Coventry City Council

Place Directorate

Martin Yardley
Deputy Chief Executive (Place)
Council House
Earl Street
Coventry CV1 5RR

Telephone 024 7683 3333
DX 18868 COVENTRY 2

Please contact Michelle Rose
Direct line 024 7683 3111
lara.knight@coventry.gov.uk

To all Members of the Education and Children's Services Scrutiny Board (2)

23rd February 2018
Our ref: C/LMK

Dear Member,

Supplementary Agenda – Meeting of the Education and Children's Services Scrutiny Board (2) - Thursday, 1st March, 2018

The papers for the above meeting were circulated on 21st February 2018. At the time of publication, the Ofsted letter setting out the findings of a focused visit to Coventry City Council children's services on 30 and 31 January was under an embargo and was consequently unavailable. That embargo has now been lifted and the letter is attached for consideration at the meeting.

- **Agenda Item 6.** **PROGRESS ON OFSTED RECOMMENDATIONS AND IMPROVEMENT BOARD** (Pages 3 - 6)

  Briefing Note of the Deputy Chief Executive (People)

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Michelle Rose
Governance Services Officer

Membership:	Councillors S Bains, D Kershaw, J Lepoidevin, A Lucas, P Male, C Miks, K Mulhall, M Mutton (Chair) and P Seaman
By invitation:	Councillors J Clifford, S Hanson, K Jones, B Kaur, K Maton, R Potter and E Ruane

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Piccadilly Gate
Store Street
Manchester M1 2WD

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted

22 February 2018

Gail Quinton
Deputy Chief Executive (People)
Coventry City Council
One Friargate
Coventry
CV1 2GN

Dear Ms Quinton

Focused visit to Coventry City Council children's services

This letter summarises the findings of a focused visit to Coventry City Council children's services on 30 and 31 January. The inspectors were Alison Smale, HMI, and Peter McEntee, HMI.

Inspectors looked at the local authority's arrangements for contacts and referrals in the multi-agency safeguarding hub (MASH) and thresholds for children in need and child protection, with a particular focus on children in need.

Inspectors looked at a range of evidence, including case discussions with social workers and children's case records. They also looked at local authority performance management and quality assurance information.

Overview

Steady progress is being made, and in the case of the MASH the quality of work has improved since the time of the last inspection. This is positive for children and families in Coventry. Inspectors did not see any children at risk of harm for whom the local authority had failed to respond appropriately. Following a period of restructuring, the local authority has achieved greater continuity of social workers for children in need, which means that social workers know the children they work with well. More needs to be done to strengthen management oversight in order to ensure that children in need benefit from greater consistency in the timeliness and quality of their assessments and plans.

Findings

- Leaders understand their service well and this is supporting the development of better practice. Strengths and areas for improvement are reflected in the local authority's self-assessment. This is supported by a range of relevant performance reports and a comprehensive quality assurance programme. The local authority recognises the need for senior managers to moderate significantly more audits undertaken by frontline managers than they do currently, thus ensuring a more robust focus on practice and its impact. Inspectors did not see any audits which captured the views of children, parents or carers and this is a missed opportunity.

- The local authority's MASH has improved since the last inspection. It is well organised and works effectively. Inspectors found evidence of sustained and improved partnership working between children's services and their partners, particularly the police. An efficient process is in place, with contacts recorded and considered promptly by social workers before being appropriately priority rated by managers, who make the right decisions about the next steps to take.

- Decision-making in the MASH is timely and well considered. Appropriate thresholds are applied and children at risk are responded to effectively to ensure they are safeguarded. Strategy meetings are attended by a range of agencies, and appropriate managers from receiving teams attend to facilitate swift transfer to the area teams. Likewise, early help referrals are based on sound thresholds and information.

- Information sharing in the MASH is thorough and the quality of social work information gathering and analysis is a strength. All staff in the MASH use the signs of safety practice model and have a clear understanding of the strengths and risks in the families they are working with. This is supported by having a good rapport with parents that, in turn, helps to progress work promptly. When set timescales are not met, it is not by a significant length of time, and no evidence of detriment to children was seen. Consent is sought and recorded appropriately.

- Management oversight is routinely evident in case records, but case direction could be improved to ensure that the views and expectations of managers and timescales for work to be completed are clearly evident. Inspectors saw no evidence of children experiencing any negative impact as a result of current practice. Staff feel well supported and are positive about the new MASH structure. The vast majority of staff spoken to received and valued regular supervision. Despite being newly appointed to the service, staff are sufficiently skilled and have a clear focus on the needs of children and families. They explore issues with families effectively, and appropriately offer advice or refer cases on for early help or assessment.

- The response to domestic violence in the MASH has improved. The police have introduced pre-screening of notifications in Coventry, resulting in a significant and

helpful reduction in referrals to MASH. Inspectors saw evidence of consistent assessment of risk by the police. No evidence was seen of re-referrals where previously a referral should have been made, and this is a positive improvement. Victims of domestic violence are well supported, with early intervention in cases by both the police and children's social care.

- Area social work teams have recently been reconfigured in a service restructure. In these teams, thresholds are applied appropriately in most cases. Where step down was seen from child protection or being looked after to child in need it was appropriate, and there was evidence of improved outcomes and reduction of risk for children.

- Children and families benefit from a system of updating plans through regular child in need meetings. Review of planning is well embedded in practice and, as a result, most child in need plans are up to date. Plans show whether meeting children's needs is being progressed or not. Case recording is mostly up to date and is well recorded.

- Helpful partnership working was evident in most child in need cases. A range of services are available to support and help children and families, and inspectors saw good use being made of these services to support and improve the lives of children and families.

- Use of the 'signs of safety' model of practice has strengthened both the quality of assessments and management oversight, but it is not always used consistently.

- Staff are well informed and are able to access a range of good quality training and professional development opportunities. This is contributing to a more stable workforce that is committed to improving its social work practice.

What needs to improve in this area of social work practice

- Management oversight in area teams is not sufficiently robust, is overly brief and does not provide the required critical evaluation and action planning to progress cases with pace and focus. However, staff report feeling supported and management oversight was evident in all child in need cases seen.

- Some staff have a high number of cases. Inspectors saw evidence that this was compromising the staff's ability to see children as much as they would like.

- While inspectors saw some good assessments, many needed further development for the reader to have a clear understanding of the child's needs and risks, particularly those children in large sibling groups. In a small number of cases where a parent's needs are particularly complex and/or high, there is a lack of focus on the child's needs and they are less visible in case recording. Social workers know the children they work with well and can articulate a

comprehensive understanding of their lives and their families, but this is not always reflected sufficiently in their recording of assessments and plans.

- The quality of children's plans varies, from being just good enough to being very good, individualised and comprehensive. The better plans are appropriately detailed and include a clear description of necessary actions and timescales for completion, evidencing the improvements made to children's lived experience. Less well developed plans lack clarity and sometimes do not include timescales for actions to be taken. In a small number of cases, there is also a lack of clarity about contingency plans.

- Social workers endeavour to engage with children, ascertain their views and gain an understanding of their lived experience. Some evidence of direct work with children was seen, but it was not particularly sophisticated and at times lacked a clear purpose. More extensive use of direct work tools could add greater depth and insight to these sessions with children to better inform work with the child and family.

Ofsted will take the findings from this focused visit into account when planning your next inspection or visit.

Yours sincerely

Alison Smale

Her Majesty's Inspector