Children's Social Care (an increase of 12% between 2007/08 and 2009/10) and in the number of children looked after (up by 12.5% between 2008 and 2010). These increases led to higher case loads and a potentially detrimental impact on performance. **Recommendations 17-20** aim to improve these problems.

Clearly to reduce these figures effort needs to be made on early intervention and prevention and family support. **Recommendations 10 and 11** look to support this.

Given the current financial situation we considered cost pressures on the service and have made a number of **Recommendations (7, 8 and 14)** in this area.

A clear message emerging from our investigation is that the key to providing children with a good experience of 'the system' is to ensure that all of the agencies involved are working together to a common goal. Agencies need to develop mechanisms for improving communication and data sharing and also need to strive to create an atmosphere of mutual trust between professionals. We have seen that there has been good progress in multi-agency working in recent years but we are concerned that, because services are under pressure, staff do not always have time to consider the broader picture. Our **Recommendations 2, 12, 13, 15 and 16** address this issue.

In working towards an improved service and better multi-agency working, we believe that leadership is key (and indeed is, in many ways, as important as money). Strong leadership, with the confidence to look at alternative management models, will be crucial in taking the service forward and meeting the challenges ahead. Our **first Recommendation** asks the Council to take the lead in considering alternative delivery models.

Children and young people lie at the heart of this scrutiny. We have listened to their views and **Recommendations 3-6 and 9** follow on from their comments.

Recommendations

Recommendation 1 – We recommend investigating the locality based model for children's social care services favoured by Warwickshire as an option for consideration by Worcestershire, as it may increase joined up working and enhance the quality of delivery of the Service.

Recommendation 2 – The Task Group supports the proposed changes to structures within Children's Services to simplify the link between CAF Co-ordinators and the Access Centre and would suggest that the Cabinet Member and Director, in conjunction with partners, look to identify further opportunities to increase the effectiveness of the Common Assessment Framework process and report back to the Children and Young People Overview and Scrutiny Panel.

Recommendation 3 – We recommend that all social workers working with children being taken into care are reminded of the importance of giving children age-appropriate and truthful information about their situation and the reasons for their removal from their family, and the practice of involving the members of Who Cares? We Care! (Children in Care Council) in social work training be continued.

Recommendation 4 – We recommend that further work is done by officers in Children's Services to investigate the level and consistency of support offered by schools to looked after children, especially now that the role of designated teacher is no longer mandatory.

The Local Authority should remind schools of its expectation that there would be a governor who would hold the school to account for the work it does with looked after children.

Recommendation 5 – We recommend that the Who Cares? We Care! (Children in Care Council) ensures it has the views of, and represents, *all* looked after children.

Recommendation 6 – We recommend that the Local Authority continues to look for other ways of engaging looked after children and ensuring their voice is heard, possibly through enhanced use of social media.

Recommendation 7 – We recommend that the Local Authority analyses whether, by increasing its rates of pay to in-house foster carers, or other measures, it may recruit and retain more carers, and so reduce its reliance on more expensive Independent Fostering Agency placements, reducing costs overall.

There would be value in carrying out a scrutiny into the reasons why foster carers choose to work for Independent Foster Agencies, rather than the County Council.

Recommendation 8 – We recommend that, in due course, a full evaluation is undertaken of the Foster Care Framework and that the findings of this evaluation are shared with the Children and Young People Overview and Scrutiny Panel.

Recommendation 9 – We recommend that the Local Authority investigates methods of encouraging the recruitment of foster carers from all backgrounds, including from new migrant communities.

Recommendation 10 – We welcome the additional resources allocated by the County Council to early intervention activities in its 2011/12 budget and recommend that a full evaluation is undertaken of the impact of this additional resource on the number of referrals.

Recommendation 11 – We recommend that further work should be undertaken to analyse the impact and effectiveness of Children's Centres in reducing the number of referrals to social care.

Recommendation 12 – We recommend that mutual trust is built between social care staff and Children's Centres' staff.

Recommendation 13 – We recommend that increased data sharing should be encouraged between Children's Centre managers and the Health Service and other County Council departments in order to allow easier identification of families who may benefit from the services provided.

Recommendation 14 – We recommend that the exceptionally high cost for agency residential care be subject to possible joint commissioning in partnership with neighbouring local authorities, subject to the maintenance of standards.

Recommendation 15 – We recommend that Children's Services undertakes work to further develop partner organisations' understanding of their own role in relation to safeguarding. It is hoped that this may lead to a reduction in the number of referrals made to social care staff.

Recommendation 16 – We recommend that further work is done to encourage greater sharing of data, in particular between the County Council and the Health Service.

Recommendation 17 – As the Performance Management Report presented to the Task Group in May 2010 showed that only 54% of initial assessments were completed to time, compared to 62% in the previous year, we recommend that additional resources are allocated to reverse this further deterioration and that clear targets are set to ensure that these vital initial assessments are completed on schedule.

Recommendation 18 – We recommend that individual caseloads be more closely monitored by the line managers to ensure equitable and acceptable workloads, recognising that not all cases generate equal workload.

Recommendation 19 – We recommend that all social workers receive supervision and have time to reflect on cases and that dedicated administrative support is provided to social workers to help relieve some of the administrative burden.

We also recommend that the Council investigate best practice for retaining experienced social workers.

Recommendation 20 – We strongly support the plans to simplify forms and reduce the duplication of data entry.

CRITERIA FOR ENTRY OF CHILDREN INTO CARE SCRUTINY TASK GROUP

FINAL REPORT

INTRODUCTION

1. Members of both the Council's Children and Young People Overview and Scrutiny Panel (CYPOSP) and the Corporate Parenting Board had expressed an interest in fully understanding the criteria for taking children into the care of the Local Authority and ensuring that the systems and procedures in place in Worcestershire were effective and conformed with current best practice.
2. As a result of members' interest, the issue was included in the 2009 Scrutiny Work Programme and on 24 March 2010, it was formally agreed by the Overview and Scrutiny Performance Board that a Scrutiny Task Group would be set up. It was subsequently agreed that the Task Group would include members of the CYPOSP and, in order to include as full a range of views as possible, members of the Corporate Parenting Board would be co-opted onto the Task Group for the scrutiny exercise.
3. The Scrutiny Task Group was led by Councillor Barry Gandy, who is both Chairman of the CYPOSP and also Chairman of the Corporate Parenting Board. The Task Group was made up of three other members of the CYPOSP, three co-opted members of the Corporate Parenting Board and two Parent Governor Representatives.

Terms of Reference

4. The terms of reference for the scrutiny exercise were to look at:
 - How decisions are made on whether a child should be taken into the care of the Local Authority;
 - Whether the processes for making these decisions are effective and conform to best practice;
 - Whether anything could be done to improve the decision making process.
5. It is important to note that this was not a scrutiny of care provision in the County but a scrutiny of the processes relating to the entry of children and young people into the care system.
6. In order to consider this decision making process in its full context, the Task Group was interested to look at the whole system and what happened to these young people once they were taken into care. We therefore looked briefly at fostering and residential care. Finally, the Task Group felt it was essential to also look at the work done to prevent entry into the care system, as this has an impact on staffing and workload pressures in children's social care.

Methodology

7. In summary, evidence has been gathered from discussions with officers of the County Council working in a variety of areas relating to safeguarding, looked after children and children's social care. A small group of Councillors also met representatives of the Children in Care Council (Who Cares? We Care!) and towards the end of the exercise, the Task Group discussed its initial findings with the Director of Children's Services and the Cabinet

Member with Responsibility for Children's Social Care. By way of comparison, the Task Group spoke to officers from Warwickshire County Council and Solihull Metropolitan Borough Council.

8. The Task Group was also able to gather evidence from research undertaken by Practice Research Overbeck (which was commissioned by the County Council to advise on how to achieve an effective change in working practices within social work teams). In addition, reports received following Ofsted's Annual Unannounced Inspection of Contact, Referral and Assessment (published in July 2010) and the Care Quality Commission (CQC)/Ofsted Inspection of Safeguarding and Looked After Children Services (published in November 2010) gave the Task Group invaluable further evidence.
9. In general, there was much in these reports which also emerged in our discussions. However, overall, the CQC/Ofsted Report painted a less favourable picture of the service than our evidence had suggested. This is in part because the scrutiny set out to look at the criteria used to determine whether a child was brought into care, not to scrutinise the process of applying that criteria. We therefore did not enquire in detail about timescales and workloads, although the issue of workloads was raised in our discussions.
10. A full schedule of the Task Group's activity is included at Appendix 1.

THE CONTEXT OF THE SCRUTINY EXERCISE

11. The scrutiny exercise took place in unusual circumstances and at a time when there were many pressures for change acting upon the service.
12. Following detailed capacity reports outlining the rise in demand for social care services and proposing increased resources required to meet this demand, Cabinet made a commitment to increase front-line social care capacity through additional funding of £1 million in 2010/11 and £500k in 2011/12. As a result, service areas that may have been the subject of scrutiny recommendations were being changed and improved during the period of the exercise.
13. Also, throughout 2010, Children's Services had been undergoing a large programme of restructuring, under the *Next Steps* project. (*Next Steps* is the Directorate's response to the Council-wide BOLD (Better Outcomes Leaner Delivery) Programme which aims to reduce Council expenditure at a time of anticipated reductions in its budget). As a result, the Task Group has, at times, found it difficult to focus on structures and procedures within the Directorate, as they have often been subject to change. The *Next Steps* project has resulted in a new senior management structure which was implemented from 1 September 2010, with other changes being rolled out in subsequent months.
14. Further influences on the course of the scrutiny exercise were the reports following the Annual Ofsted Unannounced Inspection of Contact, Referral and Assessment in July 2010, and the Care Quality Commission (CQC)/Ofsted inspection of Safeguarding and Looked after Children Services which was published in November 2010.

Ofsted Unannounced Inspection of Contact Referral and Assessment Arrangements

15. In July 2010 the service received its Annual Unannounced Inspection of Contact, Referral and Assessment arrangements, which contributed to the annual review of the performance of the Local Authority's Children's Services. The Inspection sampled the quality and effectiveness of contact referral and assessment arrangements and their impact on

minimising any child abuse and neglect. The Report identified several strengths and areas of satisfactory practice as well as a number of areas for development and one area for priority action. The area for priority action was particularly relevant to the scrutiny:

"Following the Joint Area Review in 2008, a recommendation was made for immediate action to 'increase social care staff capacity and ensure the quality and consistency of management systems and practice in the contact, referral and assessment services'. However, since then there has been only limited progress and management action to improve the services in order that all children are properly safeguarded. During the course of the inspection several cases of immediate concern were referred to the Local Authority for action to ensure the well-being of the child involved."¹

CQC/Ofsted Inspection of Safeguarding and Looked After Children

16. Towards the end of the scrutiny exercise (November 2010) the CQC/Ofsted Report on the Inspection of Safeguarding and Looked After Children in Worcestershire was published. The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers.
17. In summary, the CQC/Ofsted Inspection judged the overall effectiveness of Safeguarding Services to be Grade 4 (inadequate) and the overall effectiveness of Services for Looked After Children to be Grade 3 (adequate).
18. The CQC/Ofsted Report and the Report on the Ofsted Unannounced Inspection have provided a further catalyst to change within Children's Services. A detailed action plan has been developed and an Improvement Board, chaired by the Cabinet Member with Responsibility for Children's Social Care, has been set up. The Task Group is hopeful that the actions being put in place will lead to a significant improvement in the services provided to children and young people in the County.
19. Inevitably, the publication of the CQC/Ofsted Inspection Report has had an impact on the course of the scrutiny exercise and the Task Group felt that it offered invaluable further evidence of the situation in Worcestershire. The CQC/Ofsted Report was compiled by experts in the field of children's social care who had access to case files and held detailed discussions with services users and their parents/carers, as well as front line and more senior officers from the County Council and partner organisations. The Scrutiny Task Group was, therefore, keen to use the evidence provided by the inspection to inform its own final Report.

Practice Research Overbeck

20. Additionally, in March and June 2010 the findings of independent research undertaken by Practice Research Overbeck were published, and formed part of our evidence. Overbeck analysed contacts and referrals to social care in 2008/9 and concluded that there was a significant number of children whose needs could be met without recourse to social care services. The researchers were able to compare practice and thresholds with other local authorities across the country. The findings also highlighted the need to ensure there is a focus on working with parents and carers through the use of Common Assessment

¹ From letter to Director of Children's Services from Ofsted following annual unannounced inspection of contact referral and assessment arrangements within Worcestershire children's services dated 4 August 2010

Framework (CAF) and Children in Need plans, in order to reduce the need for statutory child protection intervention or for children to become or remain looked after unnecessarily.

21. Finally, at a national level, Children’s Minister Tim Loughton commissioned Professor Eileen Munro of the London School of Economics to carry out an independent review of child protection. Her initial findings were published on 1 October 2010 with an interim report received in February 2011. Her final report is expected in April 2011.

THE CURRENT SITUATION IN WORCESTERSHIRE

22. There are currently approximately 123,000 children and young people aged 0 to 18 in Worcestershire, representing 22.2% of the area's total population.² In October 2010, 9.4% of the school population was classified as belonging to an ethnic group other than White British. English is spoken as an additional language by 4.4% of pupils.³

23. As at 31 December 2010, there were 600 looked after children in the County, (585⁴ on 20 February 2011). This has risen from 569 in December 2009 (a rise of 5%) and 525 in 2008 (a rise of 12.5% to 2010). Nationally there are about 60,000 children and young people who are looked after by local authorities in England.

24. Of these 600, 136 were less than 5 years of age, 383 were aged between 5 and 16 years old, and 81 were post 16. Additionally, 53 were identified as being unaccompanied asylum seekers (of which 38 were aged 16 or 17) and 289 young people had care leaver status.⁵ Further detailed data are set out in the tables below.

2010/11 data in Tables 1-3 covers only the period April 2010 to September 2010, not full year.

Table 1⁶ - Number of children starting to be looked after by age

Annual	05/06	06/07	07/08	08/09	09/10	10/11
Number of Children starting to be looked after	152	188	156	232	234	133
Number of Children under 5	63	81	59	77	82	54
Number of children between 5-9	23	34	33	25	19	15
Number of children between 10-15	58	68	58	86	95	37
Number of children aged 16 & 17	8	5	6	44	38	27

² Information based on mid-2009 estimates (July 2010)

³ Figures provided by Children’s Services (January 2011).

⁴ Figures provided by Children’s Services (March 2011)

⁵ Figures provided by Children’s Services (January 2011).

⁶ Extracted from Children's Services (Social Care) Performance Management Report April 2010 – September 2010 Report No.33

Table 2⁷ – Number of Young People Receiving the Aftercare Service (including unaccompanied asylum seekers from Q1 2010)

Annual	March 08	March 09	March 10	September 10
Number receiving service	224	238	229	289

Quarterly 10/11	Q1 April- June 10	Q2 July- September 2010	Q3 October- December 2010	Q4 January – March 2011
Number receiving service	308	289	n/a	n/a

Table 3⁸ – Number of Referrals

Annual	06/07	07/08	08/09	09/10	10/11
Referrals	2571	2805	3140	3140	1647

Quarterly	Q1 April- June 10	Q2 July- September 2010	Q3 October- December 2010	Q4 January – March 2011
2009/10	758	850	795	737
2010/11	855	792	n/a	n/a

TAKING THE DECISION TO LOOK AFTER

25. Members of the public, Council staff, or staff from a range of external agencies can contact the County Council (without the consent of the parent/child) via the Access Centre Children's Team (ACCT) if they consider a child may be at risk of, or suffering actual significant harm, or (with the consent of the parent/child) if they consider the child may be "in need".
26. The ACCT, delivered in partnership with the Worcestershire Hub, provides advice and information and passes on any appropriate requests for services to the Duty and Assessment Teams (DAT). The ACCT Professional Support Worker and Senior Social Worker decide whether the referral meets the threshold for assessment and/or child protection enquiries. If the threshold is met, the referral is passed to one of the three local DATs, which are based in the north west, north east and south of the County. The DAT will then either hold a strategy discussion to consider child protection enquiries or allocate the case to a worker to undertake an initial assessment.

⁷ Extracted from Children's Services (Social Care) Performance Management Report April 2010 – September 2010 Report No.33

⁸ Extracted from Children's Services (Social Care) Performance Management Report April 2010 – September 2010 Report No.33

Assessment

27. All initial and core assessments are undertaken by the DAT. These are teams of Social Workers, Social Work Assistants and Family Support Workers who take all new social work referrals from the ACCT. They also undertake child protection enquiries and draw up plans with families to meet identified needs.
28. In line with the overall change in culture within Children's Services at the time of the scrutiny exercise, the Task Group was told that DAT was changing in nature in an attempt to undertake shorter, quality assessments and draw up action plans which would then be sent to the Children and Families Teams at an earlier stage.
29. We also heard about plans to recruit three senior social workers who will be wholly based in the Access Centre and closely linked to the duty teams. These members of staff will be sufficiently senior to make judgements about which agency was most appropriate to take forward each case, i.e. does the case need County Council social services involvement. These social workers will also have strong links with the Common Assessment Framework Co-ordinators. The service was confident that this would reduce the number of referrals.
30. We heard from Warwickshire County Council that their children's social care services were locality based and were set up according to districts, roughly following district council boundaries. Each district had teams dealing with child protection, looked after children, leaving care and fostering. In addition, there were also county-wide teams relating to adoption, sexually inappropriate behaviour, domestic abuse and asylum seekers.

Recommendation 1 – We recommend investigating the locality based model for children's social care services favoured by Warwickshire as an option for consideration by Worcestershire, as it may increase joined up working and enhance the quality of delivery of the Service.

Common Assessment Framework

31. The Common Assessment Framework (CAF) for children and young people is a shared assessment tool used across agencies in England. It can help practitioners develop a shared understanding of a child's or young person's needs so that they can be met more effectively. It aims to avoid children, young people and families having to tell and re-tell their story to a number of different professionals.

How is the Common Assessment Framework being implemented in Worcestershire?

32. The Overbeck researchers reported that Worcestershire's implementation of the Common Assessment Framework was *'well-ordered and, when compared to many other places, well-resourced,'*⁹ although they acknowledged that it was still early days.
33. A major finding from this research was that some partner agencies do not have a good understanding of what safeguarding is and do not recognise that safeguarding is the

⁹ Practice Research Overbeck Review of the Common Assessment Framework in Worcestershire County Council June 2010

responsibility of all agencies, not just Children's Services. It was suggested to us that this lack of understanding of some partner agencies about the meaning of safeguarding and their responsibilities in this area had led to many more referrals to Children's Services. Cases were being referred for assessment that could have been dealt with effectively by the relevant agency without any need for referral to Children's Services.

34. The Overbeck Report also suggested that the work of the CAF Co-ordinators needed to be brought more closely in line with the Access Centres. For example, a caller to the Access Centre might be advised to complete a CAF but not know how to do this. The CAF Co-ordinator could be asked to guide the caller through the process. The Task Group was reassured that changes to structures within Children's Services would aim to simplify this link between the CAF Co-ordinators and the Access Centre.

Recommendation 2 – The Task Group supports the proposed changes to structures within Children's Services to simplify the link between CAF Co-ordinators and the Access Centre and would suggest that the Cabinet Member and Director, in conjunction with partners, look to identify further opportunities to increase the effectiveness of the Common Assessment Framework process and report back to the Children and Young People Overview and Scrutiny Panel.

Deciding whether to look after a child

35. Children's Services staff confirmed that social work best practice considered that wherever possible children should be cared for within their own family. Indeed, the Children Act 1989 requires the Local Authority to leave children with their families unless this is impossible. As a result, much of Children's Services' focus is to ensure that children are able to remain safely at home or, if not, then with other suitable relatives or friends. Social workers told the Task Group that they would always aim to keep a child at home in the family unit, using all the preventative services they had available (for example, Family Support Workers, Child and Adolescent Mental Health Services (CAMHS) and Children's Centres). However, sometimes, despite all of the resources available, a child's needs may still not be being met and social workers might judge that he or she was still at significant risk of harm. Therefore the process of bringing the child into the care of the Local Authority would need to be explored.

36. Children can either be "voluntarily accommodated", i.e. there is a voluntary arrangement between the family and the Local Authority and the family retains parental responsibility, or "in care", i.e. the subject of an interim care order or care order giving the Local Authority parental responsibility. These orders can only be made by a court and then only if there is evidence to show that a child is or is likely to suffer significant harm. All children accommodated by the Local Authority either voluntarily or statutorily are referred to as "children looked after".

Who decides?

37. In Worcestershire, the final decision to take a child into care can only be made by the Service Manager (SM) (known as Service Development Managers (SDM) at the time of the Scrutiny) for that area, rather than the 'on the ground' social workers or their team managers. A concerned social worker would be required to pass the case up the

management chain. This system is, in part, to ensure proper checks and balances and is also intended to ensure a degree of consistency in decision making.

Criteria

38. In deciding whether or not to take a child into care, the SM must be satisfied that all other routes have been explored and that the decision is in the best interests of the child. As far as the Task Group could ascertain, there is no specific checklist of criteria or threshold descriptions against which managers make decisions – the decision is a judgement, based on the specific circumstances in each case and using the experience and knowledge of the staff involved. It is essential that all decisions can be clearly justified and, although the final decision would be made by the SM, a decision to take a child into care would always be taken as a result of collective professional assessments of a situation.
39. The information used by the SM to make the decision is taken from the assessments completed by social workers and social work assistants, which are recorded in a number of forms. These cover factors such as the child's health, education, emotional and behavioural development needs and the family and environmental factors which impact on them. The Task Group was provided with blank copies of the associated paperwork and anonymised case studies in order to understand the complexity of the issues covered by the assessments.
40. When it comes to undertaking formal care proceedings, at an early point in the exercise it became clear that the Local Authority's role in looking after children is highly regulated and subject to a high level of prescription, although the Local Authority does have discretion in deciding which children should become looked after.

Emergency Process

41. Of course, in some cases, decisions have to be taken at speed. In such an emergency situation we were told that, although the process for making the decision remained the same, decisions could be made very quickly. Support from the Local Authority's Legal Services was also available in emergency circumstances, and we were told that, where there were concerns about the danger of immediate harm to a child, court proceedings could be started within an hour. Legal support is available to social workers 24 hours a day – something that had been made a requirement on local authorities following Lord Laming's report into the Victoria Climbié case. Social work staff estimated that approximately 70% of cases of children being taken into care were planned and 30% were emergency.
42. The Task Group was told that recent case law had been critical of the inappropriate use of emergency intervention and had resulted in one authority being required to pay damages of £¼ million. This also represented good child protection practice as it was not felt to be helpful to rush in too soon and regret this later.

THE CHILD'S EXPERIENCE

43. Some members of the Task Group were fortunate to spend a morning with several representatives of the Council's well regarded Children in Care Council – Who Cares? We Care! It was an enjoyable and informative meeting and we are very grateful to the young people who were prepared to share their sometimes painful experiences with us.

44. The main message that emerged from the discussions was that each young person had a very individual experience of being taken into care. The young people felt that the adults managing the process should remember at all times that each child would grow up with memories of what happened to them on that day – some good and some bad. It is essential to remember that the child's experience of being taken into care will stay with them forever.
45. The young people spoke about the anxiety they felt when they did not know what was happening to them and told us that clear, age-appropriate, truthful communication was essential. It was important to remember that, whatever the circumstances – even if a child is being removed for his/her own safety – it is always traumatic for a young person to be taken away from their family. Social workers reassured us that, where possible, they would always aim to let the child know what was happening. However they acknowledged that in an emergency situation where there was significant risk this was not always possible.
46. The young people told us that, throughout care proceedings, it was important that children had access to a trusted adult (for example, a social worker or guardian) who could answer honestly any questions about what was happening to them. Children should always be told about the adults involved in their case, even in an emergency situation.
47. It was heartening to hear from social workers that the Local Authority would always take into the account the views of the children or young person when considering whether or not they should be taken into care. The Local Authority has a duty to act in the best interests of the child and to take into account their wishes and feelings, and the children involved in the Children in Care Council reinforced the importance of listening to the child when decisions were being made on whether he or she should become 'looked after'.
48. We also heard from the young people about the importance of sibling bonds and of keeping siblings together at such a traumatic time. We were encouraged to hear from the social workers that, wherever possible, they would look to keep siblings together. However, we recognise that in an emergency situation, it may not always be practical for this to happen.
49. Similarly, the Task Group was reassured to hear from social workers that, wherever possible, they would aim to maintain a child's educational stability. Keeping a child at their usual school was felt to give the child essential stability in otherwise uncertain circumstances. We heard that a similar priority was given to educational stability in Warwickshire. However, we were somewhat concerned at the suggestion by social workers that the support given to looked after children at school was variable, especially now that the role of designated teacher is no longer mandatory, and would suggest that officers from Children's Services investigate this further.
50. We were concerned to hear that on occasions in the past a young person's belongings were not always treated with respect when being moved from place to place, i.e. packed in black bags and boxes rather than proper suitcases and bags. We were, however reassured by social work staff that this would never happen now.
51. We were also told about an occasion when a child had been given a false re-assurance about a situation and, although we appreciate it could have been well meaning and a one-off incident, it is a situation that we would hope that professionals would avoid at all costs.
52. We were very pleased to see that the young people we spoke to were confident and willing and able to talk freely about their situations. However, this led us to wonder how

representative these children were of all children in care and we were interested to note that the CQC/Ofsted Report raised a similar point:

Systems enabling the views of looked after children and care leavers to contribute to the evaluation and development of service effectiveness are in place through the Children in Care Council. Nevertheless, much remains to be done to engage the wider looked after children population in both consultation and with the Children in Care Council.¹⁰

53. We were very pleased to see the excellent work being done by the Children in Care Council and would suggest that the County Council further develops this to ensure that all looked after children are able to get involved. The Local Authority should also continue to look for other ways of engaging looked after children and of ensuring that their voice is heard, possibly through the use of dedicated County Council web pages.

Recommendation 3 – We recommend that all social workers working with children being taken into care are reminded of the importance of giving children age-appropriate and truthful information about their situation and the reasons for their removal from their family, and the practice of involving the members of Who Cares? We Care! (Children in Care Council) in social work training be continued.

Recommendation 4 – We recommend that further work is done by officers in Children's Services to investigate the level and consistency of support offered by schools to looked after children, especially now that the role of designated teacher is no longer mandatory.

The Local Authority should remind schools of its expectation that there would be a governor who would hold the school to account for the work it does with looked after children.

Recommendation 5 – We recommend that the Who Cares? We Care! (Children in Care Council) ensures it has the views of, and represents, *all* looked after children.

Recommendation 6 – We recommend that the Local Authority continues to look for other ways of engaging looked after children and ensuring their voice is heard, possibly through enhanced use of social media.

¹⁰ CQC/Ofsted Inspection of safeguarding and looked after children services November 2010

WHAT HAPPENS TO THE CHILDREN ONCE THEY ARE TAKEN INTO CARE?

54. In order to understand the process in its full context, the Task Group was keen to look at the whole system including what happens to young people once they are taken into care.

Foster Care

55. Over 80% of looked after children are placed in foster care. The Local Authority's main role in facilitating foster care is to choose the best placement for a child, taking into account their cultural needs. Where possible, children will be placed with relatives or friends, and siblings will be kept together. Members were reassured to hear that the decision on the suitability of a placement was always made by the social workers who knew the child involved.

56. Foster carers either work directly for the Local Authority (in-house) or for an Independent Fostering Agency (IFA). There are currently 197¹¹ in-house foster carers. This has risen by 10% since June 2008 (although the number of foster placements has only risen by 3% in the same period).¹² The Task Group was told that, currently, about the same amount of foster carers are joining the Local Authority as leaving. The Local Authority uses foster placements both inside and outside the County and it is impossible to say how many IFA foster carers there are available. However around half of the foster carers the Local Authority uses are through IFAs.

57. The Task Group was told that using an IFA is more expensive than placing children with in-house foster carers as a percentage of the cost is paid as a fee to the agency. Also foster carers working for an agency are paid more than carers working directly for the Local Authority. As a result, more carers choose to work for an agency than directly for the County Council. This means that the County Council has no option but to use IFA provision, as it would not have a sufficient supply of carers otherwise. [All authorities have a "sufficiency" duty to ensure there is a sufficient supply of local carers to meet needs.]

58. Members acknowledged that agencies were able to pay higher rates to foster carers but were alarmed at the apparently high levels of profit being made by private foster care agencies at a time of public sector cutbacks. The Task Group suggested that it may be advantageous for the Local Authority to attract more in-house foster carers by increasing the amount paid to them. As this might reduce the number of more expensive IFA placements, it may result in a cost saving to the Local Authority. There is a risk associated with this approach that if the Local Authority increases its rates, the IFAs may also increase their rates thus creating a cycle of inflation. That said, we heard from Warwickshire County Council that their in-house fostering service was well regarded and rates of pay were above the Fostering Network Rate.

Recommendation 7 – We recommend that the Local Authority analyses whether, by increasing its rates of pay to in-house foster carers, or other measures, it may recruit and retain more carers, and so reduce its reliance on more expensive Independent Fostering Agency placements, reducing costs overall.

¹¹ As at 30 June Performance Management Report: April 2010 - June 2010

¹² Figures provided by Children's Services February 2011

There would be value in carrying out a scrutiny into the reasons why foster carers choose to work for Independent Foster Agencies, rather than the County Council.

59. The actual commissioning of a foster placement is undertaken by the Contracting and Commissioning Team whose role is to get the best price for the placement. As part of the restructuring of Children's Services we were told that the Placement Team was in the process of re-locating to the Commissioning and Partnerships Team, with the intention of creating a more seamless service and stronger links with the Contracting Team.
60. We were also interested to hear about the development of the County Council's *Foster Care Framework*, which included the details of 20 providers organised in 3 tiers and 4 age bands. Those providers in the first tier (currently 4 or 5 providers depending on age band) would be looked at first when a foster care placement was being sought. If one of these providers had the capacity, they would get the contract. Previously placements were bought as 'spot purchases' and the aim of the framework was to reduce the number of spot purchases and therefore reduce costs. We would be interested to see any evaluation of this framework.
61. The Task Group welcomed officers' assurances that, despite the cost implications, decisions concerning the placement of looked after children were always made in the best interests of the child and so a child would not be moved from one foster carer to another simply to reduce costs.
62. On a related point we also heard that it can sometimes be difficult to place a pre-school child who does not speak English in foster care. It may be possible to find a foster carer somewhere in the country who speaks the child's language, but this would have to be weighed against whether it would be desirable for the child to leave Worcestershire. To address this situation, members of the Task Group suggested that the County Council could do more to recruit foster carers from all backgrounds, including from the new migrant communities.

Recommendation 8 – We recommend that, in due course, a full evaluation is undertaken of the Foster Care Framework and that the findings of this evaluation are shared with the Children and Young People Overview and Scrutiny Panel.

Recommendation 9 – We recommend that the Local Authority investigates methods of encouraging the recruitment of foster carers from all backgrounds, including from new migrant communities.

Residential Care

63. If a suitable foster placement cannot be identified, residential placements can offer an alternative, safe environment for children who are unable to live at home or in family settings.
64. The Local Authority has places for up to 26 children to be accommodated at any one time. Placements range from the provision of emergency overnight accommodation to provision to

look after young people on a planned and longer term basis. The service comprises 4 homes, each of which has a different function. Placements are offered to children and young people aged between 10-19 years.

65. In addition, some children and young people are accommodated in specialist agency residential care. This provision is usually out of the County and is reserved for children and young people with the most profound needs. The Task Group was told that the cost of this agency residential care is particularly difficult to manage. The number of children concerned is very small (30-40) but the costs could be very high (c£3000- £5000 per week). Numbers could also be very volatile and unpredictable and it would only take a few additional children to tip the budget into overspend. However, we were pleased to hear that the Local Authority aimed to avoid placing children in agency residential care if at all possible because, as well as the cost, it was not considered best practice to send children away from their home area (the majority of agency residential placements are situated outside of Worcestershire).

EARLY INTERVENTION AND PREVENTATIVE WORK

Support to families in need

66. As well as dealing with families who are not coping or who are in crisis, social workers work with those families who have been identified as needing additional support in an attempt to prevent children being taken into care. Targeted family support is aimed at prevention of family breakdown and the Task Group felt it was important to consider the Local Authority's work in this area as it could have a significant impact on the number of children who needed to be taken into care.

67. Throughout the exercise the suggestion that more resources should be invested in early intervention and preventative work occurred on more than one occasion. However, at the same time, Task Group members recognised that the increase in referrals that the service had seen since the Baby P case meant that there was little spare capacity for the service to further develop the preventative aspect of its work. Indeed there was an acknowledgement that, nationally, the severe pressures on Local Authority Children's Services' budgets meant that it was not easy to divert money into additional projects to prevent family breakdown in the first place. However, as the Council has worked towards setting its budget for 2011/12 it has acknowledged the importance of Children's Services early intervention work and, as a result of consultation carried out on the budget, additional resources have been allocated for this work. The Task Group very much welcomes this.

68. We were interested to hear about the suggestion contained in the Overbeck research that the Service's ways of dealing with its work were too simplistic. The Service had been working with families in two main ways – those who recognised they needed support and asked for help, and those who presented child protection cases and were helped via the statutory powers available to Children's Services. The research suggested that by trying harder to engage families who needed help but did not want to accept it, more children could be helped before they became a child protection case. These families presented a third type of case – that of 'child concern'. The research suggested that the service needed to find better ways of reaching these families and providing them with more of a challenge to improve their situation before they became a child protection case. It was suggested that currently the level of challenge provided was better in some parts of the County than others. The Task Group felt it was important to achieve a greater level of consistency across the County.

69. The Task Group was told that a current focus of the Early Intervention Team was to reduce the number of onward referrals to social workers, a focus that members would wish to endorse.

Recommendation 10 – We welcome the additional resources allocated by the County Council to early intervention activities in its 2011/12 budget and recommend that a full evaluation is undertaken of the impact of this additional resource on the number of referrals.

Children's Centres

70. The Task Group felt that Children's Centres could play an important role in reducing the number of referrals to social workers, by way of their work supporting families in need. The County Council operates a network of 34 Children's Centres across Worcestershire, which aims to provide a range of services for families in the local community. Agencies and organisations work together to deliver services that meet the individual needs of both children (aged 0 to 5 years) and their parents/carers. Each Children's Centre offers services tailored to meet that community's needs, whether that community is urban or rural and whatever the diversity of families within it.

71. The Task Group felt that the Children's Centres were well placed to offer valuable support to social work staff, particularly in the more preventative aspects of their work. The Centres provide a safe and supportive space for families who are experiencing difficulties to access help, and staff are able to see how families are relating to each other in a non-threatening, relaxed environment. The Task Group was pleased to meet the Children's Centres Operations Manager and hear in detail about the work undertaken.

72. We are clear that Children's Centres are a valuable resource that provide essential support to families whose children who might otherwise end up in need of far greater support from social care services. However, we were also concerned that some of the children who could be helped were not always able to access the Centres and felt that more could be done (by the Centres themselves and colleagues in social care and education) to encourage families in need to use the available services. For example, one Task Group member suggested that kinship foster carers should be encouraged to use the services of Children's Centres; indeed it could be made a condition of kinship foster care arrangements. The Task Group heard that if Children's Centres had information on these families they could target them with appropriate services.

73. The Task Group was told that there was not currently any data being gathered on whether Children's Centres were successful in preventing children being taken into care or any analysis of the impact of children's centres in this area. However, we heard that 19 Children's Centres were attempting to track progress by measuring where a family was at the start of the process (on a scale of 1 to 5) and then again after intervention. We would be interested to learn in the future whether this analysis was felt to be helpful and, if so, whether it could be rolled out across the other centres.

74. In terms of improving working relationships between the Children's Centres and children's social care or other specialist services, it was suggested to us that increased data sharing would be of benefit, especially with health services. Also it was suggested that when competent Children's Centre workers make a referral to social care there was sometimes an

attempt to refer the case back down to the Children's Centre. There was perhaps a greater need for social care staff to have regard for the professionalism of staff in Children's Centres and to have more confidence in the information that they have already gathered by spending time with the family. It was acknowledged that the reluctance of social care staff to take on cases may be because of the workload pressures that they face.

75. Elsewhere, it was suggested to us that health and social care staff were sometimes reluctant to share information on a family's situation with Children's Centre staff without parental consent, particularly when the Children's Centre was run by an outside organisation rather than the County Council.

Recommendation 11 – We recommend that further work should be undertaken to analyse the impact and effectiveness of Children's Centres in reducing the number of referrals to social care.

Recommendation 12 – We recommend that mutual trust is built between social care staff and Children's Centres' staff.

Recommendation 13 – We recommend that increased data sharing should be encouraged between Children's Centre managers and the Health Service and other County Council departments in order to allow easier identification of families who may benefit from the services provided.

COMMON ISSUES

76. A number of common issues emerged during our discussions about the entry into care process. In particular, these were financial pressures, data sharing and communications, workload and staffing pressures, and bureaucracy and paperwork.

Financial Pressures

77. In common with all Local Authorities, the County Council is facing significant financial pressures over the next few years, as a result of reductions in central government funding. In response to this financial pressure, the County Council is developing its BOLD (Better Outcomes Lean Delivery) Programme, which – at the time of our scrutiny - had identified 57 BOLD initiatives (with a view to increasing this in coming years) to potentially deliver £43.5million of expenditure reductions over the three year period 2011-2014 through efficiencies, service reforms and service reductions.

78. Of these initiatives, Children's Services has identified 14 projects equating to £10,437,000 savings over 3 years. The Task Group was reassured that these projects have taken into account the actions identified in the CQC/Ofsted report. The Children's Services' response to the BOLD agenda is known as 'Next Steps' and aims to 'further develop how all Children's Services staff work together to keep improving and make sure children, young people and their families/carers get the support they need at the right time'.

79. We heard from the service's Contracts Manager about work in this area and would acknowledge that significant efforts have been made by the Local Authority in recent months to drive down costs through commissioning and contract negotiation.
80. We were also told about the creation of a Children's Services Joint Commissioning Unit, jointly funded by the County Council and the Health Service. This would appear to be a positive move but the Task Group would wish to see any evaluation of the working of this unit in due course. We understand that, although responsibility for the fostering placements budget currently rests with the fostering team, this would soon be transferred to the Contracting and Commissioning Team. From April 2011, we were told that this would become the responsibility of the Joint Commissioning Unit.
81. Throughout the scrutiny exercise, the Task Group heard from a variety of sources about the specific financial pressures facing the children's social care service. At an early stage, we heard that, although there had been an overspend in the Service's budget for 2009/2010, this could be seen within the context of the overall Children's Services budget which had broken even. We were also told that the cost of services for Looked After Children was a constant pressure for the Local Authority and that 61% of the total budget for children's social care was spent on looked after children (with the cost of foster placements being a significant part of this). However, the Task Group was reassured to hear that, as far as the social workers were concerned, the needs of the child would always come first before any financial considerations.
82. The Task Group asked if there was scope for local authorities in the area to work together to procure placements, in particular agency residential placements (which were often out of county and, as we have heard, the budget for which could be unpredictable and difficult to manage). In relation to this, members were told about the framework agreement between Warwickshire and Solihull Councils which had been useful in controlling costs. We heard that the Council had recently undertaken some work to explore the possibility of joint commissioning for agency residential care in partnership with other local authorities. However, we were told that it had not been possible to take this proposal forward due to the different requirements of each Local Authority. The Task Group is keen that the potential for joint commissioning with other local authorities be explored further.

Recommendation 14 – We recommend that the exceptionally high cost for agency residential care be subject to possible joint commissioning in partnership with neighbouring local authorities, subject to the maintenance of standards.

Communications/data-sharing/multi-agency working

83. Successful multi-agency working is vital to effective safeguarding services and a major theme of the Overbeck research was an analysis of the relationship between children's social care and other agencies. Obviously the service has clear links with education and health, as well as the police, and staff working in children's centres.
84. The Overbeck report suggested that staff in children's social care did not always trust other agencies to undertake safeguarding work effectively. This was an interesting finding as we also heard concerns from social care professionals about the lack of understanding of some partner agencies about the meaning of safeguarding and of their responsibilities in this area.

It was suggested that this underdeveloped understanding had led to many more referrals to Children's Services than were necessary, some of which could have been dealt with effectively by the agency concerned without any need for referral to Children's Services. The example we were given was, if a school was concerned about a child who was not being given an adequate lunch, initially the school should attempt to resolve the situation with the parents themselves rather than refer it straight away to Children's Services.

85. Inevitably, the Baby P case has led to increased anxiety among all professionals working with children about child protection and there has been a temptation for more cases to be referred to Children's Services out of a desire to ensure children's safety. However, it is clear that the message that safeguarding of children is everyone's responsibility needs to be reinforced and we would suggest that there is some work for Children's Services to do to remind partner agencies of the extent of their responsibilities.

86. A related point is the need to ensure greater co-operation between different teams within Children's Services. For example, we heard concerns about social care workers not accepting the judgements of staff working in Children's Centres, in particular when the centre was run by an organisation other than the County Council. There is perhaps a need for social work staff to be more accepting of the professionalism of staff working with children elsewhere in Children's Services, and in particular those working within Children's Centres.

87. A further key aspect of multi-agency working is the sharing of data freely between all partners. We heard that willingness to share data between organisations was improving and was generally good, although we heard that the flow of data between social care and health services was not always as good as it could be.

88. We heard that other local authorities have approached issues relating to multi agency working in different ways. Some have chosen to put social workers in locality-based offices, whereas others have created multi-agency joint child protection teams. We were told that in assessing the effectiveness of the various ways of working, Worcestershire's Children's Services had considered other methods but felt that the chosen approach was best suited to the situation in the County.

Recommendation 15 – We recommend that Children's Services undertakes work to further develop partner organisations' understanding of their own role in relation to safeguarding. It is hoped that this may lead to a reduction in the number of referrals made to social care staff.

Recommendation 16 – We recommend that further work is done to encourage greater sharing of data, in particular between the County Council and the Health Service.

Workload and staffing pressures

89. As we have seen, nationally and locally, the number of referrals to Children's Services has increased in recent years as has the number of children being taken into care. Worcestershire has seen an increase in the number of looked after children of 30% over the last three years. Nationally, 82% of local authorities had reported a significant rise in the number of LAC.

90. In July 2010 Ofsted published its first annual survey of 4,141 social work practitioners from local authorities across England in relation to safeguarding and looked after children. One of the headlines was that:

“.....many social workers felt they did not have enough time available to them to work as effectively as they would like with the children and young people on their workload. Suggested solutions included increased staffing and more effective caseload management”.

91. The social workers we spoke to told us that they felt their case loads were too high but they suggested that reducing the amount of paperwork involved would help with this. We heard that in Warwickshire the situation was similar but in Solihull case loads were felt to be more manageable. In his report into the Victoria Climbié case, Lord Laming suggested that social workers should have a maximum of 12 to 14 cases. However, we were told by the social workers we talked to that their caseloads had been as high as 35 in one instance.

92. Heavy case loads will clearly have an impact on performance and the Performance Management Report presented to the Task Group in May showed that only 54% of initial assessments were completed to time, compared to 62% in the previous year. Heavy case loads also mean there is little time for social workers to reflect on working practices and patterns of referral. However, staff told us that they were now holding weekly service referral meetings, which provided time to reflect on how work was being done, and whether there was another way of doing it.

93. We were told by officers that staffing levels in Worcestershire are now good compared with previously high vacancy rates and that a significant number of newly qualified social workers had been recruited. Of course these inexperienced staff had consequent training and supervision needs and, in order to address this, a five year career programme had been developed to encourage social workers to stay with the Local Authority.

94. Recruitment of experienced social workers has not been so successful. Similar problems were being experienced in Warwickshire. They had also been able to recruit newly qualified social workers, but were less successful retaining experienced staff.

Recommendation 17 – As the Performance Management Report presented to the Task Group in May 2010 showed that only 54% of initial assessments were completed to time, compared to 62% in the previous year, we recommend that additional resources are allocated to reverse this further deterioration and that clear targets are set to ensure that these vital initial assessments are completed on schedule.

Recommendation 18 – We recommend that individual caseloads be more closely monitored by the line managers to ensure equitable and acceptable workloads, recognising that not all cases generate equal workload.

Recommendation 19 – We recommend that all social workers receive supervision and have time to reflect on cases and that dedicated administrative support is provided to social workers to help relieve some of the administrative burden.

We also recommend that the Council investigate best practice for retaining experienced social workers.

Paperwork/bureaucracy

95. The Social Workers we spoke to highlighted that essential paperwork is overly complex and the time spent recording information was disproportionate to the time spent with families. It is estimated that social workers now spend 70% of their time on administration, and only 30% on direct contact with families. Similar concerns were identified during our conversations with colleagues from Warwickshire.

96. Current forms used had been criticised nationally and work was now underway to reduce the length of assessment forms, with Worcestershire's form being reduced from 40 to just 6 pages.

97. In terms of technology, Worcestershire was felt to be well ahead of many other local authorities and for the past 4 years all records have been electronically based. It was acknowledged that, although this had a very positive impact (e.g. workers were able to access records from any location), it also meant that time had to be taken to input those records.

Recommendation 20 – We strongly support the plans to simplify forms and reduce the duplication of data entry.

CONCLUSION

98. At an early stage in this scrutiny exercise, the Task Group realised that the service was, for reasons we have outlined, in a state of considerable change. Although this added a layer of complexity to the exercise, we felt it was important to carry on so that we could establish whether the Local Authority was providing the best possible support for the County's most vulnerable families and children.

99. For those involved in the scrutiny of services for children and young people, this scrutiny exercise is just the start. There are also plans to scrutinise how children and young people are supported when they come to leave the care system and to consider what the Local Authority is doing to improve the educational attainment of Looked After Children.

100. A clear conclusion of our work to date is that the key to providing children with a good experience of 'the system' is to ensure that all of the agencies involved are working together to a common goal. Agencies need to develop mechanisms for improving communication and data sharing and also need to strive to create an atmosphere of mutual trust between professionals. We have seen that there has been good progress in multi-agency working in recent years but we are concerned that, because services are under pressure, staff do not always have time to consider the broader picture.
101. In working towards an improved service and better multi-agency working, we believe that leadership is key (and indeed is, in many ways, as important as money). Strong leadership, with the confidence to look at alternative management models, will be crucial in taking the service forward and meeting the challenges ahead.
102. We recognise that we have been looking at a service in flux and that many of the recent changes will need time to bed-in. For this reason we would like to reconvene as a Task Group at an appropriate point in the future to consider what progress has been made.

APPENDIX 1

Schedule of Task Groups Activity

Date	Meeting
22 April 2010	Overview of the Integrated Children's Service, Stuart Watkins, Service Manager, Safeguarding Services, South
18 May 2010	Financial Pressures, Workload and Staffing Pressures, Recruitment and Training, Stuart Watkins Service Manager, Safeguarding Services, South
27 May 2010	Discussion with Lewis Jones, Principal Solicitor (Childcare) and Stuart Watkins Service Manager, Safeguarding Services, South
3 June 2010	Meeting with Representatives of the Children in Care Council
9 June 2010	Discussion with Social Workers representing the Emergency, Long Term and Children with Disabilities Teams
29 June 2010	Discussion with Jenny Butlin-Moran, Acting Assistant Head of Service-Safeguarding, Quality Assurance and Service Development, Warwickshire County Council
28 July 2010	Discussion with Vanessa Bishop, Service Director, Children, Young People and Families
14 September 2010	Discussion with Barbara Carter, Fostering and Kinship Services
23 September 2010	Discussion with Stuart Watkins Service Manager, Safeguarding Services, South – Overbeck Research
30 September 2010	Discussion with Mark Cage, Contracting and Commissioning and Cath Ellicott, Operations Manager, Children's Centres
29 November 2010	Discussion with the Cabinet Member with Responsibility for Children's Social Care and Lead Member for Children's Services and the Director of Children's Services
1 December 2010	Meeting of the Task Group to discuss emerging themes and possible recommendations
2 March 2011	Meeting of Task Group to consider draft final report

APPENDIX 2

Definitions of Commonly Used Terms

Term	Definition
Access Centre	<p>The Access Centre is a single initial point of contact for people wishing to contact Social Services for advice or support. Working in partnership with the Worcestershire Hub, it comprises two teams one supporting Children's Services and the other supporting Adult and Community Services.</p> <p>The Access Centre responds to all concerns about children who may be at risk of harm and need protection and also responds to queries about accessing targeted and specialised services for children in need and their families. Calls to the Access Centre can come from members of the public, other Council staff or from a range of external agencies.</p>
Aftercare Service	<p>The Aftercare service is offered to young people who have been looked after and fall into one of the five legal status categories:</p> <p><u>Pre-Eligible</u>: Age 14/15 and likely to become eligible on their 16th birthday.</p> <p><u>Eligible</u>: Aged 16/17 and has been looked after since the age of 14 for at least 13 weeks (periods amounting to) and still looked after.</p> <p><u>Relevant</u>: Aged 16/17 and has been looked after since the age of 14 for at least 13 weeks (periods amounting to) and has been looked after whilst 16/17 but is no longer looked after.</p> <p><u>Former Relevant</u>: Aged 18-21 and has been either eligible or relevant, or both.</p> <p><u>Qualifying</u>: Under 21 who ceased to be looked after aged 16+, but does not qualify as eligible or relevant.</p>
ACCT (the Access Centre Children's Team)	<p>The Access Centre Children's Team (ACCT) based in the Access Centre provides advice and information and passes on any appropriate requests for service to the Family Assessment and Support Teams (FAST). The ACCT Professional Support Worker and Senior Social Worker decide on appropriate action and ensure a consistency of approach. They provide professional social work advice and promote and develop the work of Integrated Children's Services with partner organisations and community groups.</p>
Children's Integrated Services	<p>In Worcestershire, work relating to children in need and child protection is undertaken by Children's Integrated Services. There are 3 Integrated Area Teams within the County based in the north east, north west and south of the County. They offer targeted services to children in need as well as coordinating and providing early intervention, educational psychology and welfare services to schools and other settings.</p>
C & F (Children and Families Team)	<p>These teams look after longer-term interventions and contain Social Workers and Social Work Assistants who focus on progressing Child Protection Plans and Looked After Children Plans to ensure children can remain or be returned to their families safely or plan for a secure</p>

	alternative permanent home where this is not possible.
CAF (Common Assessment Framework)	The CAF is a shared assessment tool for use across the entire children's workforce and all local areas in England. It aims to help the early identification of children's additional needs of children and young people and promote early intervention.
Care Proceedings	The legal process by which children's social services ask the court whether or not a young person should go into care.
Care Leaver Status	To achieve leaving care status; the young person must have been in care, for at least 13 weeks from their 14th birthday, and still be in care at 16, or for a period after their 16th birthday.
Child Protection	Effective child protection is a fundamental part of safeguarding children and young people. Children's social care services have a statutory duty 'to safeguard and promote the welfare of children in their area who are in need and, so far as it is consistent with that duty, to promote the upbringing of such children by their families'. They also have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer, significant harm. This is to enable them to decide whether they should take action to safeguard or promote the child's welfare. While different agencies such as social services and the police have distinct roles in child protection, all agencies that provide services to children and young people have a responsibility to respond to concerns where children or young people may be at risk of harm.
Children in Need	<p>The Children Act 1989 also imposed a general duty on councils to provide a range of services to 'children in need' in their area if those services will help keep a child safe and well.</p> <p>A 'child in need' may be:</p> <ul style="list-style-type: none"> • disabled as defined by the Children Act 1989; • unlikely to have, or to have the opportunity to have, a reasonable standard of health or development without services from a Local Authority; or • unlikely to progress in terms of health or development; or • unlikely to progress in terms of health or development, without services from a Local Authority. <p>A 'child in need' may not necessarily be a child in need of protection.</p>
FAST (Family Assessment and Support Team)	These are teams of Social Workers, Social Work Assistants and Family Support Workers who take all new social care referrals from the ACCT. The team undertakes all initial and core assessments and child protection enquiries and draw up plans with families to meet identified needs. Targeted family support is aimed at prevention of family breakdown, safeguarding and swift reunification of children who are looked after.

Foster Care	Fostering is a way of providing family life for someone else's children when they are unable to live with their birth parents. There may be a variety of reasons why a child may need foster care, for example relationship problems, family breakdown, illness or a situation where a child's welfare is threatened.
Long term fostering	If a child is unable to return to the care of their birth family, but adoption is not appropriate for that child, longer term foster care might be appropriate. As the name suggests, these foster carers will normally care for a child for a longer period of time, often through to independence. Children who need long term fostering are likely to be older children (not usually younger than 7 years old) who are less likely to be successfully adopted. Long term fostering allows children and young people to live with a family where they can feel secure and experience a stable family environment, while maintaining contact with their birth family if appropriate.
Looked After Children	The term 'looked after' was introduced by the Children Act 1989 and refers to children who are subject to care orders and those who are voluntarily accommodated by the Local Authority.
Referral	Referrals are requests for service that meet the department's eligibility criteria and those that are within 12 months (of the start date) of a previous referral are counted as repeat referrals.
Residential Care	A children's home can offer an alternative, safe environment when children are unable to live at home or in family settings The Local Authority has places for up to 26 children to be accommodated at any one time. Placements range from the provision of emergency overnight accommodation to provision to look after young people on a planned and longer term basis. The service comprises 4 homes; each of which has a different function. Placements are offered to children and young people aged between 10-19 years.
Respite fostering	Respite foster care is time limited. A respite foster carer could care for a child for a week or two at a time, for example during school holidays, or at weekends and could look after the same child on a regular basis. Foster carers who offer respite fostering generally look after children who are already cared for on a full time basis by other foster carers. This respite period can benefit both the foster carer and the child.
Short term fostering	Some children need to be cared for a short period of time, often so that decisions can be made about their future. Short term fostering can be for a period of days, weeks or sometimes months. Sometimes decisions about the child's future cannot be made quickly and placements can last a year or longer. Generally most children return to the care of their family unless it is unsafe for them to do so.
Statutory and legislative guidance	The statutory basis for the provision of children's social care services is contained in the following legislation and statutory guidance:-

	<p>Children Act 1989 (including amendments through Children and Young People's Act 2009) Children Act 2004 Adoption & Children Act 2002 Fostering, Adoption & Residential Regulations Working Together to Safeguard Children 2010</p>
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