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Coventry City Council

Agenda

Education and Children's Services Scrutiny Board (2)

Time and Date
2.00 pm on Thursday, 13th October, 2016

Place
Committee Rooms 2 and 3 - Council House

Public Business

1. **Apologies and Substitutions**

2. **Declarations of Interests**

3. **Minutes** (Pages 3 - 8)

   a) To agree the minutes of the meeting held on 15th September, 2016
   b) Matters Arising

4. **Improvement Board Progress Report - 14th September, 2016** (Pages 9 - 42)

   Briefing Note of the Director of Children's Services

5. **Supervision of Social Care Staff** (Pages 43 - 108)

   Briefing Note of the Director of Children's Services

6. **Relationships and Sex Education in Coventry: Current Situation and Future Plans** (Pages 109 - 114)

   Briefing Note of the Director of Children's Services

7. **Health Visiting Service** (Pages 115 - 118)

   Briefing Note of the Director of Public Health

8. **Outstanding Issues** (Pages 119 - 122)

   Briefing Note of the Scrutiny Co-ordinator

9. **Work Programme** (Pages 123 - 130)

   Briefing Note of the Scrutiny Co-ordinator

10. **Any Other Business**

Any other items of business which the Chair decides to take as matters of urgency because of the special circumstances involved.

11. **Meeting Evaluation**

To discuss and evaluate the effectiveness of the meeting.

Private Business
    Nil

Chris West, Executive Director, Resources, Council House Coventry

Wednesday, 5 October 2016

Notes: 1) The person to contact about the agenda and documents for this meeting is Michelle Rose, Governance Services, Council House, Coventry, telephone 7683 3111, alternatively information about this meeting can be obtained from the following web link: http://moderngov.coventry.gov.uk

2) Council Members who are not able to attend the meeting should notify Michelle Rose as soon as possible and no later than 1.00 p.m. on Thursday 13th October, 2016   giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors N Akhtar, R Ali (By Invitation), S Bains, K Caan (By Invitation), D Gannon, S Hanson (Co-opted Member), K Jones (Co-opted Member), D Kershaw, M Lapsa, A Lucas, P Male, K Maton (By Invitation), C Miks, M Mutton (Chair), R Potter (Co-opted Member), E Ruane (By Invitation) and P Seaman (By Invitation)

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Education and Children's Services Scrutiny Board (2)
held at 2.00 pm on Thursday, 15 September 2016

Present:

Members: Councillor M Mutton (Chair)

                                  Councillor N Akhtar
                                  Councillor S Bains
                                  Councillor D Gannon
                                  Councillor D Kershaw
                                  Councillor M Lapsa
                                  Councillor A Lucas
                                  Councillor P Male
                                  Councillor C Miks

Co-Opted Members: Mrs S Hanson

Deputy Cabinet Member: Councillor P Seaman

Employees (by Directorate):

                                  J Gregg, People Directorate
                                  G Holmes, Resources Directorate
                                  M Rose, Resources Directorate

Apologies: Councillor K Maton and E Ruane
                                  K Jones and R Potter

Public Business

15.   **Declarations of Interests**

        There were no Disclosable Pecuniary Interests.

16.   **Minutes**

        The minutes of the meeting held on 16th June, 2016 were approved.

        With regard to minute 9/16 'Serious Case Review' Councillor Male recalled asking about Ofsted during the discussion about improvements to information recorded in Children's Services.

17.   **'Stepping Up' and 'Stepping Down' Process for Social Care Cases**

        Further to Minute 63/15 the Scrutiny Board considered a briefing note of the Director of Children's Services regarding the impact of the lack of step up/down between Early Help and Children Social Care. On-going work had been undertaken to align more closely the work of Early Help and Children Social Care, as part of the step up/down model which was re-introduced in April 2016.

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The process was that where the needs of families change and risk escalated or reduced a process to step up or step down cases between early help and social care existed. This meant that those families who required on-going involvement from specialist services but did not require a statutory intervention were able to have support via this service. The process included a "warm handover" so the family were introduced to a new worker from the Children and Families First team by the exiting the social worker.

Service Managers from both Social Care and Early Help had been heavily involved in mapping new processes to ensure any changes aligned to operational management and performance reporting. A flow chart to support movement of work from the social care neighbourhoods was attached to the report.

The briefing note reported on performance and overall step downs and conversions into Early Help and Prevention had increased. There were systematic processes and systems that were understood by social care colleagues in particular Referral and Assessment, and MASH, for example, from June 2016 there had been 807 diversions from contacts and 205 step downs. A quarterly review would ensure new practice was embedded with staff on the ground, ensuring that children who did not need a statutory intervention were fully supported in by Early Help and Prevention services.

The policy was last updated in 2012, a new policy would be written in November 2016 to reflect the changes and updated in the electronic policy and procedures manual used by all staff. The current policy had been used to support further work at "the front door" and MASH, to redirect those families who do not need a statutory intervention to Early Help services.

The policy would be reviewed within 6 months in line with further work in early help to move to a "Family Help Hub" model and to align the statutory services more closely with targeted help.

The Scrutiny Board questioned the Director of Children's Services and the Deputy Cabinet Member for Children and Young People on the following:
- Demonstrating improvement
- Confidence to step down versus risk aversion
- Numbers stepped down and up
- Supporting evidence based decisions of professionals
- Contacts, referrals and re-referrals and training for partners

RESOLVED that the Board noted the content of the report and progress and the Board would like to support the evidence based decisions our professional social workers make.

18. **Quality Assurance Auditing**

Further to Minute 63/15 the Scrutiny Board considered the briefing note of the Director of Children's Services, which updated members on progress regarding Quality Assurance and Auditing over the last six months.

The Quality Assurance and Continuous Improvement Framework was revised in December 2015. It focused specifically on casework services for children provided

by children's social care and early help services with an emphasis on quality assurance that underpinned continuous improvement. The framework had been used to support improved outcomes. A revised Audit schedule for 2016 was part of the framework which was updated monthly.

Since November 2015 there had been a renewed and relentless focus on improving the quality of practice through the audit and review cycle, which was linked to developing practice through the use of supervision, team meetings, practice improvement forums and manager briefings. The service had developed a more robust programme of audits to inform continuous practice.

The headlines from the audits were:

1. Children were seen, and they listened to.
2. Social Workers were committed and motivated.
3. There were some examples of good practice.
4. Early help workers were proactive and tenacious when intervening with families.
5. There were early signs that practice was becoming less reactive.
6. Conferences were beginning, through Signs of Safety to consider a more collaborative approach.
7. Care planning continued to cause concern, with drift and lack of contingency planning.
8. Neglect and "start again" syndrome was highly visible on a high proportion of cases including those held in early help.
9. Focus was on assessment, rather than on intervention, impact and outcomes.
10. Looked after Children, had too many moves.
11. Life Story work continued to be inconsistent.
12. Placement sufficiency had a negative impact on the ability of the service to identify appropriate placements for those young people ready for independence.
13. Whilst children were being seen, it was sometimes unclear about the purpose of the visit or nature of the intervention.
14. Recording was still inconsistent
15. Use of chronologies was not routine or properly understood.
16. Supervision was task focused and not reflective.

Through examination of data, the following additional audits were identified as necessary:

1. Re referrals (% was rising)
2. Placement Stability (% of children with 3 or more placements increasing)
3. Use of Police Powers (numbers appeared high in comparison with statistical neighbours)
4. Thresholds (Local Safeguarding Children's Board LSCB audit, following high number of families receiving one visit and No Further Action)
5. Care Planning (LSCB audit, concern that care plans do not reflect outcomes for children rather they detail actions for parents)
6. Early Help (re-referral audit identified potential issues with step-up and step-down)
7. Ofsted preparation audit.

The Scrutiny Board commended the Director of Children's Services for providing the honest headline list from audits which the Board would like to use as a focus for Scrutiny of improvements, however, they were concerned that progress was slow when time and money had been invested in improvements.

The Scrutiny Board questioned the Director of Children's Services and the Deputy Cabinet Member for Children and Young People on the following:
- Communication with staff prior to audits
- Blockages to getting improvements in place
- Whether the Audit toolkit was assessing the right things
- Staff difficulties with the tool kit and judging the impact on the child
- New restructure plans
- The list of headlines as a focus for the Board on improvement

The Director of Children's Services recognised the challenges of progress and explained the national and regional problems local authorities were experiencing with the social work system and the challenges of managing agency workers. The Director reassured the Board that officers were committed to making improvements and the Scrutiny Board offered support to the Cabinet Members. The Director was grateful for the establishment of the Recruitment and Retention Task and Finish Group and also agreed that successes be celebrated.

RESOLVED that the information presented and the progress made to date be noted and the progress on headlines from the audits where improvement was required be reported back on regularly to the Board. The Board would also write to the Cabinet Member commending the Director for providing the list as a focus for improvement and request the Cabinet Member's view on these as crucial targets.

19.   **Staying Put Arrangements and Policy**

Further to Minute 54/15 the Scrutiny Board considered the briefing note of the Director of Children's Services which updated members on the Staying Put arrangements and policy. The policy was approved by the Cabinet Member for Children and Young People on 8th December 2015 (minute 26/15 refers).

The Staying Put policy had been revised to fully consider the recommendations of the Fostering Task and Finish group which concluded in March 2015 (minute 54/14 refers). The recommendations included that additional research and monitoring was undertaken to inform the policy in respect of the following issues.
   a. the affect that any potential drop in income has on the number of staying put places offered to young people
   b. the number of young people who would like to stay put and aren't able to as their carers don't offer,
   c. the statutory requirements and associated funding implications

When a young person becomes 18 they are no longer in the care of the Local Authority. However the local authority continue to be involved in providing leaving care services, including supporting arrangements for a young person to continue to live with former foster parents. This was a separate arrangement from fostering, known as 'Staying Put'. Under the Staying Put scheme, young people

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continue to live with their former foster carer(s) after they reach the age of 18 until they are ready to move on to independence, or reach the age of 21.

Within Coventry there was a history of Care Leavers staying with carers beyond the age of 18 as the benefits of remaining with their former foster carers were clear, particularly where young people were vulnerable, not ready to move to independence or continuing in education. The Staying Put policy was reviewed in order to reflect changes to the legal framework, and to more clearly set out the implications for foster carers of entering into the scheme.

The briefing note also included information about the Legal framework, the profile and numbers of young people Staying Put and financial implications.

The Scrutiny Board noted that in Coventry we have recognised for a long time that young people need support beyond 18, including those Looked After and were therefore thankful for a formal policy.

The Scrutiny Board questioned officers and the Deputy Cabinet Member for Children and Young People on the following:
- recent press coverage regarding Local Authorities and Looked after Children
- Private Foster Care Companies
- The Value of the support and not just the cost

RESOLVED that the Board noted the content of the report and progress and that the Chair and the Director of Children's Services agreed to look at the recent BBC article about Care-Leavers and to consider ways of addressing the issues in a local context.

20. **Outstanding Issues**

The Scrutiny Board noted the briefing note of the Scrutiny Co-ordinator regarding outstanding actions requested by the Board.

21. **Work Programme**

The Scrutiny Board noted the work programme and requested that officers schedule some dates for Education Issues.

The Chair informed the Board that there would be some training for Corporate Parenting and Safeguarding and a Seminar on Childhood Obesity scheduled for members of the Board shortly.

RESOLVED that the work programme be updated

22. **Any Other Business**

There were no other items of business.

(Meeting closed at 3.30 pm)

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Coventry City Council

To: **Education and Children's Services Scrutiny Board (2)   13 October 2016**

Subject: **Progress on Children's Services Improvement Plan in response to Ofsted Single Inspection and the Review of the Local Safeguarding Children's Board**

1   Purpose of the Note

1.1   To inform the Education and Children's Services Scrutiny Board (2) of the progress with the Children's Services Improvement Plan reported to the Children's Services Improvement Board on 14 September 2016. The report is based on data from July 2016, unless stated otherwise. The next Improvement Board will be held on 14th November 2016.

2   Recommendations

2.1   The Education and Children's Scrutiny Board (2) are recommended to:
    1) Consider the progress made to date.

    2) Consider the updated Action Plan at Appendix 1

    3) Receive regular updates from the Children's Services Improvement Board that will include further progress relating to the children's services improvement plan, including feedback from Ofsted and the DfE

    4) Identify any further recommendations for the appropriate Cabinet Member

3   Information/Background

3.1   The Ofsted Inspection of Coventry's Children's Services and the review of the Local Safeguarding Children Board (LSCB), published in March 2014, judged services and the LSCB to be inadequate. The Ofsted report identified a number of priority actions and areas for improvement. In response to the Ofsted report, a Children's Services Improvement Board was established and an Improvement Plan published on 27th June 2014. A revised and updated Improvement Plan was published on 10th March 2015 and a further update was published on 22 September 2016. The updated Improvement Plan is attached in **Appendix 1**.

3.2   The Children's Services Improvement Board is chaired by Steve Hart, an experienced Improvement consultant and retired Her Majesty Inspector (HMI). The Board includes elected Members, Council representatives and representatives from partner agencies in the City as well as a representative from the Department for Education. Progress is reported to the Improvement Board every six weeks.

3.3   The Department for Education issued an Improvement Notice on 30th June 2014. The

Improvement notice is reviewed every six months by the Department for Education. Reviews were completed on 20 January 2015, 30 June 2016 and 2 February 2016. The two year review will be held on 30th November 2016, slightly outside of timescale.

3.4   The Independent Chairs of both the Improvement Board and the Local Safeguarding Children Board also submit a written report to the Minister on a regular basis.

3.5   An Executive Board was established in January 2015 in order to focus on maintaining momentum and evaluating progress against the Improvement Plan. This Board meets every six weeks prior to the Improvement Board.

3.6   The Council, alongside partner organisations will retain a relentless focus on securing improvements in services for children, young people and families to ensure they are safeguarded and achieve positive outcomes.

4   Improvement Plan Themes

4.1   The Children's Services Improvement Plan has been updated and refreshed to take account of the priorities for 2016-17. The Independent Chair has worked with the Director of Children's services to change actions into impact statements with a stronger focus on quality of practice and a reduction in the number of actions in the plan. The revised plan supports the over-arching Children's Services Strategy. The transformational changes taking place are significant, a number of short and long term projects planned will be delivered over the next three years. The changes include re-designing Children's Services for the future.

4.2   The updated Improvement Plan is also available on the Councils website:
      http://www.coventry.gov.uk/downloads/file/21915/childrens_services_improvement_plan_2016-2017

4.3   There are six themes as follows:

- Early Help & Partnership Working
- Quality and Effectiveness of Practice
- Quality of Assurance and Audit
- Leadership and Governance
- Services for LAC, Care Leavers and Permanency
- Local Safeguarding Children's Board – LSCB actions have been completed in the Improvement Plan, now planning in LGA peer review.

5   Children's Services Improvement Plan Progress to date

5.1   The new leadership is continuing to provide the renewed focus and direction. Middle management teams are stable and committed. The new improvement partners are working at pace to help deliver the improvements and changes required.

5.2   The Independent Chair outlined the proposal put forward by the Director of Children's Services for closer alignment between Board and front line staff through the creation of a Shadow Board of suitably qualified and experienced front line practitioners to support the substantive Board in its aim to secure continuous improvement in the quality of services offered to children, young people and their families. The proposal was endorsed by Board members who will nominate appropriate staff for the newly established Shadow Board. Meetings of the Shadow Board will be scheduled between 7 and 9 working days before the main Improvement Board. The Shadow Board will consider papers in advance and

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comments will be included with papers to Improvement Board members. One member of the Shadow Board will attend future Improvement Board meetings.

5.3   As a result of the Ofsted planning meeting in the summer, an Ofsted monitoring visit will be undertaken on 8th and 9th November 2016, this will involve reviewing six cases, and the focus is on practice. Ofsted have consulted on their current Single Inspection Framework, this will influence the action to be taken in the future; on either a further monitoring visit or a lighter touch inspection on the areas rated inadequate or a full re-inspection.

5.4   The Department for Education (DfE) have also confirmed that the two year review of the Improvement Notice will be undertaken on 30th November 2016.

5.5   The following progress was reported at the Children's Services Improvement Board on 14 September 2016.

6   Theme 1 – Early Help and Partnership

6.1   The Early Help service are continuing to decrease the numbers of cases being stepped up to social care. This will be further supported by the reconfiguration of the 'front door', which aims to divert families into Early Help who don't require a social care assessment, the new front door service commenced on 19th September 2016.

6.2   The Strengthening Families Programme: Intensive Family Support are working with 185 children and young people across 68 families. Innovation and collaboration is encouraged with growing resilience to change being evidenced in the payment by results data, (linked back to outcome plan), with a large majority of claims relating to evidence of sustained employment by family members, ensuring economic resilience. A recent Department for Local Government and Communities check – highlighted – solid progress made on the outcome plan with no causes for concern.

6.3   In July 2016 the Steps to Change outcome impact tool was tested out on 27 families to ensure its validity, before full implementation.   The analysis indicates that parents understanding of how their own behaviour impacts on their children's, and how this learning influences the positive effect on child development. There are key components of learning that demonstrates the greatest breadth of change in their behaviours and from the analysis these are: a greater understanding of how to keep their children safe and secure, the importance of children's emotional well-being and the difference that positive role modelling can have on their children's behaviour.

6.4   From September 2016 ,CAF Co-ordinators will be attached to all primary schools – to ensure the thresholds are applied, CAF's are initiated by an appropriate member of school staff and supported by the CAF Co-ordinators who will offer systematic case oversight to ensure plans do not drift and progress is achieved improving outcomes for children.

6.5   Robust responses are in place in respect of consent this has seen a decline in the number of contacts received. Early identification of need has led to an increase in families being diverted to the Early Help provision. MASH discussions are robust and decisions made according to need. This has led to less work requiring a statutory assessment.

6.6   A presentation on return home interviews for missing children was presented jointly by the Police and the Youth Offending Service. The presentation highlighted the improvement journey made over the last six months:
   • Timescales have improved drastically over the last 6 months, from 43.2% in timescale in the calendar month of March 2016, to 91.1% in August 2016.

- Detailed analysis shows that month on month approx. 8-10 children account for a gap of approximately 40 interviews. Around 90 per cent of these children do have at least 1 RHI within the month.
- ICT changes are being implemented to ensure a full understanding of the reasons why individual children do not benefit from RHI (for example interview declined).
- As part of the response to the Improvement Board priority daily reports on current missing episodes are routinely sent to Missing Co-Ordinator.
- A Dedicated Missing coordinator post for children services established January 2016
- Dedicated Police Missing coordinator and team in place
- Internal and external commissioned providers to allow flexibility
- Joint screening with Early Help
- YOS daily screening
- Joint partner LSCB audit

7 Theme 2 - Quality and Effectiveness of Practice

7.1 Timeliness continues to improve across the service. The percentage of children visited as per statutory requirement is identified and reviewed weekly with Service Managers and monthly with Team Managers to ensure compliance. Clear guidance has been issued to social workers about the expectations of the visiting requirements to children on both CIN and CP plans.

7.2 The numbers of children subject to a child protection plan has continued to decrease and is currently 504. This is a positive sign and gives a good platform to continue to decrease the numbers based on improved and less risk averse practice. All of those on plans for more than 18 months have been reviewed by the safeguarding service and measures are now in place to ensure that drift is avoided.

7.3 The table below highlights the direction of travel of children subject to a child protection plan.

Table 1: Number of Children subject to Child Protections plans
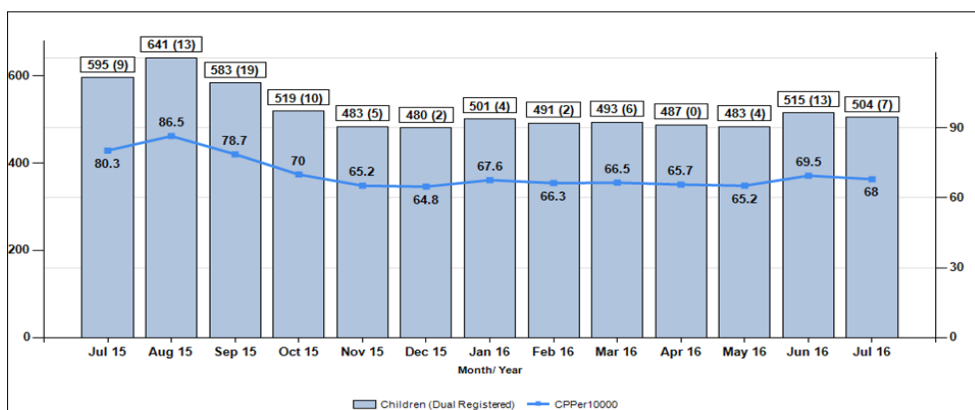
7.4 The Workforce Strategy and Action Plan is monitored monthly via the Workforce Development Board. The microsite continues to be developed to recruit further social workers and on-going recruitment campaigns/ initiatives are agreed via the Workforce Development Board. To date 54 offers of employment have been made in the last 6 months. (23 experienced SW, 1 Team Manager, 1 Service Manager and 29 NQSW's) of these 29 new staff have started and 10 have agreed start dates in September and October and a further 15 are awaiting the recruitment checks.

8 Theme 3 - Quality Assurance and Audit

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8.1 Audits continue to be undertaken by a number of different sources, including, Practice Improvement Partners and the LSCB. The outcomes of each audit have led to the construction of action plans, focused on using the findings of audits to drive up the quality of practice.

8.2 The results of audits have reinforced findings across a range of different services along the child's journey. This has allowed for some triangulation and definitive conclusions in relation to both the strengths and weaknesses in practice across the whole of the Children's Service
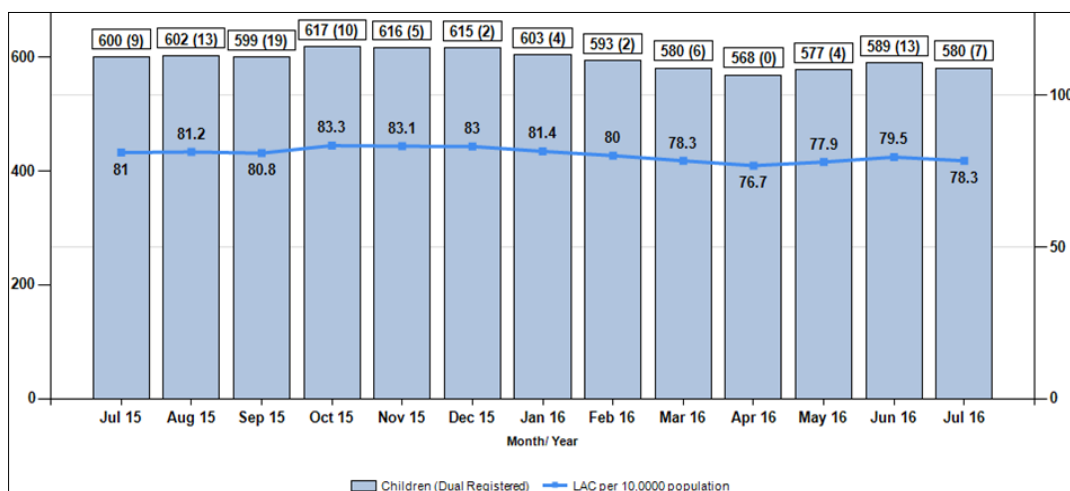
9 Theme 4 - Leadership and Governance

9.1 On-going scrutiny of front door activity is underway to review and streamline processes. Social workers are based in the MASH and respond to referrals to discuss concerns relating to those children who may be at risk of significant harm.

9.2 Caseloads remain steady across the service areas and have improved further in RAS. Reporting is in place to identify managerial oversight on cases.

9.3 Step down now occurs across the service area. This is supporting families who may still require ongoing targeted intervention but not at level which requires CSC input. Closer alignment between Early Help and CSC at the "front door" has resulted in families that require early help rather than statutory assessment being redirected to an early help provision.

10 Theme 5 - Services for LAC, Care Leavers and Permanency

10.1 At the end of March 2016, performance for health assessment completion was 93.5%. Performance in July 2016 was 97.6%. Regular scrutiny of the list of children who have not received a health assessment is undertaken by commissioners, social care and the service provider (CWPT) to ensure the circumstances of any outliers are understood and follow up action taken.

10.2 93% of young people had received a dental check at year end. Where it is identified young people have not received a dental check, this is being addressed through performance monitoring with team and service managers, contacting external providers to understand what action has been taken, and through routine contract management meetings.

10.3 A Specialist fostering scheme commenced on 1 September 2016. Residential provision is being re-commissioned; market engagement was undertaken in July 2016.

10.4 A range of 2-4 bedded units has been commissioned to more effectively meet the needs of 16 – 17 year olds and care leavers. A re-commissioning process will start in Q3 and a new service model will be implemented in December 2017 when the current contracts end.

10.5 At the end of March 2016 – 54 children were adopted and as 3 children with complex issues were adopted, this impacted negatively on the indicator. At end of July 25 children are placed for adoption, 18 are adopted and 6 applications are lodged with court (since April 2016).

10.6 Coventry is continuing to work with the regional adoption agency partners to access the larger pool of adopters as well as targeted local recruitment and use of Adoption Link. The DfE targets have moved from 16 months in 2015/16 to 14 months in 2016/17 and these are more challenging, but our practice and performance have improved.

10.7 A 2016-18 marketing and recruitment plan for foster carers is in place and endorsed by senior leadership. There is refreshed improvement plan and robust tracking data to ensure that the enquiry level remains high and the customer journey leads to suitable conversions into fostering households. There are currently 30 assessments in progress and enquiry rates are good. Fortnightly tracking is in place. The recent appointment of Service Manager for Fostering in August will strengthen delivery of the improvement plan.

10.8 The total number of children looked after by the local authority has reduced since the new DCS was appointed. This is a result of better management oversight and grip

10.9 The table below highlights the direction of travel over the last twelve months for the numbers of Looked After Children.

Table 2: Number of Looked After Children

Bar chart showing Children (Dual Registered) and LAC per 10,0000 population by Month/Year:
- Jul 15: 600 (9), 81
- Aug 15: 602 (13), 81.2
- Sep 15: 599 (19), 80.8
- Oct 15: 617 (10), 83.3
- Nov 15: 616 (5), 83.1
- Dec 15: 615 (2), 83
- Jan 16: 603 (4), 81.4
- Feb 16: 593 (2), 80
- Mar 16: 580 (6), 78.3
- Apr 16: 568 (0), 76.7
- May 16: 577 (4), 77.9
- Jun 16: 589 (13), 79.5
- Jul 16: 580 (7), 78.3

11   LSCB Progress

11.1 The LSCB reported progress against the three requirements set out in the Improvement Notice:

- the LSCB to be strengthened so it can ensure that partners work together effectively
- multi-agency practice and individual partner audits are robust
- all partners are committed to a shared set of priorities for safeguarding, child protection and early intervention

    1. The Coventry Safeguarding Children Board is a strong body in which partners work together effectively. The Board are committed to a shared set of priorities. Both multi agency practice and individual partner audits are robust.

    2. The findings of recent multi-agency audits were reported to the last Improvement Board and the planned action in response to those is now underway. The S175 schools audit has now been completed by 100% of schools. The findings indicate a mostly good picture on statutory compliance and where there are gaps, as for instance with safeguarding training for governors in some schools, putting this

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right will be monitored. The S11 audit is also now complete and will be presented to the October Board.

3. The board's lunchtime seminar on domestic violence was heavily over- subscribed by staff from a wide range of agencies, reinforcing the need for a more widespread programme of DV training across the city. The seminar will be run again in the autumn.

4. The improvement work planned to fill gaps identified in the last Board self-evaluation has been successfully completed. In particular, the development of the Board's peer review panels has given Board members a much better understanding of the quality of safeguarding practice. This has enabled the Board to identify and feedback on both good practice, system problems and other areas of weakness. The Board has become steadily stronger and more effective over the last two years. It is now in a good position to confidently carry out its assurance function to the full.

12   Communication

12.1 The e-newsletter continues to be produced focusing on Children's Services ahead of Ofsted re-inspection. This is issued to all staff in Children's Services, all partners, senior managers and Members to ensure everyone is aware of the progress made so far, what has still to be achieved and the role all employees can play in supporting the service in achieving a better Ofsted result. In addition to this, the Director of Children's Services completes a regular blog, hold open sessions for all staff and gets out and about visiting teams and talking to staff.

Authors:

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Coventry Children's Services Improvement Plan 2016/17

August 2016

Coventry City Council

Contents - update

As Director of Children's Services, I am passionate about improving services for children. It is clear there is a real commitment from politicians, partners and staff to making a real difference to ensure that children are at the heart of everything we do. Coventry City Council is committed to protecting vulnerable children and families in need of support and protection. This is a key part of our work in delivering the overall vision for the City: *"We want Coventry children and young people to: have supportive families; live safe from harm; achieve their potential; be healthy; and have positive and fulfilling lives."*

The Improvement Plan supports the over-arching Children's Services Strategy. The transformational changes taking place are significant, a number of short term and long term projects planned will be delivered over the next three years. The changes include re-designing Children's Services for the future, the service is being re-designed and will be fully implemented by April 2017. The chart illustrating the projects in progress are illustrated on page 7 and the vision statement for Children's Services is highlighted on page 8.

The size of the challenge cannot be under estimated. We have made some significant improvements, and recognise we still have a lot more to do. The governance arrangements, structure, and progress over the last 12 months and key performance measures/indicators highlight our performance to date. I am confident that we are now working at pace to drive the improvements forward and have a committed workforce who want to make a difference to children and young people. We remain committed to delivering high quality, safe services and working with our partners, we will continue to ensure that services improve for children and their families across the city.

John Gregg
Director of Children's Services

Section 1: Background

Context

A new leadership team was created in autumn 2015. The Executive Director for People came into post in September 2015. The Director of Children's Services (DCS) joined November 2015.

Children's Services in Coventry have been through a significant period of change and complex challenge over the past 3 years. At the time of the Ofsted inspection in January 2014 the service and the overall system was already under significant pressure. The serious case that resulted in a full murder trial in the summer of 2013 and the publication of a critical review report in September 2013 had already put pressures on the children's system. Case numbers had been increasing throughout 2013 and rose rapidly into early 2014.

The judgement by Ofsted in March 2014 that the service was inadequate increased the system pressures. Anxiety amongst professionals increased and case volumes continued to grow throughout 2014. Child protection cases peaked at over 900 cases in September 2014 by which time the Coventry rate was the second highest in the country.

Alongside this, whilst turnover remained relatively stable (at 6%) there was a great deal of change at managerial level and the increased case volumes meant an increased reliance on agency workers as Coventry worked to keep caseloads manageable.

By January 2015 however, staffing was still a significant issue with a peak of 98 agency workers across the social work service. From late 2014 into early 2015 case volumes began to reduce and significant appointments to management structures were made. However, the announcement at this point that the Executive Director would retire was a further destabilising factor.

Throughout early 2015 the service turned its attention to improvement, training and refreshing key policies. Agency worker numbers remained high. This had a negative effect on the quality of casework and was highlighted in the Peer Review in October 2015. The review identified that our front door assessment and Independent chair services had moved "from crisis to stability".

By the end of 2015 case volumes and in particular child protection case numbers were much more within controllable and expected levels. The refreshed leadership has led to a review of current position and a new impetus to improve. The revision of the Quality Assurance and Continuous Improvement strategy and the Workforce strategy in December 2015 are again key foundations for an improving position in 2016.

The re-design of Children's Services during 2016 is a key priority, the service are looking at workflow, 'service hand-offs' and business processes. The purpose of this work is to ensure that service pathways strengthen our practice and place children firmly at the centre of our work and enable us to make and maintain practice relationships with children, parents and carers. We will build on using the Signs of Safety practice framework to create the opportunity for good social work practice to flourish. We will also focus on the way we use our resources on looked after young people to make sure that our expenditure on placements (which are our single most expensive area of spend) make a real difference to the life of each looked after child. As part of this we are already working to strengthen our fostering provision relying less on external and expensive distant placements.

The timescales for implementing the redesign is to plan to have full implementation from April 2017. The governance around Children's transformation and changes being made are illustrated in the structure on page 7.

Section 2: Governance

Governance Arrangements

A Children's Services Improvement Board was established in March 2014. The Board is now chaired by Steve Hart, an Independent Consultant, who took over from his predecessor, Mark Rogers, Chief Executive at Birmingham City, in May 2016.

The Board comprises a membership of Coventry City Council elected Members and senior officers, representatives from partner agencies in the City and is also attended by the Department for Education. The Cabinet Member (Children and Young People) is a member of the Improvement Board and reports progress to every Council meeting and Scrutiny Board (Education and Children's Services).

The board meets at 6 weekly intervals and is supported by a Children's Operational Group that was established in July 2014 to progress actions contained in the Improvement Plan.
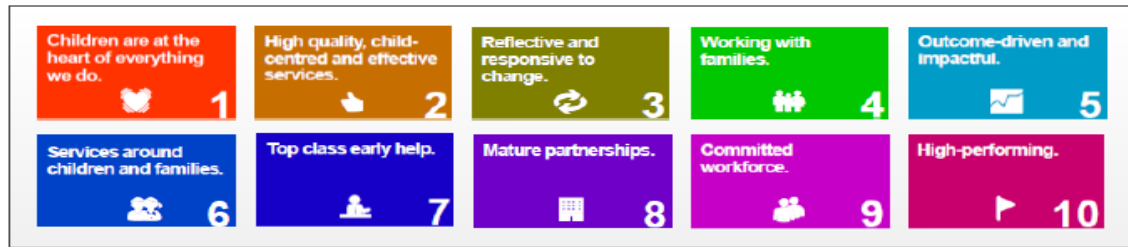
An Executive Board, established in January 2015, focuses on maintaining the momentum and evaluating the impact of changes.

The Department for Education issued an Improvement Notice in June 2014; the notice is reviewed every six months. A six month review was held on 20 January 2015, a twelve month review was held on 30th June 2015 and the eighteen month review was held on 2nd February 2016. It is anticipated that a further review will take place in November 2016. The outcome of each review shapes the work of the Board and is used to inform the Secretary of State of progress.

In order to succeed in transforming the way Coventry operates, the service have established dedicated support to oversee the programme management and governance of the ambitious change agenda. A Transformation Programme Board has been established to oversee the eight projects, the governance arrangements and structure are illustrated on page 7 and the Vision is highlighted on page 8.
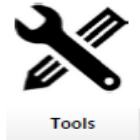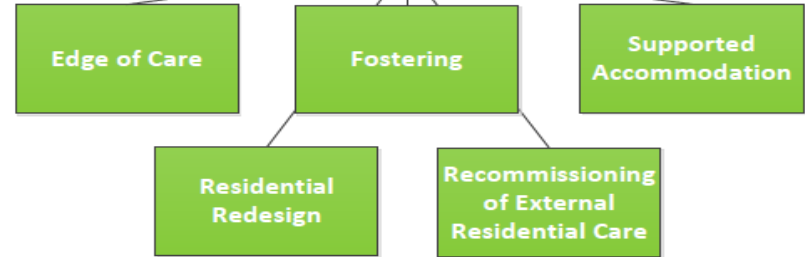
Children's Services Transformation Programme

Children are at the heart of everything we do. **1**	High quality, child-centred and effective services. **2**	Reflective and responsive to change. **3**	Working with families. **4**	Outcome-driven and impactful. **5**
Services around children and families. **6**	Top class early help. **7**	Mature partnerships. **8**	Committed workforce. **9**	High-performing. **10**

Outcomes for Children

Programme

Children's Services Redesign

Looked After Children Placement Strategy

projects

Early Help

Workforce

Business Process & Workflow

Edge of Care

Fostering

Supported Accommodation

Residential Redesign

Recommissioning of External Residential Care

Tools

MITEL

PDF Foxit

SharePoint

Liquidlogic — Connecting Health & Social Care

OneDrive for Business

Strategies & Plans

Coventry City Council — NHS — Voluntary Action Coventry

Coventry Children & Young People Action Plan

Children's Services: Our Vision 2016
— Strategic Vision

Ofsted
Children's Services Improvement Plan

"FEELING LIKE I BELONG." WE'RE WITH YOU
— Right Culture

MITEL — Office 365
Digital Strategy & Information Management Strategy

"FEELING THAT MY EXPERIENCE IS VALUED." WE'RE WITH YOU
— Right Skills

Coventry City Council

Section 3: The Vision

Children's Services: Our Vision 2016

Children are at the heart of everything we do.

 1

They are involved as key partners in planning and decision making.

High quality, child-centred and effective services.

 2

We deliver high quality, child centred, effective help and support to children and young people, their parents/carers and family. Providing the right intervention at the right time and in the right way. We provide integrated services and seamless clear pathways from early help to specialist support.

Reflective and responsive to change.

 3

Our services reflect and respond to the changing needs of Coventry's diverse population of children and young people.

Working with families.

 4

We work with families to equip them with the understanding and skills they need to raise their children in a loving, happy, healthy and safe environment, which enables them to become confident and responsible adults.

Outcome-driven and impactful.

 5

Services are outcome driven and we are clear about the impact we are having on children.

Services around children and families.

 6

Children are supported to live at home whenever possible. When they cannot remain with their families, they are able to live in or near Coventry in the most appropriate caring home. Services wrap-around the child so as to minimise any disruption to children's lives.

Top class early help.

 7

We deliver top class services for early help and early years, to optimise prospects of the best start in life for all children.

Mature partnerships.

 8

Our partnerships are mature, trusting and effective at both strategic and operational level. In our partnership work, the focus remains on the child. Partners actively contribute to enhance the local authority offer.

Committed workforce.

 9

Our workforce is stable, skilled, motivated and committed to delivering excellent services to children and young people in Coventry. They feel supported to make decisions, assess and hold risk and to develop creative and innovative solutions.

High-performing.

 10

The outcomes we achieve for children and young people compare favourably with high performing local authorities. We make an active contribution to Coventry's ambition of achieving Top 10 city status.

14

Section 4: Improvement Progress

A summary of the significant progress made is highlighted in the table below by each theme:

Early Help & Partnership Working Theme	Local Safeguarding Children's Board Theme
• Developed an Early Help Strategy/Action Plan • Impact Tool launched July 2016 • Completed a citywide roll out of Acting Early Sites • Increased Health engagement in CAFs • CAF Co-coordinators supporting schools • Strengthening Families approach • Launched MASH • Launched CSE team • New process for Domestic Violence in place • Contract in place with Barnado's to undertake missing from home and care interviews • Improved partnership working • Strategy Discussions/meetings compliant	• Effective partnership working with agreed set of priorities • Effective practice in place to safeguard and promote welfare of children • Robust performance management function • Multi-agency audit schedule in place • Self-assessment against Ofsted criteria completed • Clear picture of levels of safeguarding training across the city
Quality and Effectiveness of Practice Theme	**Quality and Assurance and Audit Theme**
• Children's Services Workforce Strategy in place • Recruited 50 staff between February and July 2016(social workers/newly qualified social workers/managers) • Comprehensive Learning and Development – delivered reflective supervision/chronology/.management/domestic violence training • Revised the Recording and Supervision Policy • Launched Signs of Safety • Established a Family Drugs and Alcohol Court • Reduced Child Protection Plans • Strengthened Early Professional Development Programme • Improved system on Protocol for recording • Additional Practice Educator recruited to develop and support the increase in NQSW's • Regular Safeguarding training in place for school/staff and governors	• Revised Quality Assurance Framework • Developed robust performance information/dashboards • Developed Audit tools and increased level of audit activity to ensure consistency and quality of practice • Robust process in place for implementing recommendations from Audits • Established new IRO structure- conference chairs • Young people influence policy and practice through the Voices of Care Council
Leadership and Governance Theme	**Services for LAC, Care Leavers and Permanency**
• Effective oversight of Improvement Board via Executive Board/Cabinet/Scrutiny Board 2/Council Improved management of caseloads in RAS/Neighbourhoods/IRO service • Increasingly effective management oversight of cases • All cases are allocated • Effective supervision and reflective practice	• Improved Adoption Performance • Children remaining in care longer and appropriately • Improved timeliness of Pathway Plans • More young people" staying put" • Young people in unsuitable accommodation reducing • A Placement Sufficiently Strategy has been completed and is being implemented • A Corporate Parenting Strategy has been completed • A 2016-2018 marketing and recruitment plan for foster carers is in place

Section 5:   Children's Services Improvement Plan on a page 2016-17

Theme	What we want to achieve	Our priorities for 2016-17
1 Early Help & Partnership	❖ An enhanced transformed Early Help Service ❖ Full Multi Agency Engagement in CAF ❖ MASH is embedded & information shared effectively ❖ Children and young people who go missing and are vulnerable to CSE are protected	➢ Getting the Early Help Strategy working so we can step cases down safely ➢ Implementing the "Steps to Change" outcome impact tool ➢ Working with partners to review the Front Door and contacts into the MASH ➢ Increased intelligence of children who go missing vulnerable to CSE
2 Quality and Effectiveness of Practice	❖ Improve timeliness and recording of Assessments ❖ Ensure children are safeguarded ❖ Recruit and retain an effective workforce ❖ Learning and Development impacting positively on practice	➢ Reduce the number of assessments that have an outcome of "no further action" ➢ Maintain a relentless focus on consistency and quality of practice ➢ Continue an active programme of recruitment for experienced social workers ➢ Promote and deliver an effective retention offer ➢ Develop a Social Work Academy
3 Quality Assurance and Audit	❖ Learning from regular audits and demonstrating improved practice ❖ Learning from User Feedback ❖ Regular accurate Performance Information ❖ Strengthen care planning function of Independent Reviewing Service	➢ Continue to improve the quality of practice through the audit and review cycle ➢ Launch Children's Services Health Check and repeat annually ➢ Consolidate and expand the use of performance data at strategic and operational levels ➢
4 Leadership and Governance	❖ Accountability and oversight by Chief Executive and Council Leadership ❖ Effective Management Oversight of Cases ❖ Effective Supervision and reflective practice ❖ Manageable Caseloads	➢ Maintain the challenge function of the Children's Services Improvement Board ➢ Re-design Children's Service and deliver on transformation projects ➢ Implement a Childrens Services Strategy for 2016-2018 ➢ Continue to monitor social work caseloads to ensure appropriate and manageable
5 Services for LAC, Care Leavers and Permanency	❖ Improved service outcomes for LAC and care leavers ❖ Health of LAC ❖ Increase the number of children adopted ❖ Increase recruitment of foster workers	➢ Implementing the Corporate Parenting Strategy and Placement Sufficiency Strategy ➢ Working with commissioning colleagues and partners to ensure health assessments and dental checks are completed ➢ Continue to improve timeliness of adoption ➢ Continue with the Foster placements campaign

Section 6:   Measuring our Improvement

Making a difference

There must be improved outcomes for children and young people. We have captured below what this looks like, this will be measured from feedback to tell us whether we have made a difference.

	What does making a difference look like?
Child	Children are safer and will be helped earlier. Children will have their voice heard. We will carry out audits to ensure that this is happening. We will ask children and young people for their direct feedback and engage them in shaping services. We will monitor engagement of children and young people in their assessments, their participation in reviews and the timeliness in which we see them.
Parents and carers	We will work to build parents' capacity and where necessary parents will be helped to change. Parents and carers will have their views taken into account. They will see a coherent early help offer and be able to work with a range of agencies to access support at an early stage to avoid issues escalating.
Our Partners	All professionals and voluntary agencies in the city will know how they contribute to services for children and young people, particularly in relation to prevention and early help. Together we will establish new ways of working together to safeguard children. The Local Safeguarding Children's Board (LSCB) will be recognised as being effective. Everyone will play a meaningful part in safeguarding.
Children's Workforce	All professionals working with children will be well trained and supported to achieve the best possible outcomes for children and young people. They will receive regular and effective supervision and we will monitor this through surveys and audit. All workers in Children Services will be supported to work effectively with children and young people and families.
Front Line managers	Front line managers will provide effective management oversight and opportunities for reflective practice which contribute to better outcomes for children and young people.
Senior Management	Senior Managers will drive change to improve services and visibility to staff. They will ensure the appropriate governance is in place and performance is regularly monitored and that improvements are having a positive impact. They will develop effective relationships with partners to ensure the system works effectively for children and young people.
Elected Member	Elected Members will hold Managers to account. They will have confidence in the workforce to deliver a safe and consistent service.

Section 7:   Looking Forward

Looking Forward

There is an improved understanding of the factors that led to the rise in demand for social care services. These have now largely been addressed and the focus is moving from managing demand, improving systems and process to one that focuses on the quality of practice. The arrangements to ensure the Council knows itself well have been strengthened with renewed rigour of performance management and quality assurance processes. Multi-agency engagement is increasingly strong and there is good participation in safeguarding boards and improvement board from key partners across the City. The council and its partners are confident that we are making improvements but there is no complacency about the magnitude and complexity of the challenge ahead. Children's Services will use self-knowledge and the skills of professional colleagues from within the service and nationally to help up us maintain direction and momentum

The Quality Assurance and Continuous Improvement Framework have been revised. It focuses specifically on casework services for children provided by children's social care and early help services with an emphasis on quality assurance that underpins continuous improvement. This framework is used to support improved outcomes through a wide range of indicators of quality. An audit schedule for 2016/17 is included in the framework. Since November 2015, there has been a renewed and relentless focus on improving the quality of practice through the audit and review cycle, which is linked to developing practice through the use of; supervision, team meetings, practice improvement forums and manager's briefings. The current environment with a high rate of 'churn' in some front line teams present a continuous challenge in driving up quality of practice. This work is supported by a rigorous and strong performance management arrangement in children's social care which has a model which drills down on a weekly basis to the level of individual children and examines the detail of each team on a monthly basis. Professional responsibility and accountability are increasingly strong as a result of these initiatives.

The Workforce Strategy builds on the progress the service has made over the last two years and supports the aim of achieving capacity, capability and culture needed to address organisational challenges. The strategy embraces the priority of Coventry Children's Services to put children and young people at the centre of all our work.
Elected Members take a close interest and continue to be very supportive of the service, as demonstrated by the huge additional financial investment made since the previous inspection.

Corporate Parenting continues to be a high priority in Coventry. There is a Corporate Parenting Board, chaired by the Lead Member, this is constituted as a Cabinet Advisory Panel and has made recommendations on a range of areas to Council in the past. The Children in Care Council CICC (known locally as the Voices of Care) have regular meetings with elected members. This ensures there is a good awareness of the issues that affect looked after children.

Partnership engagement in improvement is shown through the Improvement Board and the progress made in the development of the LSCB. There are regular meetings between the chairs of key multi-agency boards as well as of the Officers who support them to maximise opportunities for partner engagement in key areas. The Children's Services Improvement Plan for 2016/17 will continue to be monitored and progress reported to the Improvement Board every six weeks.

Section 8:   Action Plan

THEME 1 – Early Help and Partnership Working				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Action**	**How will we measure the difference to children?**
1.1 Early Help *O**bjective**: Measure the impact and effectiveness of early help to reduce level 4 interventions*				
Children and Families across the city have access to early help and this improves outcomes for children	Head of Early Help and Prevention	Gateway in place to 'go live' by September 2016	**1**. Establish a network of early help services and an early help gateway adjacent to the 'front door' to make the services immediately accessible	Reduction in referrals to social care and reduction in the number of contacts that proceed to assessment with an outcome of 'no further action'.
More children are helped at an early stage and do not need specialised support	Head of Early Help and Prevention	August 2016	**2.**Review capacity and thresholds in Early Help and Family First Service to improve access to the service **(LGA PR)**	Professionals are clear about inter-agency thresholds and the presence of early help staff at the front door will enable advice and services to be available to referrers which will result in a reduction of contacts that proceed to referral and re-referral stages.
More children are helped at an early stage and do not need specialised support	Deputy Chief Executive (CWPT) UHCW NHS Trust	Ongoing	**3**. Increase the number of CAF's/TAFF's led by health professionals	Number of CAF's/Number of TAFF's – Targets to be determined by CWPT and UHCW
	Head of Early Help and Prevention	August 2016 onwards	**4.** Monitor effectiveness of CAF intervention and use the information to improve CAF's and promote eCAF as the online place to demonstrate Early Help /CAF	Reduction in the numbers of children who are referred for statutory services. Increase use of CAFs and ECAFs
	UHCW NHS Trust	Ongoing	**5.** Record cases to be offered a CAF identified at the weekly Maternity Child Protection supervision meetings	Record numbers of Clients offered CAF and numbers accepted
More children are helped at an early stage and do not need specialised support	Head of Early Help and Prevention	May 2016	**6**. Monitor the effectiveness of the process in place for transfer of CAF cases that are stepped up and stepped down to Universal Services and Early Help.	Increased % of children stepped down following successful CAF intervention. Cases that are stepped up are deemed appropriate

THEME 1 – Early Help and Partnership Working				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Action**	**How will we measure the difference to children?**
1.2 Information Sharing & Multi Agency Safeguarding Hub (MASH) **Objectives:** *Improve information sharing between agencies and professionals to ensure it is timely, specific and effective **(Ofsted PAs 27, 29** / **SCR DP 16.5)*** *Deliver an effective DV screening process**(Ofsted para 40**) **(DfE Notice 4.5)*** *Ensure Police central referral process is effective **(LGA PR**)* *Ensure domestic violence is seen as a child protection issue and is dealt with effectively by social care and partner agencies **(Ofsted PA 30** and SCR DP 16.1)* *Ensure relevant staff are trained in how to identify and respond to DVA **(SCR DP 16.9*** *All referrers to receive feedback from Children's Social Care on their referral **(SCR DP 16.7) (DfE Notice 2.3)***				
Vulnerable children and young people at risk of harm are identified and receive timely services	Head of Children's Social Care	August 2016	**7**. Ensure that MASH only deals with cases that fully meet the criteria the Multi-agency Safeguarding Hub (MASH) fully implementing processes, reporting and ensuring activity is robust	Reduction in the number of cases that are MASHED as a result of more cases being appropriately diverted to early help.
Children and young people live in households free from domestic violence	Head of Children's Social Care	Ongoing	**8.** Continue to monitor the effectiveness and impact of DV screening undertaking audits and DIP sampling as required	Increased number of children living safely in household's benefiting from targeted domestic violence services, including those provided at early help stages.
	LSCB Chair	Ongoing	**9**. Assure that staff are appropriately trained in all agencies to identify and respond to domestic violence	Increased proportion of staff trained. Early help provision will include domestic violence services.
Decision making for children is timely with decisions and actions clearly recorded and feedback to professionals.	Head of Children's Social Care	**O**ngoing	**10**. Monitor through MASH and RAS records and with partners to ensure feedback can be tracked and audited **(SCR DP 16.7)**	Weekly performance management meetings will report on timescales for responses and on feedback to those referrers.
Vulnerable children and young people at risk of harm are identified and receive timely services	Director of Children's Services (DCS) Detective Chief Insp (WMP)	Ongoing	**11**. Explore and determine whether improvements are required relating to the police central referral process: - to improve delays with strategy discussions; Section 47 investigations and visiting children - responses to requests for PNC background checks on adults who have significant contact with children **(LGA PR)**	Children and young people are protected through multi agency arrangements and receive timely responses
1.3 Children and Young People who go missing / are at risk of Child Sexual Exploitation				

THEME 1 – Early Help and Partnership Working				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Action**	**How will we measure the difference to children?**
Objectives: *Ensure a clear plan for the CSE team that will demonstrate added value for children and the neighbourhood teams within your overall strategy(LGA PR)* *Improve the quality and availability of data (Ofsted AI 37)* *Enhance information sharing relating to young people who are missing to reduce and stop escalation to more serious incidents*				
Children and young people who are at risk of CSE benefit from a coordinated response that reduces harm or the risk of harm to them.	Head of Children's Social Care	Ongoing	**12**. Clarify the role of the team in co-ordination of wider action e.g. work with schools, communication campaigns etc.**(LGA PR)**	Colleague agencies and professionals are alert to CSE and the necessity for referral and action when concerns arise.
Children and young people who are missing receive a coordinated response that reduces harm or the risk of harm to them.	Head of Children's Social Care	Ongoing	**13**. Continue to develop the already strong interagency work in CSE using the 'operations' model when appropriate in order to protect children and bring perpetrators to justice. Ensure the availability of services for victims.	Close management oversight and monitoring will ensure high standards of practice and investigation. Increased numbers of children will be identified and services will be offered to safeguard them.
All children and young people understand their vulnerabilities and ensure appropriate plans are in place to support them.	Head of Children's Social Care	June 2016	**14**. Ensure all young people who have been missing from home and care have a return home interview and this is recorded and monitored **(Ofsted AI 37)**	All children will be offered return home interviews within 72 hours and the reasons for those which cannot be carried out will be reported immediately and scrutinised at the weekly performance management meeting.

THEME 2 – Quality and Effectiveness of Practice				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
2.1 Assessments Objectives: *Ensure case recording evidences children are seen and spoken to and risks are assessed (Ofsted PAs 23/27/DfE Notice 4.4)* *Ensure Children are seen within timescales and robust risk assessments are carried out (Ofsted PA 23/DfE Notice 4.3)* *All assessments by the Council and partners follow the principles and parameters of a good assessment as stated in Working Together to Safeguard Children(2015) appropriately involve other agencies (SCR DP 16.4/DfE Notice 4.1))* *Progress cases more quickly through the system* *All plans to be focused on assessed needs with clear outcomes and timescales (Ofsted PA 31/DfE Notice 4.6)* *To achieve the timescales within the Public Law Outline (26 weeks)*				

THEME 2 – Quality and Effectiveness of Practice				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
Plans and decisions are child centred and influenced by children's wishes and feelings	Head of Children's Social Care	Ongoing	**15**. Ensure the voice of the child and the child's needs are clearly identified and central to all interventions throughout the assessment process	Audit activity and management oversight will show that the voice of the child is understood and recorded.
Children and families receive advice and support as planned	Head of Children's Social Care	Ongoing	**16**. Improve timeliness of interventions to ensure children and young people are protected within statutory timescales	Weekly performance management meeting will quality assure the timeliness of interventions at an individual child level.
Children and families receive timely assessments	Head of Children's Social Care	Ongoing	**17**. Regularly report to LSCB on timeliness and quality of assessments **(DP SCR 16.4)**	Data will be collected and reported on a weekly basis to the performance management meeting to show that all assessments will be completed in a timescale suitable to the needs of the child but within a 45 day time limit. All exceptions will be understood and action will be taken to rectify any issues that arise.
Plans and decisions are child centred and influenced by children's wishes and feelings	Head of Children's Social Care	Ongoing	**18**. Managers across all agencies to ensure that assessments are comprehensive, child focused and achieve good outcomes for children	Council and partners' assessments are compliant and audits show that assessments are appropriately child focussed.
Decisions about children's permanency plans are made as soon as possible and they experience less disruption through placement moves	Head of Children's Social Care	Ongoing	**19**. All children will have an up to date care plan on their case record which will be contributed to and understood by children. Permanence plans will be agreed in accordance with policy.	Weekly performance management meetings will monitor this requirement and determine actions to prevent drift and delay. IROs will monitor compliance with this requirement at every review and will escalate concerns to managers when necessary.
Decisions are made about children and young people remaining at home. Where this is not possible permanent plans are made as earliest as possible and achieve legal permanency.	Head of Children's Social Care	Ongoing	**20**. Review PLO processes to ensure a more robust framework and clear timescales are adhered to, consider more regular legal planning meetings. **(LGA PR)**	Management data will show that PLO processes are compliant with the 12 week timescale and in exceptional circumstances will extend to 16 weeks. Court timescales for care proceedings will be met.

THEME 2 – Quality and Effectiveness of Practice				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
2.2 Recording **Objectives:** *Ensure Social Workers recording practice is timely and complies with the recording policy (Ofsted PA 28)* *Develop a culture of prioritising recording (Ofsted PA 28)*				
Children and young people value the consistency of workers when they receive services from their social worker	Head of Children's Social Care /Head of Regulated Services	Ongoing	**21**. Review and clarify expectations and standards required within the Supervision Policy and approaches to reflective supervision and inform staff.**(LGA PR)**	Performance management data will show that formal supervision arrangements for each social worker is in place and carried out and recorded.
Children and young people have records and plans up to date	Head of Children's Social Care/ Head of Regulated Services	June 2016	**22**. Maximise opportunities from the introduction of mobile technology to support social workers to record more promptly. Carry out trial and roll out equipment where beneficial to ensure staff know how to access equipment and make full use of it**. (LGA PR)**	Children receive a better service and their outcomes are improved
2.3 Child Protection **Objectives***: Reduce number of Children and Young people subject to a Child Protection Plan* *Effective multi -agency strategy meetings will be undertaken within agreed timescales with timely distribution of minutes (Ofsted para51 and 52 /SCR DP 16.5)*				
Reduce the numbers of children subject to a child protection plan	Head of Children's Social Care and Safeguarding	Ongoing	**23**. More children being managed safely in their communities following effective assessment. Reduce number of children on a child protection plan	Increased numbers of children managed within a children in need plan. Reduction in the numbers of children who are stepped down within 6 months of a plan being made Reduction in the numbers of children with second or further child protection plans.
Vulnerable children and young people at risk of harm are identified and receive timely services	WMP /UHCW NHS Trust /CWPT/ CCG	On-going	**24. Ensure police and health attendance at strategy meetings and ICPCs (Ofsted PA 27 and 29 / SCR DP 16.5) and escalate when this is not occurring (DfE Notice 5.1)**	Data demonstrates partner attendance at meetings /conferences. Reduction in number of escalations`
2.4 Recruitment and Retention				

THEME 2 – Quality and Effectiveness of Practice

Desired Outcome/Impact for Children	Lead	Timescale	Actions	How will we measure the difference to children?
Objectives: *Establish a more stable workforce, invest in their development and reduce agency workers.* **(Ofsted AI 42)**				
Children will continue to benefit from consistent relationships with a suitably qualified and permanent workforce	Director of Children's Services (DCS)	January 2017	**25**. Implement Children's Services Workforce Strategy by continuing to recruit permanent staff and reduce reliance on agency workers **(Ofsted AI 42)**	Workforce Profile will show an increased number of permanent social workers and reduction in agency staff. Increase in the number of agency staff who apply for permanent posts.
Children have access to a qualified social worker	Director of Children's Services (DCS)	August 2016	**26**. Implement Recruitment Plan to include secondment of unqualified Coventry Family Support staff	Through "growing our own social workers " policy , children will have access to more qualified social workers
Children have access to an experienced social worker	Director of Children's Services (DCS)	August 2016	**27**. To review the existing Approved and Supported Year in Employment (ASYE) Programme for NQSWs and develop an in-house alternative	Feedback from NQSW , Supervisors, Practice Educators, Programme's internal and independent assessment panel
2.5 Learning and Development **Objectives:** *Raise awareness and understanding of the Prevent Agenda* **(LGA PR)** *Child Protection plans comply with the requirements of the Working Together to Safeguard Children document* **(DfE Notice 5.2) and** *Looked After Children plans comply with the requirements of the Care Planning regulations*				
Vulnerable children and young people at risk of harm are identified and receive support from their social worker	Director of Children's Services (DCS)	June 2016	**28**. Children's Services staff to attend Prevent awareness training **(LGA PR)**	Training targeted and delivered to key groups. Refresher training is available as required.

THEME 3 – Quality Assurance and Audit

Desired Outcome/Impact for Children	Lead	Timescale	Actions	How will we measure the difference to children?
3.1 CP/LAC Assessments and plans				
Objectives: *Child Protection plans comply with the requirements of the Working Together to Safeguard Children document* **(DfE Notice 5.2)** *and Looked After Children plans comply with the requirements of the Care Planning regulations CP/LAC Case records are regularly updated (* **DfE Notice 5.4)**				
All children will have a contemporary plan to which they contribute and understand.	Head of Children's Social Care/ Head of Regulated Services	Ongoing	**29.** Ensure that all plans include the views of the child, time bound actions, with assigned 'owners' and with measurable, success outcomes for children and young people(**DfE Notice 5.2)**	All children will have a plan that will be updated as required.
Plans and decisions are child centred and influenced by children's wishes and feelings	Head of Children's Social Care / Head of Regulated Services	Ongoing	**30.** Ensure that plans are in every child's record and that they include review and evaluation points, with timescales agreed with other professionals along with information about their contributions (**DfE Notice 5.3)**	Reviews will show that IROs have considered the existence and effectiveness of plans
Plans and decisions reflect the needs of children and are influenced appropriately by children's wishes and feelings	Head of Children's Social Care /Head of Regulated Services	Ongoing	**31.** Document any new amended information, rationale and decisions as they arise(and new information shared as needed) **(DfE Notice 5.4)**	Case audits/Senior Management sampling
Plans and decisions are child centred and influenced by children's wishes and feelings	Head of Children's Social Care / Head of Regulated Services	Ongoing	**32.** Evidence of management oversight, decisions making and appropriate action, is set out in detail on each case file **(DfE Notice 5.5)**	Case audits/Senior Management sampling
	Head of Children's Social Care **/** Head of Regulated Services	Ongoing	**33.** Information arising from case audits confirms that all actions have been carried out in accordance with statutory guidance and clear improvements, actions and timescales, identified when needed **(DfE Notice 5.6)**	Evidence of implementation of action plans that have been developed following from case audits. Management oversight will show rigor in follow up on recommendations from case audit.
3.2 Audit and User Feedback				
Objectives: *Establish systemic feedback mechanisms so that practice is informed by the views of Children and Young People* *Create maintain and deliver a regular programme of audits using quantitative and qualitative evidence, with a view to the effectiveness of practice and the degree to which it is safe* **(DfE Notice 8.1)**				
Implement the audit program that has been developed to assure the effective implementation of the improvement plan.	Head of Children's Safeguarding	Ongoing	**34** Ensure audit recommendations and actions are measurable and constitute best practice to inform improvements in practice as well as inform workforce development, supervision and future service development **(DfE Notice 8.5)**	Audit reports will demonstrate that the impact of services on children's experiences has been assessed and evaluated. Specific recommendations are made when necessary that are demonstrably considered and acted upon by managers.
Services consistently ask for the views of children and young people and use to inform	Head of Children's	On-going	**35.** Give consideration to the experience of the child and family and their journey through the system **(DfE Notice**	Feedback from children and their families is aggregated and used to inform service

THEME 3 – Quality Assurance and Audit

decisions	Safeguarding		8.2)	development and design.

3.3 Independent Reviewing Service
Objectives: *Independent Review Officer (IRO) lead on audit activity*
Independent Review Officer (IRO) feedback is available to highlight improvement opportunities

Children and young people are able to participate fully in reviews and decisions made about their lives	Head of Children's Safeguarding	On-going	**36**. IRO service to be audited for quality of practice to ensure that quality of reviews are high	Audits outcomes used within the IRO service and with other practitioners to improve overall practice. Feedback from 'voices of care' used to stimulate practice development.
Information recorded about looked after children supports collaborative planning and work across professionals	Head of Children's Safeguarding	On-going	**37**. Implement regular reporting of summaries of IRO activity to review the quality and timeliness of recording and compliance in individual case records to inform and improve practice **(DfE Notice 8.3)**	Regular reporting identifies compliance. Recording will be accurate and the IRO footprint will be visible and child centred

THEME 4 – Leadership and Governance

Desired Outcome/Impact for Children	Lead	Timescale	Action	How will we measure the difference to children?
4.1 Management Oversight **Objective:** *Ensure robust management oversight of front door activity (Ofsted PA 26)*				
People working with children can access social work expertise and advice so that children at risk of significant harm receive timely support	Head of Children's Social Care	On-going	**38**. Ensure all management oversight is conducted in line with the standards set out in the *Working Together to Safeguard Children* to ensure safe practice and decision making on individual child protection cases**(DfE Notice 7.3)**	Audits show management oversight increases

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THEME 4 – Leadership and Governance				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Action**	**How will we measure the difference to children?**
Children are protected from harm through management oversight of children in need planning	Head of Children's Social Care	On-going	**39.**. Ensure sufficient management oversight of CIN plans particularly in cases where reviews are chaired by agency staff (**LGA PR**)	Length of time children and young people are subject to a CIN plan, step down process. Reduction in children requiring CIN intervention at level 3.
4.2 Supervision and reflective practice **Objectives:** *Ensure greater consistency around the frequency and impact of supervision and reflective supervision* *Establish effective supervision and management oversight of appropriate workloads (DfE Notice 7.2)* *Ensure that managers routinely use a toolkit to evidence good quality reflective supervision, case discussion and decision making*				
Work undertaken and plans for children are recorded and tell the story of the child's needs and progress	Head of Children's Safeguarding	On-going	**40.** Improve use of chronologies and ensure greater use of direct recording tools; clearer recording of case decisions; case recording and supervision on Protocol(**LGA PR**)	Supervision files will evidence reflective supervision, curious questioning and hypothesis which in turn will lead to accurate assessments and children receiving the right service at the right point of need, this will decrease the numbers of children subject to statutory intervention, repeat referrals and repeat plans.
Children and young people have access to a qualified social worker and social workers have enough time to work effectively	Director of Children's Services (DCS)	Ongoing	**41.** Ensure social worker responsibilities and workloads are clearly and tightly defined and reviewed and improved so effective practice can take place, with a range of work for staff consistent with their level of experience and competence(including protected caseloads for NQSW's) (**DfE Notice 7.2**)	All children have an allocated social worker. Children and parents report through feedback and audit that they were able to contact their social worker and that they have made a positive progress through direct social worker intervention and contact.
The effectiveness of plans and decision making for children are improved through practice support	Director of Children's Services (DCS)	Ongoing	**42.** Develop the Senior Practitioner role to increase the use of reflective practice to ensure managers evidence good quality of practice and discussion	Number of social work cases supported by Senior Practitioner. Children and parents report through feedback and audit that they understand what social worker was involved in their family and can report that they were involved in monthly decisions for their family

THEME 4 – Leadership and Governance				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Action**	**How will we measure the difference to children?**
4.3 Caseloads **Objectives:** *Create capacity to ensure that the front door is safe and sustainable and* ***Reduce caseloads to between 20-25 in RAS (Ofsted PA 23 & 26)*** *Ensure that Social Workers are focused on their core role and have time to spend with children and young people (Ofsted AI 33)*				
Children and young people have the benefit of meaningful relationships with social workers who are able to respond effectively and efficiently to their needs.	Head of Children's Social Care	Ongoing	**43**. Ensure effectiveness scrutiny and oversight of caseloads in RAS/Neighbourhoods	Manageable caseloads (RAS 20-25 and Neighbourhoods 20-22)
	Head of Children's Social Care /Head of Early Help and Prevention	May 2016	**44**. Better manage transitions to neighbourhoods and ensure cases are stepped down to Early Help where these services can meet and that cases thresholds for social care are stepped up.	Period of time child open to single social worker before change (not including transition) Children and parents report that they are able to contact their social worker Children report on their relationship and trust with their social worker positively

THEME 5 - Improving Services for LAC, Care Leavers and Permanency				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
5.1 Services for Looked After Children and Care Leavers **Objectives:** *Robust high quality pathway plans are in place for all care leavers (Ofsted AI 38)* *Ensure Looked After Children are in placements that best suit their needs* *Further develop Supported Accommodation services to ensure that a range of provision is available for care leaver's and other young people* *Ensure that there is a system in place to support successful and sustainable tenancies*				
Young people are well supported and prepared for independence	Head of Regulated Services	April 2016 and ongoing	**45**. Pathway plans are completed within timescales, involve young people and partners, are aspirational and improve outcomes for care leavers.	All young people have an up-to-date pathway plan that are monitored by IROs and line managers and reported to performance managers meetings. Exceptions are managed at an individual young person level. All pathway plans will be updated at 12 monthly intervals or more often as required.

THEME 5 - Improving Services for LAC, Care Leavers and Permanency				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
				Compliance monitored by IROs and performance management meeting.
Develop services to ensure that : Children on the edge of care are supported in their communities Children entering care do so for the shortest time possible or permanent plans are made for them if they cannot return to their homes Placement moves are minimised and disruptions are prevented where possible. More children are in placements in or near Coventry	Head of Children 's Strategic commissioning/ Head of Regulated Services	June 2015 and ongoing	**46**. Establish an effective 'edge of care service' Further develop a range of suitable Placement provision of high quality that is in or near Coventry Placement Team to ensure that there are sufficient placements of high quality which meet the Looked After Children of Coventry	Reduction in the number of children entering care More children have their needs met in or near to Coventry Improved commissioning arrangements to ensure provision meets need Reduction in disrupted placements. Increased placement stability long and short term
More children are in placements in or near Coventry	Head of Children 's Strategic commissioning	April 2016 – new services in place	**47**. Undertake a further commissioning exercise to fill gaps in service provision	A range of accommodation is available for young people including high needs
Vulnerable children and young people at risk of harm are identified and receive timely services	Head of Children 's Strategic commissioning	Ongoing	**48**. Implement action plan with Providers and other services to improve outcomes for young people in relation to substances misuse/CSE/mental health and employment education and training	Reduce evictions from supported accommodation enable young people to sustain accommodation in the long term
Risks are identified for children and young people to ensure they are safe	Head of Regulated Services	April/May 2016	**49**. Ensure risk assessments are undertaken when care leavers take up tenancies **(Ofsted para 98)**	Reviews and management oversight show that suitable systems are in place.
5.2 Health of Looked After Children				
Objectives: *Ensure Looked After Children Health assessments are timely and robust* *Care leavers have a full health history*				
Children and families have access support early and this improves health outcomes for	Head of Children 's Strategic	Ongoing	**50**. Ensure Social Workers consistently and immediately notify health partners when a child comes into care, moves	Performance monitoring of notifications of

THEME 5 - Improving Services for LAC, Care Leavers and Permanency				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
children	commissioning		placement or is discharged from care process to ensure that young people leaving care are provided with information regarding their health through provision of the health passports **(Ofsted AI 35)** *in accordance with the Health of LAC plan*	care starters to health within 5 days All looked after children will have a health passport
5.3 Fostering and Adoption **Objectives:** *Continue to achieve improved timeliness and numbers of children adopted (Ofsted AI 40 and 41) in order to achieve scorecard thresholds (DfE Notice 6.1)* *Ensure that assessments and monitoring of private fostering arrangements are timely to ensure children are safe (Ofsted PA 32)* *Continue to deliver and embed the existing improvement plan for recruitment and retention of foster carers (Ofsted AI 41)*				
Decisions for children to be placed for adoption and placed with prospective adopters below DfE Floor targets.	Head of Regulated Services	Ongoing	**51**. Ensure that clear plans are in place to improve all aspects of timeliness(local authority decision making, placement orders, matching and placement) **(DfE Notice 6.1)**	Performance management data shows that timeliness has improved
Time taken for children to be linked and matched with prospective adopters is below DfE floor targets	Head of Regulated Services	Ongoing	**52**. Embed planned improvements to the recruitment strategy for adoptive parents **(DfE Notice 6.2)**	Improved recruitment strategy embedded
Adoption is considered for all children who are unable to return home or to their birth families and who need a permanent alternative home.	Head of Children's Social Care	Ongoing	**53**. Ensure measures are taken to build on recent improvements in timeliness, including the use of case tracking in order to identify children likely to be adopted to help predict and manage future performance **(DfE Notice 6.3)**	Future performance trends identified through management oversight and legal planning meeting data.
Children privately fostered are managed and decisions and plans made to maintain their progress	Head of Regulated Services	Ongoing	**54**. Ensure the cases of all private fostered children are regularly reviewed by managers	More consistent oversight and support of privately fostered children is demonstrated through performance monitoring.
To ensure that there are sufficient foster carers for Coventry children.	Head of Regulated Services	Ongoing	**55**. Generate quality enquiries which lead to an increased number of foster carers	Increased rate of enquiring and improved conversion through preparation nd approval processes.
To ensure that foster carers have the training, support and skills to care for Coventry children.	Head of Regulated Services	Ongoing	**56**. Improve the support offered to foster carers through individual support and programs of targeted training.	Improved retention rates Good take up of training opportunities Reduced placement disruption rates Improved recruitment.
5.4 Life Story Work				

THEME 5 - Improving Services for LAC, Care Leavers and Permanency				
Desired Outcome/Impact for Children	**Lead**	**Timescale**	**Actions**	**How will we measure the difference to children?**
Objectives: *Ensure all children remaining in LA care or where adoption is the plan have life story work completed* *(Ofsted AI 34)*				
Children looked after have life story work undertaken with them	Head of Regulated Services	Ongoing	**57.** Develop a standardised approach and toolkit for life story work books	All appropriate looked after children have an appropriate life story book.

Glossary

GLOSSARY	
Abbreviation / term	**Meaning**
ASYE workers	Social Workers in their first year after qualification
C&F assessments	Children and Family assessments
CAF	Common Assessment Framework
Cafcass	Children and Family Court Advisory Support Service
CAMHS	Children and Adolescence Mental Health Services
CBAS	Court Based Assessment Service
CMOG	CSE and Missing Operations Group
CP	Child Protection
CSCB	Coventry Safeguarding Children's Board
CSE	Child Sexual Exploitation
CWPT	Coventry and Warwickshire Partnership Trust
CYP	Children and Young People
DCS	Director of Children's Services
DfE	Department for Education
DPDA	Daniel Pelka Deeper Analysis
DP SCR	Serious Case Review in relation to Daniel Pelka (numbers in plan refer to recommendation numbers)
DVA	Domestic Violence and abuse

GLOSSARY	
Abbreviation / term	**Meaning**
Executive Director	Executive Director for People Directorate
ICPCs	Initial Child Protection Conferences
IRO	Independent Review Officer
JCB	Joint Commissioning Board
LAC	Looked After Children
LACES	Looked After Children Education Service
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children's Board
MARAC	Multi- Agency Risk Assessment Conference
MASH	Multi- Agency Safeguarding Hub
MASP	Multi- Agency Screening Panel
NHS Coventry and Rugby CCG	Coventry and Rugby Clinical Commissioning Group
NQSWs	Newly qualified social workers
Ofsted	Office for standards in education, children's services and skills
PEP's	Personal Education Plans
PLO	Public Law Outline
PRUs	Pupil Referral Units
RAS	Referral and Assessment Service
Route 21	The Leaving Care service
SAAF	Safeguarding Children Assessment and Analysis Framework
SB2 from VoC T&F	Scrutiny Board 2 recommendation relating to the Voice of the Child Task and Finish Group, April 2014
SEND	Special Educational Needs and Disabilities
SCRs	Serious case reviews
TAFF	Team Around the Family
UHCW NHSTrust	University Hospital Coventry and Warwickshire NHS Trust
VoC T& F	Voice of the Child Task and Finish group – a Member led group
WMP	West Midlands Police

Coventry City Council

Briefing note

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To: **Education and Children's Services Scrutiny Board**   Date: **13 October 2016**

Subject: **Supervision of Social Care**

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1   Purpose of the Note
1.1   To inform the Education and Children's Services Scrutiny Board (2) of the progress on the recommendations from the Scrutiny Task and Finish Group on Supervision of Social Work staff over the last six months.

2   Recommendations
2.1   It is recommended that the Education and Children's Services Scrutiny Board:

1) Consider the information presented and note the progress made to date.

2) Identify any recommendations to the appropriate Cabinet Member.

3) Receive a further progress report in March 2017

3   Background/Information
3.1   At a meeting in June 2015, Members of the Education and Children's Services Scrutiny Board agreed to establish a task and finish group to look in more detail at the supervision of social care staff, to support the improvement plan.

3.2   The Task and Finish Group met four times to look in detail at the work already done to improve supervision of staff, talk to existing managers and analyse information from as staff supervision undertaken in 2014 and 2015, to be able to identify other areas of improvement.

3.3   Recommendations were reported to Cabinet in April 2016, the recommendations were endorsed and it was agreed that Scrutiny maintain an oversight on progress against the recommendations and any future changes in performance, receiving a report in six months and twelve months.

3.4   This report provides a six month progress update against the recommendations.

4   Progress against recommendations
4.1   **Recommendation 1 - To update the Supervision Policy to take into account the following**:

a) *That regular sample audits of supervision be undertaken to monitor both quality and quantity of supervision*

b) *The quality control section of the Supervision Policy reflects Member's oversight*

1

c) That supervision training is part of the induction for new managers

d) That reflective supervision is used as a standard part of regular supervision session

e) That children's views and wishes are discussed and these discussions are recorded during supervision sessions

The Supervision Policy has been updated and is attached in **Appendix A**.

Regular sample of audits of supervision are undertaken to monitor both quality and quantity of supervision. The auditing of supervision files on a monthly basis is planned to commence from October 2016.

The quality of control section of the Supervision Policy reflects Members oversight.

The Supervision of training will be part of the induction for new managers once the new policy has been launched and formally applied.

Reflective supervision is used as a standard part of regular supervision and has been incorporated into the Policy along with new templates and an audit tool.

Children's views and wishes are discussed and recorded during supervision sessions. The advice has been made more explicit in the new Policy and templates and audit tool.

4.2 **Recommendation 2 – To ensure the updated supervision policy is implemented and complied with across the whole service**

The updated Supervision Policy has been shared with Managers during the summer period. The launch of the Policy has been delayed pending the arriving of the new Principal Social Worker who started on 3rd October 2016. The Principal Social Worker as a matter of priority will launch the updated Supervision Policy during October, with full implementation from 1st November 2016 across the whole service.

4.3 **Recommendation 3 – That all managers with casework responsibility to have received recent supervision training within six months, then all managers across the service within 12 months**

In Children's Family First/Social Care and Regulated Services, there are a total of 66 Managers. Since April 2015, 45 Managers (Heads of Service /Service Managers/Team Managers) have received training in supervision. A Further 13 Managers are booked on training dates in October and December 2016.

4.4 **Recommendation 4 – That a statement of intent regarding levels of caseload is developed**

A statement of intent regarding caseloads will be developed.

4.5 **Recommendation 5 – That good practice is identified and shared across the service, not just teams**

Good practice is shared across the service at Practice Improvement Forums that are held bi-monthly. Topics have included: What does good look like? WRAP training /Toxic Trio. The next Practice Improvement Forum will be in November on Counter Terrorism.

Signs of Safety practice is also shared with staff via webpages that have been specifically set up to share practice case studies and events via link below:
http://beacon.coventry.gov.uk/directory_record/6101/signs_of_safety

4.6 **Recommendation 6 – That within 3 months all staff to have a supervision agreement**

A Supervision Agreement has been developed, the template for completing this is included in the updated Policy and this will be implemented once the Policy has been launched.

4.7 **Recommendation 7- That Research In Practice to be promoted to all staff to make use of current research and evidence to inform their practice**

Research in Practice (RiP) is promoted to all staff and is embedded in the Assessed Supported Year in Employment (ASYE) programme. Newly Qualified Social Workers (NQSWs) have to complete RiP E-learning and use RiP materials as part of their learning and development. Social workers in year 2 are expected to champion RiP in their teams.

2

RiP is regularly "advertised" in the children's services newsletter. There has also been an increased uptake of RiIP events which are part of the package the service have purchased from RiP. Members are also encouraged to join via the website https://www.rip.org.uk/. More information about RiP can be found at Appendix B.

Research around reflective supervision is currently being (led by Research in Practice) and the results will be concluded in the Spring 2017.

A 50 place event on Adolescent Risk which is going to be supported by a speaker from Research in Practice is being planned for the autumn.

4.8 **Recommendation 8 – That annual appraisal, using the Council's behaviours framework are undertaken**

The annual appraisal, Council behaviours framework is in place and being used by all staff.

4.9 **Recommendation 9 – That a staff survey is undertaken on an annual basis to enable oversight of the impact and implementation of the policies and practice across Children's Services**

An Organisational Health Check was launched on 1st August 2016 and closed on 31st August. Two survey were completed , Survey 1 targeted at Social Workers /Senior Practitioners/Team Leaders/Service Managers and Survey 2 targeted at all other staff in Children's Services excluding Business Services staff. Both surveys included questions on Caseload/workload management/work life balance and job satisfaction/Knowledge skills and Learning and Development/Supervision, Performance Management and Information Sharing/general viewpoints. This survey will be repeated on annual basis.

Out of a total of 814 staff in Children's Services at the time of the survey excluding agency staff, a total of 259 staff responded to the two surveys. This represents a 32% response rate. Of 259 staff completing the survey 108 included social workers/managers/team leaders/NQSW/Senior Practitioners.

The headline information from the survey specifically relating to supervision is summarised below for staff completing the social worker survey:

- 96.63% of staff receive supervision at least once a month/most months.
- 85.4% of staff stated that they are very satisfied/satisfied with the quality of their supervision
- 72.09% of staff stated that they had sufficient time to discuss reflection

A detailed analysis of the survey results is currently being completed and will be reported through a number of mechanisms and meetings shortly.

5   Moving forward and next steps
5.1   The revised Supervision Policy will be launched in October and implemented in November with staff. A further progress report will be presented to Education and Children's Services Scrutiny Board in a further six months in March 2017 and will report on the progress of the new policy and how this is being embedded within Children's Services.

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Children's Services
Social Work Supervision Policy

**To be implemented
November 2016**

This policy updates the existing supervision policy (February 2015)

Equality and Diversity statement

The policy aims to be accessible to everyone regardless of age, disability, gender, race, sexual orientation, religion/belief or any other factor that may result in unfair treatment or inequalities in health/employment

1.0   Policy Rationale

1.1 The policy sets out the Children Services commitment to providing quality support and supervision to all members of staff who have a significant role in working with children and young people.

1.2 The Council aims to provide appropriate, responsive and flexible services for the most vulnerable citizens of Coventry and can only do this if staff understand what is expected of them, have the skills, knowledge, behaviours, values and attitudes necessary to carry out their roles, are fully supported in their work and are managed effectively.

1.3   Supervision is a key factor in achieving this and the policy sets out how staff can expect to be supervised and provides managers with the key elements needed to supervise staff effectively.

It should be read with the accompanying guidance and procedures of the City Council

- Code of Conduct
- Policy on Health and Safety
- Dignity at Work
- Disciplinary Procedure
- Capability Procedure
- Prevention and Management of Stress at Work
- Grievance Procedure

The policy is informed by the requirements set out in the Standards for Employers of Social Workers published by the LGA which require that they provide effective and appropriate supervision by ensuring that social workers have regular and appropriate social work supervision, opportunities for effective continuing professional development as well as access to research and-relevant knowledge

The policy is informed by the requirements set out in the HCPC Standards of Proficiency, which state that registered Social Workers have a duty to: understand the value of critical reflection for practice and the need to record the outcomes of such reflection appropriately; recognise the value of supervision, case reviews and other

methods of reflection and use supervision to support and enhance the quality of their social work practice.

2.0 Scope of the Policy

2.1 This policy provides a framework for supervision for all registered Social Workers (whether they are permanent, temporary or agency) working for Coventry City Council in Children's Services. For Social workers and their managers 'supervision is an accountable process which supports, assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed objectives and outcomes.' *Providing Effective Supervision, Children's Workforce Development Council (2007)*

3.0 Definitions, Functions and Purposes of Supervision

3.1 Supervision is a participative process through which supervisors assure that employees are performing their roles to a satisfactory standard, and have the appropriate support and training to do so in line with the policies and procedures of Coventry City Council. Supervision also forms a key part of individual performance management.
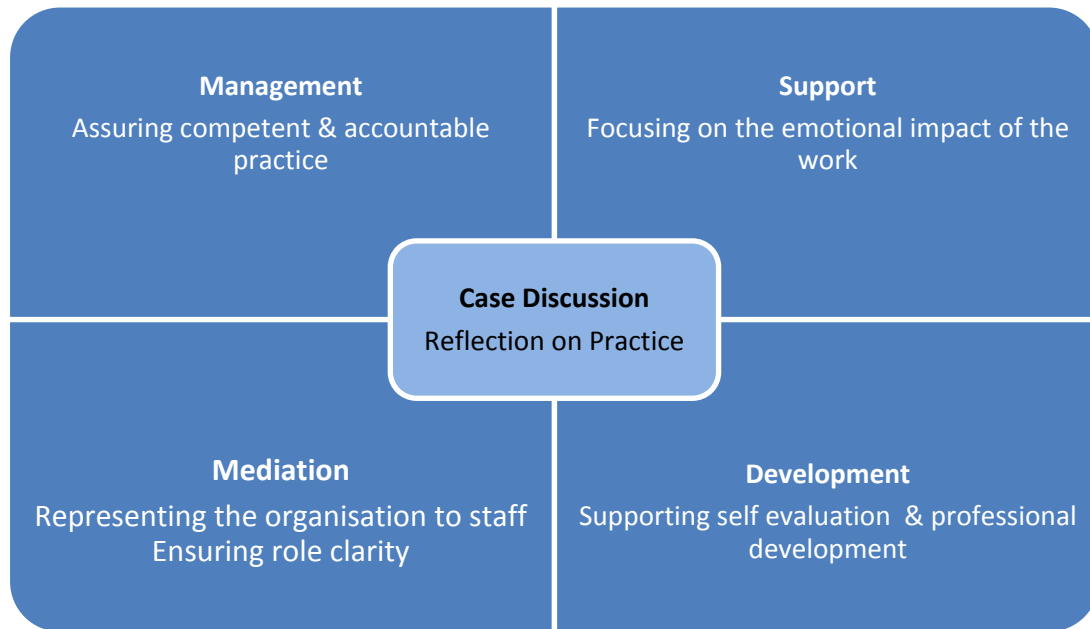
3.2 For Social Workers and allied staff supervision should use critical reflection in their practice to support them in *examining the power dynamics of family and professional situations and the structures which influence perceptions and decisions; reflecting on that experience and analysing our actions and feelings to plan how to act in future*

3.3 Whilst supervision can be provided in a variety of ways in children's services this is primarily through a regular one-to-one meeting and is an opportunity for staff to talk face-to-face with their supervisors, to influence their own development and that of the service as well as to receive support and encouragement (Applying the RiP Anchor principles, Appendix 2 & using 'EARS' Appendix 3)

3.4 The primary purpose of supervision is to achieve better outcomes for children and young people by:
- Offering guidance and support; to construct and oversee plans which provide positive change for children
- Facilitating their performance on behalf of the agency
- Supporting workers to maintain emotional resilience
- Valuing workers views and feelings; motivating them
- Ensuring the supervisee is clear about roles and responsibilities; enabling decision making on behalf of the child and the agency
- Providing space for case discussions and critical reflection; deepening their knowledge of a child and their critical analytical skills
- Identifying gaps in practice skills deepening workers knowledge and promoting a learning culture
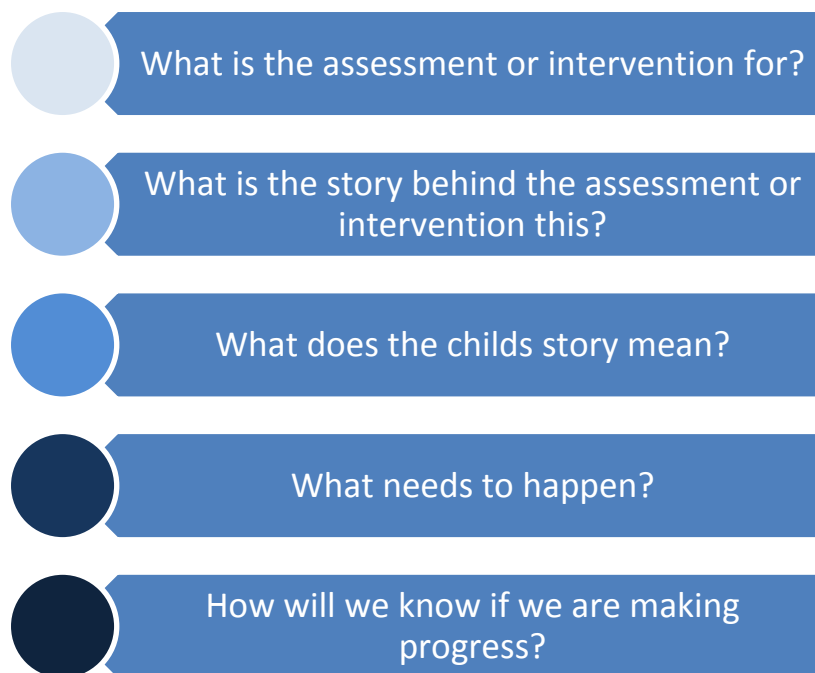
F i g 1 *The key functions of effective supervision*

Management Assuring competent & accountable practice	**Support** Focusing on the emotional impact of the work
Mediation Representing the organisation to staff Ensuring role clarity	**Development** Supporting self evaluation & professional development

Case Discussion
Reflection on Practice

3.5 Workload pressures and time constraints and a lack of physical space often get in the way of providing supervision. Basic actions to avoid this include: using and reviewing an agreed Supervision Contract; booking ahead and ensuring sufficient time in both diaries; using a suitable environment; using a supervision recording template; separating reflect and case supervision and using additional group supervision to promote reflection

Fig 2 *RiP Anchor supervision principles*

	What is the assessment or intervention for?
	What is the story behind the assessment or intervention this?
	What does the childs story mean?
	What needs to happen?
	How will we know if we are making progress?

Applying the RiP Anchor principles Fig 2 to supervision (see Appendix 2)

4.0   Frequency and duration

4.1 The duration and frequency of supervision sessions will depend on the setting, type of work involved, the experience and expertise of the worker and ongoing operational considerations.

- The usual frequency is every 4 weeks and no less than six-weekly
- Sessions should be between 1½ and 2 hours in duration
- All staff should receive a minimum of 10 supervision sessions per year

4.2   No staff member should go without a supervision session for more than two months and it is the shared responsibility of the supervisor and the supervisee to assure this.

4.3   More frequent supervision sessions may be required where the supervisor is, for example, working with newly qualified staff, (see ASYE Handbook) to meet individual deadlines or targets or where the supervisee requires greater support due to ongoing performance concerns.

4.4   This should be discussed and agreed by supervisor and supervisee to avoid any suggestion that a particular member of staff is being singled out for different, preferential or unfair treatment.

4.5   The actual frequency for individual staff should be set out in the terms of the Individual Supervision Agreement (see Appendix 1) and any permanent deviation from the recommended frequency should be agreed and recorded in the Individual Supervision Agreement.

4.6   Formal supervision sessions are normally held on a planned one-to-one basis and group or peer supervision sessions may supplement these.

4.7   There may be discussions and decisions about daily work issues, problems arising, or changes in policies and procedures that emerge in group meetings and informal, unplanned or 'ad-hoc' discussions. When decisions about children have been made in between formal supervision sessions, the worker and the supervisor must ensure that key decisions made with regard to a service user are clearly recorded on the service user's record.

5.0   The Individual Supervision Agreement (see Appendix 1)

5.1   The Individual Supervision Agreement sets out the framework for supervision and provides a degree of protection for the supervisor and supervisee. It also ensures that everybody involved has the same understanding of the supervisory process within their work area. The Agreement should state the supervisory arrangements applicable to an individual member of staff.

5.2.   The agreement should be drawn up using the Supervision Contract Discussion Pro-forma (see Appendix 1) and a copy retained on the individuals supervision file.

6.0 Roles and responsibilities

6.1   Responsibilities of managers, supervisors and supervisees

6.2   It will normally be the line manager's responsibility to supervise his or her staff. In exceptional circumstances with the agreement of a senior manager alternative arrangements can be made.

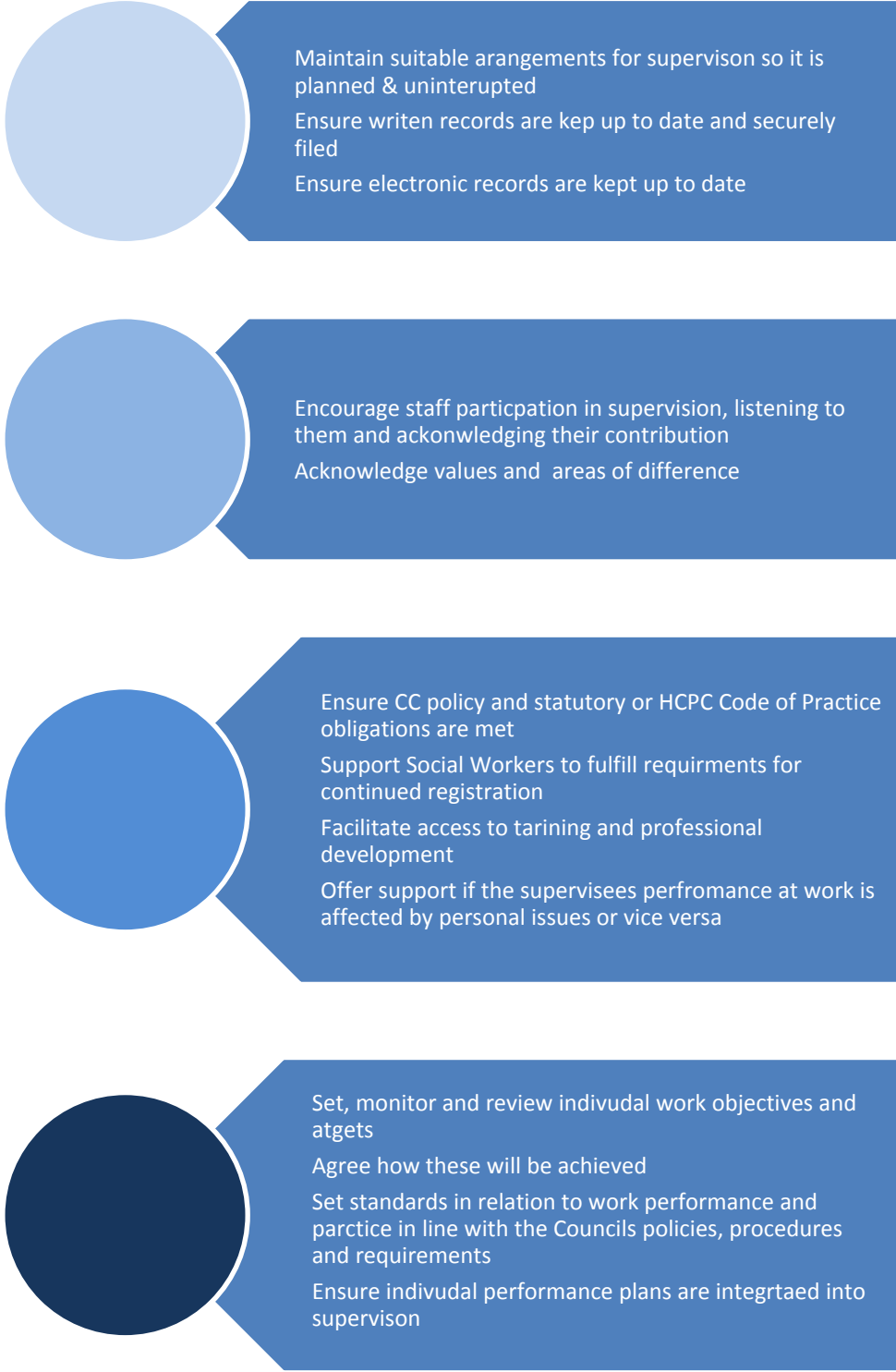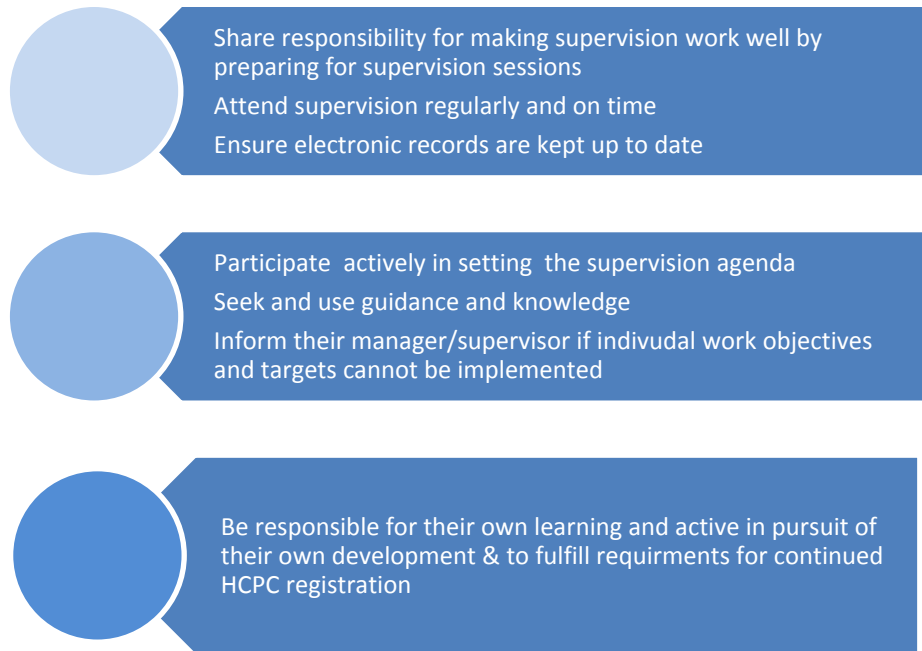Fig 3 *Supervisory responsibilities - manager's checklist*

Maintain suitable arangements for supervison so it is planned & uninterupted

Ensure writen records are kep up to date and securely filed

Ensure electronic records are kept up to date

Encourage staff particpation in supervision, listening to them and ackonwledging their contribution

Acknowledge values and areas of difference

Ensure CC policy and statutory or HCPC Code of Practice obligations are met

Support Social Workers to fulfill requirments for continued registration

Facilitate access to tarining and professional development

Offer support if the supervisees perfromance at work is affected by personal issues or vice versa

Set, monitor and review indivudal work objectives and atgets

Agree how these will be achieved

Set standards in relation to work performance and parctice in line with the Councils policies, procedures and requirements

Ensure indivudal performance plans are integrtaed into supervison

Fig 4 *Responsibilities of Social Workers – workers checklist*

Share responsibility for making supervision work well by preparing for supervision sessions

Attend supervision regularly and on time

Ensure electronic records are kept up to date

Participate actively in setting the supervision agenda

Seek and use guidance and knowledge

Inform their manager/supervisor if indivudal work objectives and targets cannot be implemented

Be responsible for their own learning and active in pursuit of their own development & to fulfill requirments for continued HCPC registration

6.3 All managers, supervisors and supervisees should ensure arrangements for supervision are made and adhered to.

6.4 Where there is an inter-agency agreement in place, this supervision Policy and procedures should be used.

6.5 Individual supervision records are held in an employee's supervision file (see Appendix 5). Staff have the right to access their personal data under the Data Protection Act (1998) and may be used in internal and external audit processes.

7.0 Performance Management Process

7.1 Managers are expected to complete an annual 'Performance Management Review' appraisal, identifying four to five SMART objectives for the year. More information can be found at
http://beacon.coventry.gov.uk/downloads/download/960/behaviours%20

PMR forms are accessed via the Beacon "Performance Management" link - *http://beacon.coventry.gov.uk/performancemanagement*. PMR forms should be completed online, but blank Word versions are downloadable on the above web page if needed. 20

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8.0   Record of Supervision

8.1   In general the supervision record (see Appendix 4) should record details of any agreements reached, who is responsible for undertaking any action and the timescales. In the case of any disagreement concerning issues discussed in supervision, the disagreement should be recorded.

8.2   Each supervisor will keep a Supervision File (see Appendix 6) of supervision records to be maintained throughout an employee's career. Supervision files should include a copy of the individual's job description, role profile, records of induction and copies of PDRs. The Supervision File must be kept in a secure place.

8.3   Supervision records belong to the organisation. To ensure continuity of management accountability, support and development, the records should be transferred to the next Supervisor if the supervisee is moving to another post within the organisation. The records will remain the property of the Children's Services Department

8.4   Access to supervision files will be restricted to the supervisor, supervisee, senior managers, and HR as appropriate, and to officers and other agencies involved in any auditing or personnel purposes.

8.5   There may be some occasions when personal information does not need to be recorded. This will normally be where such information does not have a direct impact on work performance or service delivery and it has been agreed by all parties that it will remain confidential within the supervisory or line management relationship.

8.6   Where matters relate to an individual and their family these must be recorded separately on the child's electronic file (see Appendix 5). If a paper copy is also made the original will be filed on the service user's case file. A brief note may be made on the workers supervision record regarding the individual service user, taking into account confidentiality, to inform future sessions.

8.7   A legible, accessible, written record of every supervision session must be made. (See Appendix 4)

8.10   The supervisor is ultimately responsible for the production of adequate, accessible supervision records (even if they are written, with agreement, by the supervisee). Every effort should be made to ensure that the record is an accurate reflection of the interaction between supervisor and supervisee.

8.11 The supervision record is agreed by the supervisor and supervisee and signed (by both parties) as an accurate record of discussions and decisions made. If the supervisee does not agree with any part of the record and agreement cannot be reached on re-wording, they should be able to add their own comments or amendments which then become part of the record of that session.

8.12 In the case of a person leaving the City Council, records must be kept locally for at least 2 years. Records should be kept locally for longer if there is any possibility of litigation. Advice should be requested, if needed, from the Freedom of Information Officer.

8.13   Where necessary any targets or deadlines must be recorded to enable review at the subsequent supervision session.

8.14   It is appropriate for either party to record supervision as long as notes are shared and agreed as part of the individual supervisee's development.

9.0   Quality Assurance

9.1   In order to be effective the supervision process requires monitoring and quality assurance arrangements. The quality assurance process ensures that the Councils expected standards of supervision as outlined in this policy are being followed:

- Staff are being supervised professionally and effectively
- Supervision sessions are recorded
- Individual Supervision Agreements are used and reviewed
- The supervision process promotes anti-discriminatory practice

9.2   The quality assurance arrangements include the auditing of a random selection of supervision files on a 3 monthly basis by a quality assurance manager on behalf of the DCS. The findings along with data from the activities described below will be reported   as part of the department's performance reporting and quality assurance schedules

9.3   Each month Service Managers will select a supervision file from the Social Work caseload in one of their teams for examination using the agreed audit tool (see Appendix 7.)The outcome, including any actions required, will be noted and signed on the manager's supervision record, including a discussion about the quality of their supervisory practice.

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Appendices

The following documents should be used as tools to ensure effective supervision.

Appendix 1 Supervision Contract Discussion & Agreement

> To be completed at the start of a new job (at every change of supervisor) and reviewed annually.

Appendix 2 The Anchor principles of Supervision

Appendix 3 EARS

Appendix 4 Record of Supervision - to be completed at every one-to-one supervision session

> (PDR Forms- to be completed at the annual or 6-monthly review or at the induction of a new employee)

Appendix 5 Case Discussion Recording Template

Appendix 6 Supervision File Structure

Appendix 7 Supervision Audit Too

Appendix 1

Supervision Contract Discussion & Agreement

Most supervision policies include a contract between the supervisor and the supervisee. The most important part of the contract is the discussion that takes place prior to signing it, because this is when supervisor and supervisee can explore their expectations both of each other and of supervision and develop a clear understanding of the expectations which can build the kind of trusting relationship that underpins good reflective supervision

This tool can be used to explore and agree the key activity areas of supervision and to record the key outcomes of the discussion in each area. This forms the contract between the supervisor and supervisee

Management
Assuring competent & accountable practice

Support
Focusing on the emotional impact of the work

Case Discussion
Reflection on Practice

Mediation
Representing the organisation
Ensuring role clarity

Development
Supporting self evaluation & professional development
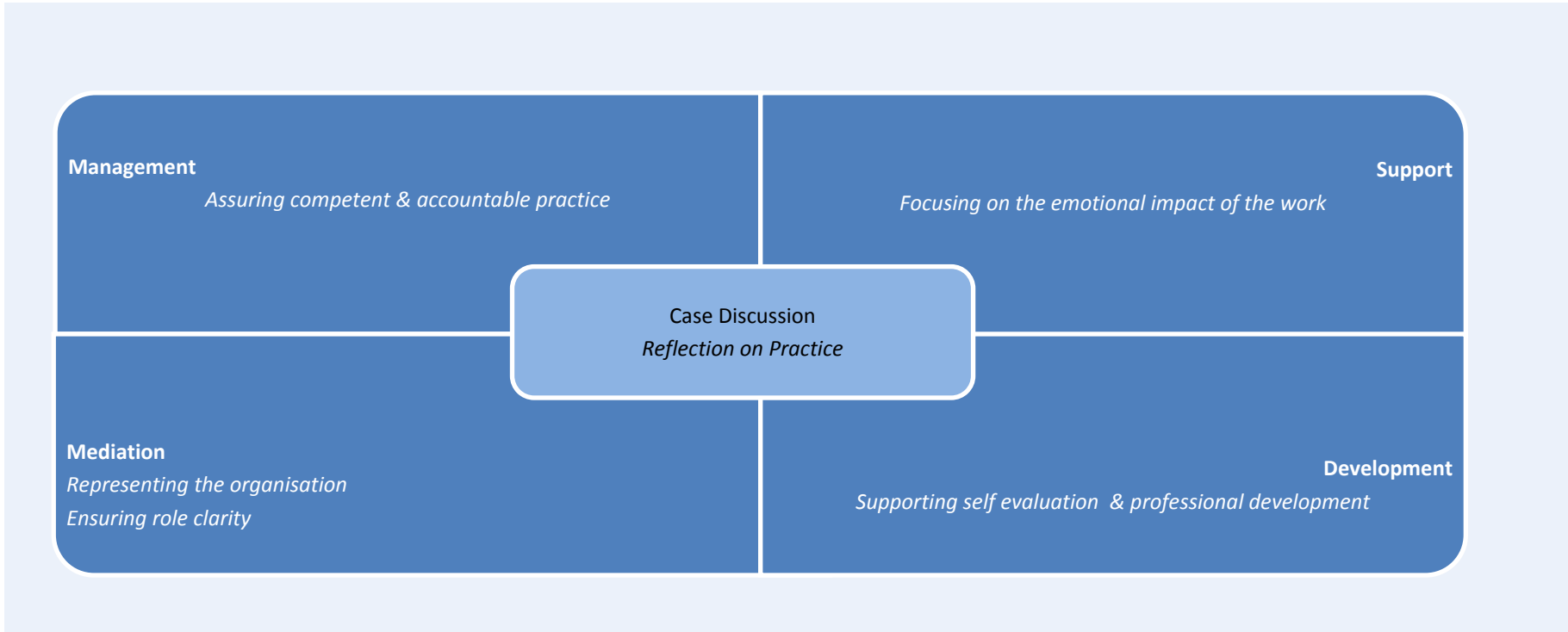
Supervisee		
Supervising Manager		
Date		

Areas for Discussion	Details of agreement reached
Supervision Arrangements	
Purpose: What is the purpose from the point of view of the Council, the manager and the Social Worker	
Frequency: When will supervision occur Where will supervision take place How long is each session	
Changing arrangements: In what circumstances may supervision be canceled When might it be interrupted	
Agenda Who prepares the agenda How long before should it be available	
Confidentiality: When will information be shared outside supervision and with whom	
Recording: What will be recorded and how Who will record it Where will it be stored	
Review: When will the supervision contract be reviewed How will the experience and quality of supervision be measured and recorded	

Management Functions	
What information will be required about cases to inform oversight of decision making Who will bring information and in what format	
How much time will be spent on casework discussion in each supervision session Where will individual children's casework is to be discussed How will the worker demonstrate effective outcomes from their casework	
How will support around managing workload and prioritising tasks be provided, including recognizing the workers learning style, resources and tools to support	
How will the manager provide critical and reflective supervision (analysis)	
How will feedback about performance be provided, will this be part of regular supervision sessions, how would this be recorded, where and who might it be shared with	

Support Functions	
How much time should be spent on support discussion at each supervision session and where should it come in the agenda	
Where will discussions about supervisee's feelings around personal and work-related issues be recorded and who else might they be shared with How does the supervisee seek help	
Conflicts within the team: How will any issues affecting team relationships and functioning be dealt with, how will they be recorded and who else might they be shared with	
Development Function	
How will the Social Worker be supported to gain the knowledge and skills required to manage the casework expected of them and how will this be monitored and recorded How will the Social worker share knowledge and skills gained from learning and development activities What is the supervisees preferred learning style	
How will supervision support accreditation, registration and knowledge and skill requirements	
How will discussion around professional development be recorded and reviewed and who might these be shared with	
What opportunities will there be to develop areas of interest and career	

Mediation Functions	
How will conflict between manager and worker be dealt with, who is the third person who would be involved and how would this be recorded, where and who might it be shared with	
How will conflict between Council and worker be dealt with, who is the third person who would be involved and how would this be recorded, where and who might it be shared with	
How will conflict between other professionals or agencies and worker be dealt with, who is the third person who would be involved and how would this be recorded, where and who might it be shared with	

Appendix 2

The Five Anchor principles applied to Supervision to support critical reflection

Anchor principles	Encourage the practitioner to:
What is the assessment or intervention for?	Reflect prior to action ➢ *What does the practitioner hope to achieve from the assessment?* ➢ *What might the family, child/young person be hoping for/worried about?* ➢ *What might the organisation be hoping for/worried about?* ➢ *How might the practitioner feel about carrying out the assessment?* ➢ *How might the child feel about being assessed?* ➢ *Is there a better/different way to achieve an understanding of the situation?* ➢ *Is all the information collected useful and relevant?* ➢ *What skills and support might the practitioner need to carry out the assessment?*
What is the story?	Explore what is known so far. ➢ *What are the facts?* ➢ *Are there any grey areas or unknowns?* ➢ *How does the story make the practitioner feel, has the practitioner thought about how their own past experience influences the story?* ➢ *Can the practitioner tell the story from the viewpoint of the child?* ➢ *Or the family members?* ➢ *Or another professional?* ➢ *How has the practitioner used the story to make sense of the child's lived life?* ➢ *What tools has the practitioner used to help focus and explore the story?*
What does the story mean?	Analyse the story, using research, practice wisdom and the family's expertise. ➢ *What hypotheses have been developed & what are the alternatives?* ➢ *What does the practitioner know about stories like this?* ➢ *What tools could help the practitioner test the meaning?* ➢ *What is the impact of the story on the child?* ➢ *Does the practitioner understand the resilience the child brings to their story?* ➢ *Imagine the child is in this room – what would they say about the meaning being made of their life?* ➢ *Are there any meanings the practitioner may have missed because of their own story (think about gender, ethnicity and religion, for example)?* ➢ *Does the practitioner understand what and who is helping the child grow well and what or who is holding the child back?*

What needs to happen?	Explore options for direct work and support: from the point of view of the child and from the point of view of the practitioner ➢ *What does the practitioner think will be the best outcome and why?* ➢ *What would be the worst outcomes and why?* ➢ *What would the child say about that?* ➢ *What would the family say about that?* ➢ *How will this be helpful to the child's current situation?* ➢ *What would have to happen for this child for the practitioner to stop being involved with the child and family?* ➢ *Does everyone involved agree about what needs to happen for the child?* ➢ *Is the family clear about what has to happen next?* ➢ *Is the child or young person clear about what has to happen next?*
How will we know we are making progress?	Think about the practitioner's role in delivering meaningful interventions. ➢ *How does the practitioner feel about the progress of the case?* ➢ *What would the child/family say?* ➢ *What did the practitioner hope would have happened by now?* ➢ *What is different?* ➢ *How does the practitioner know they are being helpful?* ➢ *How is the child's lived life different this week?* ➢ *What is the practitioner still worried about?* ➢ *What is the family still worried about?* ➢ *What is the child still worried about?* ➢ *Does the practitioner know what will happen for the child if there is no progress?* ➢ *Does the practitioner have a plan to challenge family or other professionals involved, should there be no change for the child?* ➢ *Has the hypothesis been disproved?* ➢ *Did the practitioner start the intervention with the wrong need?*

Source: Adapted by the RIP Development Group from the Anchor Principles, five questions that outline the characteristics of a sound analytical assessment (Brown and Turney, 2014: 33-51)

EARS

Using an 'appreciative ear' in supervision

Elicit – a first question to elicit the information

**Amplify – questions to get behavioural details and to flesh out the response
What, who, when. How?**

**Reflect – questions to help the worker to think about the significance of the behaviour
and the meaning of what they have shared**

Startover – begin again looking for more behavioural and meaning detail

For more information refer to the Signs of Safety Handbook

Appendix 4

Supervision Recording Template

Record of supervision session and agreed actions

Coventry City Council

Between: ……………………..and …………………………..

Date: **Signatures:**

No.	Agenda items	Record of discussion	Agreed actions (including timescale and responsibility)
1	Workload, caseload issues and priorities		
2	Feedback about performance		
3	Work-related & personal issues		
4	Review of knowledge and skills gained from practice, learning and development activities Application of reflective & critical practice skills		
5	AOB		

Appendix 5

Case Discussion Recording Template

Supervisors Name	
Supervisee	
Date of Supervision	
Childs Name	
Case Number	

Review since last supervision on ……

What is it like to be this child's currently, how do we know this?
What is the story?

What's Working Well?	What are we Worried about?

How worried are we that the child may suffer significant harm?
Scale 0 (no safety) to 10 (proposing to cease involvement or reduce level of direct intervention)

Reflection on the experience of working with the child and their family
What insight have we developed since the last case discussion and what further information do we need to have a full understanding of what's happening in this child's life?
What tools have been used (with the child or others) to gain further information about potential strengths or worries?
What does the story mean?

Analysis of current situation
What is the working hypothesis and any possible alternate explanations for the current presentation of the child?   What is the view of the child and their parents or carers?   What theoretical or research knowledge has informed the above   *What is the assessment or intervention for?*

What needs to happen next and how will we know these actions are making a difference for the child?
(Actions Desired Outcomes & measures Who will be responsible)   *What needs to happen next?* *How will we know we are making progress?*

Source: Research in Practice *Reflective Supervision 2015,* recording tool developed by Wonnacott 2015

Appendix 6

Supervision File Structure and Index

Name:

Supervisor:

Team:

Start date:

Coventry City Council

Section	Contents
1	Personal contact details Supervision Contract Discussion & Agreement
2	Monitoring Sheet Supervision dates
3	Supervision notes
4	Correspondence
5	Personal development and training record - to include induction programme, training, PDR
6	Job Description & Person Specification
7	Personnel information - Contract letter, - Starter/variation/transfer form(s) - References
8	Health and Wellbeing issues

The quality assurance process ensures that the standards of supervision as outlined in this policy are being followed:

- Staff are being supervised professionally and effectively
- Supervision sessions are recorded
- Individual Supervision Agreements are used and reviewed
- The supervision process promotes anti-discriminatory practice

The quality assurance arrangements include the auditing of a random selection of supervision files on a 3 monthly basis by a quality assurance manager on behalf of the DCS and monthly by Service Managers their staff. The outcomes from these activities, including any actions required, will be noted and signed on the manager's supervision record.

In auditing supervision files managers should focus on how far supervision is supporting oversight and decision making for the child through reflective practice, if it addresses timeliness and progress in planning and outcomes and if it is supporting the worker to identify practice needs and in their professional development.

Name of Manager: Team:
Name of Auditor: Post:
Team Member supervised: Date of Audit

Supervision Case File Audit

Part 1
Judgments

1. Were the actions from the last supervision session reviewed? (Rate the evidence on a scale of 1 to 5)
Mediation
Excellent .... **Poor**

1	2	3	4	5

2. Were the actions from the last supervision session reviewed? (Tick)	
Yes	
No	
Partially	
Unclear	

3. What evidence is there that reflective casework discussions took place that then informed the making or changes of plans or actions? (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

4. What evidence is there that it was ensured that where appropriate case plans are devised, implemented, reviewed and recorded (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

5. What evidence is there that outcomes and/or risks for individual children are specifically identified? (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

6. What evidence is there that the case discussions included dialogue about any diversity issues pertinent to the case? (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

7. What evidence is there that a discussion took place about the level and quality of contact or direct work with the child, that their views were included in the session and action agreed where this was planned? (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

8. What evidence is there that the worker was given feedback on how they are performing, their areas for development and how these would be addressed? (Rate the evidence on a scale of 1 to 5)
Development

Excellent				Poor
1	2	3	4	5

9. What evidence is there that the workers own well-being was discussed in the session, including aspects relating to attendance, workload management and health and safety? (Rate the evidence on a scale of 1 to 5)
Support

Excellent				Poor
1	2	3	4	5

10. Was the supervision session appropriately recorded and the notes copied to the worker promptly? (Rate the evidence on a scale of 1 to 5)
Management

Excellent				Poor
1	2	3	4	5

11. Does the Supervision File contain the following documents?			
	Yes	No	NA
Job Description & Person Specification			
Supervision Contract Discussion & Agreement			
Up to date CRB			
Print out of current open cases			
Observation of Practice template			
Employee Learning & Development Plan			
Absence Record forms			
Return to Work proformas			
Sickness Absence Notification forms			
Self-certification of Sickness Absence			
Medical Certificates			
Occupation Health Referrals			

12. What evidence is there of discussions about the professional development needs of the worker and actions planned to meet their training needs? (Rate the evidence on a scale of 1 to 5)

Excellent				Poor
1	2	3	4	5

13 (a) Considering your findings above provide a grade for the overall effectiveness of the supervision	
Outstanding	
Good	
Requires Improvement	
Inadequate	

13 (b)   If your judgment was less that 'good' please identify what actions need to be taken by the supervisor or their manager to achieve a grading of good

Return copy to ?

Part 2 Supervisee's Quality assessment

It is the File Auditors responsibility to ensure this section is completed and returned. The supervisee should be made aware that the information is being requested to improvement management and supervision practice across the service and will not be shared
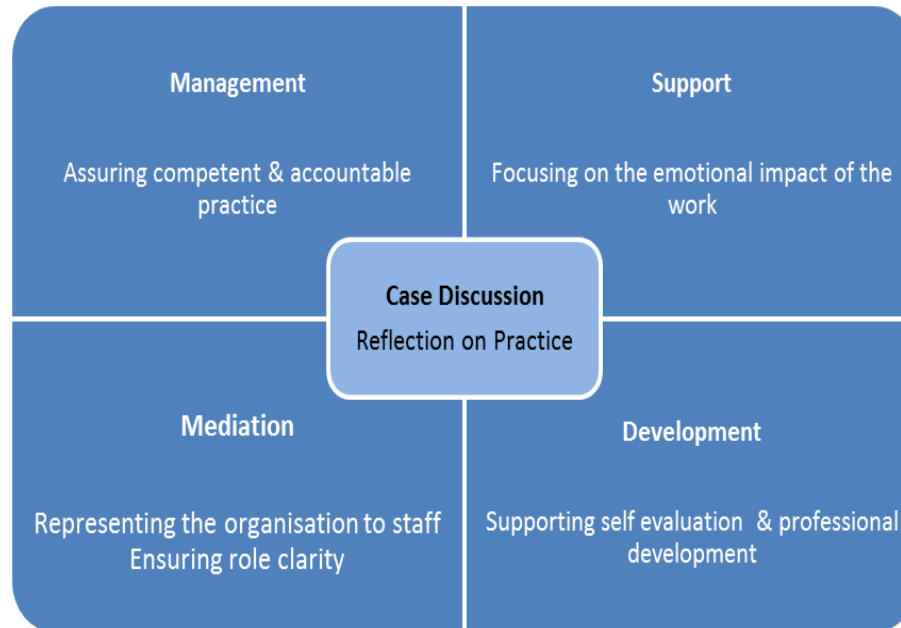
The primary purpose of supervision is to achieve better outcomes for children and young people by:
- Offering guidance and support; to construct and oversee plans which provide positive change for children
- Facilitating performance management; supporting workers to maintain emotional resilience
- Valuing workers views and feelings; motivating them
- Ensuring the supervisee is clear about roles and responsibilities; enabling decision making on behalf of the child and the agency
- Providing space for case discussions and critical reflection; deepening their knowledge of a child and their critical analytical skills
- Identifying gaps in practice skills deepening workers knowledge and promoting a learning culture

Thinking about the above please rate the following aspects of your most recent supervision

	Very Good	Good	Satisfactory	Poor	Very Poor
I receive guidance and support to help me construct and oversee plans which provide					

positive change for children					
I am provided with advice and guidance which helps me to achieve my performance goals					
I get support which helps me develop and maintain emotional well-being and Resilience					
My feelings are valued your and seeks to motivate you					
My manager is clear about mine and their respective work roles and responsibilities					
I am clear about case decisions are made in supervision and how to record them					
My Manager makes sure there is space for case discussion and critical reflection					
I am supported to develop knowledge about the child, worries and strengths					
I am helped to identify gaps in my practice skills and opportunities to learn					

Please return this form to the Supervision File Auditor

What is Research in Practice and how can I use it?

Dartington

Research in Practice

- Research in Practice provides a range of resources and learning opportunities based on academic research, practice expertise and evidence from service users.

- We have organisational membership

- With your work email address you can create a free account at **rip.org.uk**

- Once registered, you can access/download every resource on the website

- Hard copies of resources are sent at regular intervals over the year

- The more we use Research in Practice, the better value for money it represents

research
in practice

Benefits

- Supports evidence-informed decision making

- Access to key research messages in various formats

- Provides evidence for PCF, HCPC, ASYE, CPD etc

- Cutting edge training from expert facilitators

- Represents organisational commitment to supporting evidence-informed practice

research
in practice

Research in Practice

This presentation will:

- Provide an overview of the resources available

- Explain the events booking process

- Explain the online resources available

- Introduce the tailored-support offer

- Provide instructions on how to create an account

research
in practice

Resources aimed at frontline practitioners and managers who work with children, young people and families.

research in practice

research
in practice

/Frontline

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in practice /Frontline

Emotional abuse and neglect: Identifying and responding in practice with families

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in practice /Frontline

Adult attachment: application in practice with children and families

research
in practice /Frontline

The impact of parental substance misuse on child development

research
in practice

Adult attachment patterns, Internal Working Models (IWMs) and caregiving styles

Pattern	Characteristics of attachment narrative	Internal Working Model (IWM)	Caregiving / parenting style	Children's attachment pattern
Secure	> Clear, coherent account, acknowledging imperfections and reasons for difficulties > Aware of how their flaws might affect relationships and manage them accordingly	> Positive view of self and others	> Provide a secure base and safe haven where feelings can be expressed and managed, and anxieties understood	> Secure
Avoidant – dismissing	> Avoidance of emotionally-charged topics > Dismiss the impact of losses or painful experiences > Memories full of contradictions, often idealised and lacking in detail > Need, dependency and vulnerability seen as weakness > Distance themselves in discussion and minimise vulnerable feelings	> Superficially positive view of self - self-reliant, independent > Negative view of others > Reluctant to seek support	> Children's emotional demands cause anxiety, fear and alarm, reducing the capacity to respond to cues for comfort and reassurance > Parenting often controlling and distant > Children expected not to make demands > Child learns that being upset is pointless, as comfort is not forthcoming	> Insecure avoidant
Anxious – preoccupied-entangled	> Memories are recounted in a confused, anxious, agitated, angry way > Stories hard to follow and do not hang together > Preoccupied by, and entangled with, past relationships > Find it difficult to reflect or concentrate and seem in a permanently agitated state	> See self as unlovable > See others positively but fearful of rejection and abandonment	> Over-dependent on children to meet their needs > Discourage independence > Caregiving uncertain > Defensive > Helpless, with little consistency or structure > Power may be exerted by threats of abandonment	> Insecure ambivalent
Fearful – avoidant-unresolved	> Preoccupied by painful, unresolved memories and traumas > No insight into the impact of these on the present > Emotions hard to control > Accounts characterised by repetition, contradictions and inconsistencies, with varying levels of concentration	> Negative view of self and others > Little capacity for trust > Fear of both closeness and being alone	> Caregiving 'disconnected and extremely insensitive', frightened and frightening > Unmanageable feelings in response to children's needs deactivate caregiving > Controlling, angry, harsh, arbitrary discipline and neglect	> Disorganised

research in practice

/Frontline

Using adult attachment informed ideas in practice

Carers who have come to recognise and understand how their experiences have affected them are less likely to continue the cycle.
(Howe, 2005)

It is not within the scope of child welfare practice to address adult attachment states of mind or patterns per se. However, by exploring what the narrative tells us about IWMs, practitioners can help parents to challenge or disconfirm the impact of an insecure IWM on caregiving and children's attachment (Berlin et al, 2008).

The focus here, therefore, will be on interventions that seek to achieve this by increasing **mentalisation** and **reflective function** and help to 'frame (infants'/children's) behaviour in terms of normal attachment needs' (Berlin et al, 2008). In other words, this can help a parent to see that, when a baby cries, it is not an attack or a criticism but a way of seeking closeness and a reflection of that parent's importance and value. This may then change the way parents see themselves and create a virtuous circle.

In this briefing only a limited range of approaches can be discussed. They have been chosen, however, to illustrate both structured approaches as well as interventions that could be readily adapted to practice, without further training, in order to address parental behaviour affecting caregiving which may be linked to IWMs associated with insecure adult attachment patterns.

A number of characteristics of approaches have been identified as effective:

> Promoting mentalisation and reflective function

> Use of focused observation to increase empathy and directly alter parenting behaviour

> Understanding and addressing unresolved loss and trauma

Promoting mentalisation and reflective function

Mentalisation, or mind-mindedness, is a significant aspect of the attachment relationship and relates to parents' capacity for empathy – being able to put themselves in their 'children's shoes' and appreciate that they have thoughts, feelings and motivations different from their own (Sharp and Fonagy, 2008).

This is linked to reflective function (RF) – the individual's capacity to think about their own thoughts and feelings and those of others, as well as the ability to speculate about what behaviour might be about (Fonagy, 1999). Low RF and problems with mentalisation lead the parent to attribute to the infant or child feelings and thoughts that they cannot possibly have – a mother might accuse a tiny baby of crying on purpose just to annoy her – or to make assumptions that the baby feels something because the parent does – for example, "I'm not hungry, so he can't be hungry either".

They are also predictive of what Out et al (2009) refer to as 'disconnected and extremely insensitive parenting' and increase the likelihood that parents will be resistant to professional involvement regarding child protection concerns (Shaheed, 2011; Ferguson, 2011).

In contrast, the capacity to reflect is a potential protective factor – with high levels of RF in parents significantly related to secure attachment in children (Slade et al, 2005; Steele and Steele, 2008a; Bick et al, 2012; Bernier and Dozier, 2009).

One well evaluated example of an effective intervention that focuses on mentalisation and reflective function is the **Video-Based Intervention to Promote Positive Parenting (VIPP)**, a preventative attachment-based programme designed in the Netherlands to increase sensitive parenting through the use of video recordings of interaction with parents. Via a meta-analysis, Bakermans-Kranenburg et al (2005) concluded this approach was particularly successful because it focused parents' attention on immediate behaviours and increased sensitivity to children's cues. It is seen as particularly useful in working with resistant parents, where disorganised attachment and unresolved loss and trauma play a part (Shemmings et al, 2012).

Exploring unresolved loss and trauma

Walker (2008a) offers an approach designed to help practitioners explore the impact of unresolved loss and trauma on parenting by:

> asking explicitly about painful or traumatic experiences in a safe way

> exploring addictions and repetitive patterns, which are often a means of managing unresolved experiences

> finding out what each child in the family means to the parent, with implications for unresolved loss (for example, a child may be replacing a lost parent, partner or previous child taken into care, etc).

Walker identifies two possible, but not mutually exclusive, responses likely to be reflected in the parents' narrative – **hyperarousal** (associated with an ambivalent pattern) and **dissociation** (associated with an avoidant pattern).

He then goes on to think about the way practitioners can frame questions to explore these states – 'Do you find yourself having intrusive thoughts about the experience?' (hyperarousal); 'Do you have gaps in your memory of any periods in your life?' (dissociation) – and how resolution can be assessed in terms of the balance between arousal and dissociation, with implications for assessing risk. In assessing the impact of unresolved loss and trauma, he highlights the following:

> Trauma at the hands of an attachment figure is more damaging than from a stranger.

> Potential damage is increased by early onset, duration and severity.

Fostering and adoption

Research into the application of adult attachment theory in fostering and adoption is well established, including the use of the AAI in the assessment and recruiting of carers (see, for example, Steele et al, 1999; Steele and Steele, 2008b; Walker, 2008b; Caltabiano and Thorpe, 2007). The use of standardised tools reflects the need for an evidence-based approach that minimises individual assessor bias, increases confidence in assessments and has the potential to predict support needs as well as in assisting in the matching process (Walker, 2008b).

More recently, its use in assessing and supporting long term foster carers has been explored (Blazey et al, 2013). This identified advantages to carrying out the AAI at the beginning of the assessment process, as its structured, formal nature could then be kept distinct from the more interactive style of the traditional 'Form F' assessment. It was also an effective, more rigorous way of exploring issues at a deeper level. There are concerns, however, about encouraging discussion of potentially difficult areas without establishing any kind of prior relationship.

Bifulco and colleagues (2008) developed the **'Attachment Style Interview'** (ASI) specifically to address carer support systems, including the current quality of relationships with partners and close family and ability to access support – all crucial for placement stability. The ASI identifies five attachment patterns – **enmeshed, fearful, angry-dismissive, withdrawn** and **secure** – and determines the degree of attachment insecurity as mild, moderate or marked – see www.attachmentstyleinterview.com for more information.

However, as already indicated, the research evidence highlights a number of challenges to using standardised tools. These include the time commitment in terms of training and administration, the expense of transcription and coding, and maintaining a neutral stance in the face of painful material. It is also tempting to assume that such measures will be infallible; commentators note the importance of professional judgement alongside actuarial measures.

These resources bring together knowledge on key topics, practice areas and research issues identified by practitioners, planners and policy makers – as well as evaluating the findings and implications.

research in practice

research
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RESEARCH REVIEW

Children and young people with harmful sexual behaviours

Simon Hackett

research in practice

Children Experiencing Domestic Violence: A Research Review

Nicky Stanley

research in practice

Safeguarding in the 21st century- where to now

Jane Barlow with Jane Scott

research
in practice

Guidance, ideas and tools for developing evidence-informed practice.

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in practice

research in practice

PRACTICE TOOL

PRACTICE TOOL

Using research: Tools to support evidence-informed practice

Good professional practice is informed by knowledge of the latest theory and research.
(Munro, 2011)

> The social work profession **evolves** through the contribution of its members in activities such as **practice research, supervision, assessment of practice, teaching and management.**
> **PCF: Professional Leadership (Advanced level)**

This resource is designed to support Principal Social Workers, Advanced Practitioners and Social Work Managers to:

> begin a conversation about 'what good looks like' in terms of research use
> assess your own and your team's attitude to using research
> reflect on how you can model research mindedness
> signpost further resources and support.

The use of research in social work practice is a **clear expectation.**

> The College of Social Work's Professional Capabilities Framework (PCF) provides a generic framework for supporting this expectation.
> For child and family social work, the Munro Review identifies core capabilities relating to knowledge, critical reflection and analysis, and intervention and skills (Munro, 2011).
> 'Research-informed practice' is *the* explicit attribute of outstanding practice identified by

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Assessing risk of further child maltreatment: *a research-based approach*

Why use research-based risk assessment?

Assessing the risk of further maltreatment is central to protecting children who have already suffered significant harm, but the Assessment Framework focuses primarily on need and does not explicitly consider risk. There has been criticism of social work assessments as being too descriptive and insufficiently analytical – with a tendency to providing a great deal of background information without addressing the 'so what?' question about what this means for a particular child (for example Turney, 2011; Turney et al, 2011).

'Social workers and managers should always reflect the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by the child.'
Working Together, 2013, DfE

Dartington

In 2012 Barlow, Fisher and Jones carried out a systematic review of models of analysing significant harm, with the following conclusions:

> Clinical judgement alone (based on how an individual presents is interviewed) is not a reliable method of assessing risk. The accuracy of such decision-making in the child protection field is poor; research has found the accuracy of assessments being 'only slightly better than guessing' (Dorsey et al, 2008, cited in Barlow et al, 2012).

> Standardised and actuarial based risk assessment tools (based on research data and yielding numerical risk scores) have limitations, but 'have the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to focus the assessment process, and analyse the data collected' (Dorsey et al, 2008, cited in Barlow et al, 2012).

> Structured professional judgement combines the use of research-based tools for analysis with professional judgement to produce assessments that are informed by research and reflect the unique implications for each child of the risks and strengths within their family and wider environment.

Standardised tools are not a substitute for professional expertise. Effective assessment is dependent on the relationships built with child and family and on the quality of the information gathered. Professional

judgement is essential in determining whether what has been observed in a family meets the criteria for inclusion as a risk factor and in making appropriate plans for a child. Risk assessment is not an end in itself – it must be linked to risk management, decision-making and plans for work with the family.

Risk assessment is a continuous process, not a one-off event. Risks to a child can escalate rapidly and sometimes unpredictably. Even the best assessment of risk will not protect every child – risk assessment is not risk prediction. However, the use of research-based tools in combination with professional judgement can improve the quality of risk assessment and improve consistency. Families may appreciate the use of such tools because they help to make the reasons for social work decision-making more explicit and demonstrate impartiality.

The use of structured professional judgement in care proceedings has the potential to help reduce the need for experts, avoid delay, improve decision-making and re-establish social workers as experts in their field. The research evidence upon which this tool is built (Hindley, Ramchandani and Jones, 2006; Jones, Hindley and Ramchandani, 2006) is particularly useful in this context, as it focuses on the risk that a previously abused or neglected child will suffer further maltreatment.

Author: Polly Baynes Reviewed and edited by: David Jones and Susannah Bowyer

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PRACTICE TOOL

Supporting emotional resilience within social workers

This resource explores the concept of emotional resilience and how this can be promoted and supported within social workers in order to improve practice and service delivery.

It discusses:

> what emotional resilience is
> social work and emotional resilience
> how teams can develop emotional resilience
> the positive role of supervision
> how organisational context can affect emotional resilience.

The resource also includes three practical exercises:

1 Team Supervision Tool
2 Individual Supervision Tool
3 Managers' Audit Tool.

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research in practice

Evidence Matters in Family Justice

Jane Lewis and Nicola Erlen

TY FAMILY PRO

Analysis and Critical Thinking in Assessment

2nd Edition

Liz Brown, Sarah Moore and Danielle Turney (2012)
Revised (2014) by Brown L and Turney D

Do's and don'ts of supervision

This exercise aims to draw together the key approaches a manager should use in supervision, and the pitfalls they should avoid.

Do's	Don'ts
Encourage your supervisees to set their own agenda for supervision.	Be too concerned if you don't have all the answers – your role is as facilitator rather than telling practitioners what to do
Ask supervisees to prepare at least one case for discussion at each supervision session.	Focus solely on whether tasks have been completed.
Ask the supervisee to identify their own values and beliefs, and how they might impact on the case in question.	Be negative or dismissive of the approach the practitioner has taken to the case – thinking critically is not the same as criticising a practitioner. It should be a constructive, rather than destructive, process.
Encourage supervisees to talk to other members in the team who might have worked on a similar case, or have expert knowledge on a particular topic.	Talk too much – this should be an opportunity for the practitioner to reflect on their work.

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/Strategic Briefing

Aimed at senior decision-makers working within children's services.

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Building a business case for investment in edge of care services

research
in practice /Strategic Briefing

Ensuring effective training
Briefing for Local Safeguarding Children Boards (LSCBs)

research
in practice /Strategic Briefing

Risk-taking adolescents and child protection

'I would that there were no age between 10 and 23, or that youth would sleep out the rest; for there's nothing in between but getting wenches with child, wronging the ancientry, stealing, fighting...'
Shakespeare, The Winter's Tale Act III

1 Introduction and key learning points

Adolescence is a time of change. A powerful combination of biological, psychological and social changes make adolescents more likely to engage in risk-taking behaviours than children or adults, and these changes contribute both to opportunities for healthy growth and the risk of negative outcomes (Calkins, 2010). Experimentation and impulsive behaviour are part of normal teenage experience. With support, most young people navigate these challenges and emerge as healthily functioning adults. However, the interaction of individual, family and environmental factors can greatly increase a young person's vulnerability to risk and the potentially adverse consequences of risk-taking.

This briefing is intended to support strategic managers, frontline teams and practitioners. It begins by looking at the concept of 'risk-taking' and goes on to outline some recent research on developmental aspects of adolescence – in particular, emerging knowledge relating to the adolescent brain. It considers research and policy material on the impact of maltreatment on adolescents, the effective safeguarding of young people (including messages from Serious Case Reviews), and managing risk and promoting resilience. The briefing then looks at key messages from two strong practice approaches – Social Pedagogy and Multisystemic Therapy (MST). Practice points and emerging practice examples are highlighted for service development and frontline practice, and links provided for relevant papers and other sources of information and support.

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/Leaders' Briefing

These resources provide councillors and trustees with succinct headline messages for elected representatives.

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/Leaders' Briefing

Child poverty: The role of children's services

research in practice

/Leaders' Briefing

Making the right choices for children in care

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Events

Learning and development opportunities at venues across the country.

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Examples of previous events

- Contact: Making good decisions for children in public law

- Management development programme for leaders of 0 – 19 integrated early intervention teams

- Children and young people with harmful sexual behaviours

- Young people vulnerable to sexual exploitation - safeguarding adolescents

- Understanding and Promoting Resilience in Adolescents

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Events feedback

Emotional abuse and neglect

"I found the content provided excellent reflection, underpinned by research, which could clearly be utilised in practice. Different examples and experiences brought by trainers added to the impact and quality."

Contact: Making good decisions for children in public law

"Given me the confidence to assert and suggest contact plans in the best interests of children. I now know where to look to find research and evidence to back this up."

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Webinars

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Previous webinars

- Adult attachment

- Assessing risk of further child maltreatment

- An Introduction to Personalisation in Children's Services

- Assessing Parental Capacity To Change

- Attachment in Children and Young People

- Communicating Effectively with Children Under 5

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e-learning

Online learning modules which include quizzes, exercises and videos.

e-learning

Online learning modules which include quizzes, exercises and videos.

Current e-learning modules

- Play in Outdoor Spaces

- Neglect

- Domestic Violence

- Finding research

- Evaluating research

- Under Age Drinking and offending

- Safeguarding

- Conduct Disorder

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Tailored Support

Two days of tailored support from Research in Practice each year.

Can be used on:

- **In-house workshops** RiP facilitators will come to our authority and deliver training.

- **Strategy development** Support to develop and implement an evidence-informed practice strategy.

- **Evidence scopes** A broad overview of research and practice evidence on a specific topic.

- **Evaluation** tailored evaluation support to help measure the impact of programmes, initiatives and services.

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Tailored Support – workshops (selected)

- Finding, appraising and applying research in practice

- Using analysis and critical thinking in assessment

- Using research in report writing, assessment and family court

- Children experiencing domestic violence

- Communication with Children under 5

- Relationship-based practice in intensive family support

- Integrated working in family mental health

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Supporting evidence-informed practice with children and families

"RiP is an amazing resource, particularly with regards to HCPC registration.

The need to demonstrate learning from different sources is met by RiP – through their hard-copy publications, their research and policy updates, their online support and their face-to-face learning events.

I find it an invaluable service."

Yvonne Headley, Learning & Development Officer, Solihull

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Coventry City Council

To: Education and Children's Services
Date: 13th October 2016

Subject: Relationships and Sex Education in Coventry: Current Situation and Future Plans

1   Purpose of the Note
1.1   To inform the Education and Children's Services Scrutiny Board of the current situation and current plans for Relationship and Sex Education (RSE)

2   Recommendations
2.1   The Education and Children's Services Scrutiny Board are recommended:

1) To note the contribution that high quality Relationships and Sex Education can make to improve the lives of children and young people, support the plans to put forward RSE as a priority for the consideration of the newly established Primary and Secondary Partnerships, and promote RSE with fellow members and governing bodies of schools, through placing it on the agenda/supporting the work of Officers at school governors' meetings.

2) To support ongoing lobbying to include Personal Social and Relationships Education as a statutory requirement for schools.

3) To request case study presentations from Headteachers of schools where high quality Relationships and Sex Education is being delivered to be brought to a future Scrutiny Board meeting.

4) To recommend the Cabinet Member considers including questions on Relationships and Sex Education as part of schools safeguarding audit s175/s157 audit providing challenge to schools when appropriate.

3   Information/Background
3.1   Personal, social and health education (PSHE including relationship and sex education) is not currently a statutory requirement for schools. Primary schools can decide not to deliver RSE (Relationship and Sex Education) outside of the National Curriculum Science but must have an RSE policy stating this intention (applies to local authority maintained schools only). RSE is statutory in maintained Secondary Schools (DfE 2014) and schools must teach about HIV, AIDS and sexually transmitted infections.

3.2   The DfE has also published supplementary guidance on PSHE education which reiterates previous Government policy on the subject. It states that while PSHE education remains a non-statutory subject, it is 'an important and necessary part of pupils' education. It goes on:

'Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in

statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.'

3.3   From September 2015 OFSTED's key judgement Behaviour and Safety has been replaced by the key judgement Personal Development, Behaviour and Welfare. 'Inspectors will evaluate the extent to which the school successfully promotes and supports pupils': including "***understanding of how to keep themselves safe*** *from relevant risks such as abuse, sexual exploitation and extremism, including when using the internet and social media"*

3.4   The Education Select Committee established to consider the need for statutory provision in November 2014 published its report 'Life Lessons' in February 2015. The report recommends that PSHE including RSE becomes a statutory requirement within school's curriculum: "Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum." Keeping children safe in education (2015) – statutory guidance.

3.5   In January 2016, the voices of 2000+ young people were represented in the 'Heads or Tails' report published by the Sex Education Forum, which found that 50% of young people did not learn at primary school about how to get help if they were sexually abused. Updated Government safeguarding guidance published in May 2016 falls short of requiring that all schools teach about safeguarding, but strengthens the wording of the guidance in relation to teaching about safeguarding.

3.6   There is still a drive from certain MPs, the National PSHE Association, National Children's Bureau and the Sex Education Forum to establish PSHE and SRE as statutory curriculum subjects. Lobbying continues to emphasise the importance of this area as a prevention strategy to tackle Child Sexual Exploitation, Child Abuse and Teenage Pregnancy.

4   Local context

4.1   Teenage pregnancy rates are decreasing nationally. In Coventry, the rates have fallen by approximately 45% between 1998 and 2014. Since 2008, the Coventry rates have been falling at a faster rate than nationally. In 2014, the under-16 conception rate in Coventry was similar rather than significantly higher than the national average for the first time. Whilst there are many factors which have influenced this decline, high quality Relationships and Sex Education is one of the key evidence based areas for action in this area.

4.2   Please see Figures 1 and 2 and Table 1 overleaf. Longford and Binley and Willenhall wards have the highest rates of teenage conceptions. However, as conception data is a composite of both live births and terminations (for which ward data cannot be supplied), this masks areas where there are high rates of termination in the City.

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Figure 1 Under 18 conception rate, per 1,000 females aged 16/17; 2006 -2014
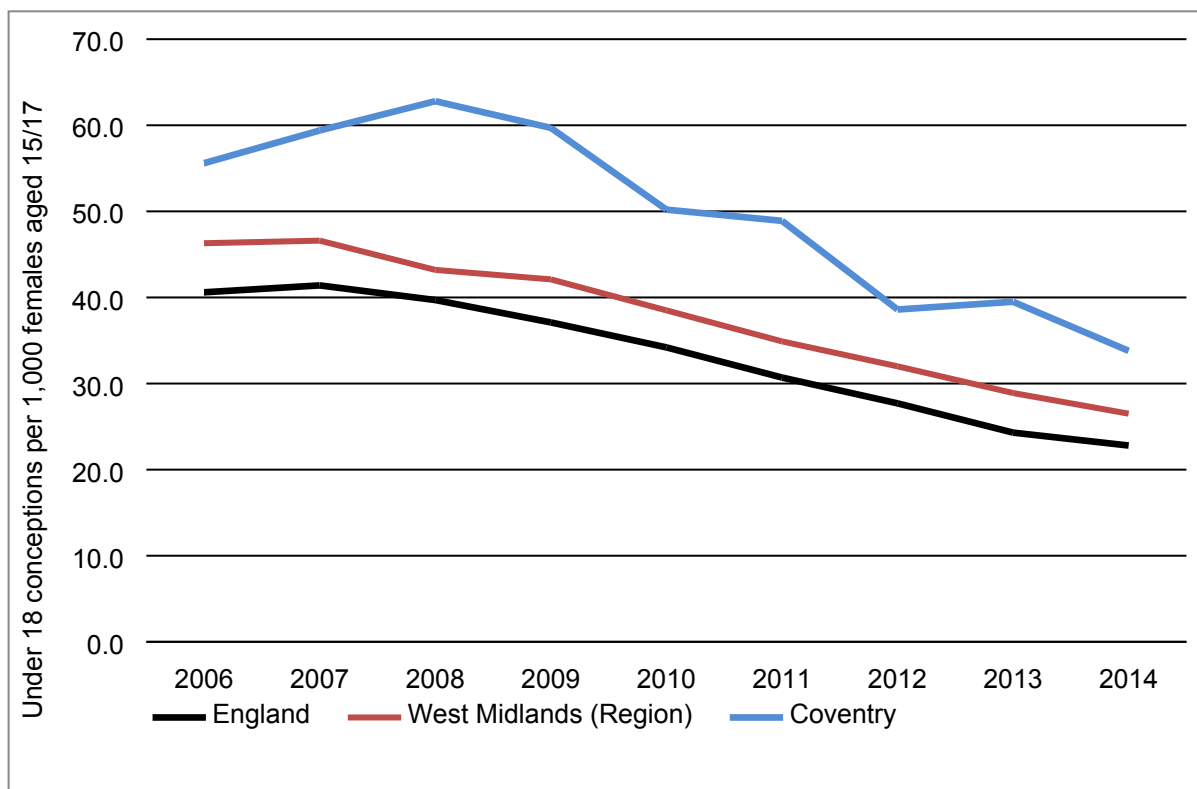
Table 1 Under 18 conception rate, per 1,000 females, in the West Midlands, including % change over time

	2002 Rate Per 1,000 females (15-17 yrs)	2014 Rate Per 1,000 females (15-17 years)	%change 2002-2014
England	42.8	22.8	47%
West Midlands (Region)	47	26.5	44%
Birmingham	49.6	24.4	51%
Coventry	**64.3**	**33.8**	**47%**
Dudley	50.1	29.4	41%
Sandwell	62	38.3	38%
Solihull	34.3	16.7	51%
Stoke	62.6	42.4	32%
Walsall	64.1	37.5	41%
Wolverhampton	60.6	29.6	51%

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Figure 2: Teenage Pregnancy rates by Ward in Coventry
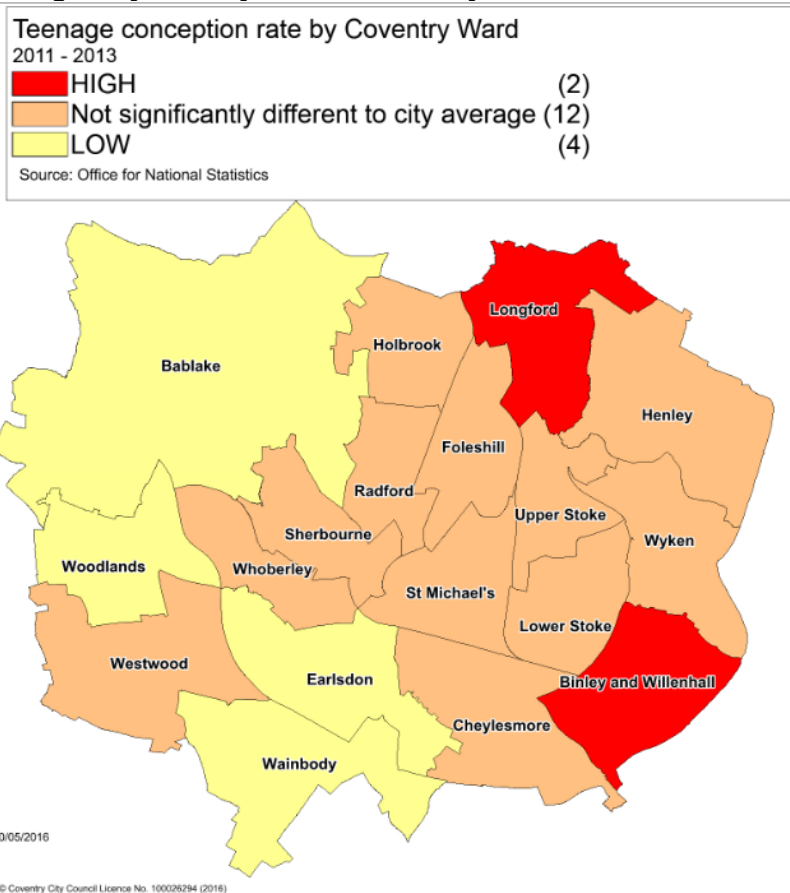
4.1 There are currently 35 academy schools in Coventry, 5 free schools and 81 maintained schools although this is constantly evolving. If all schools become academies none of them will be required to teach basic RSE. However, there are many schools demonstrating good practice with regard to RSE delivery across the City.

4.2 In 2010, following recommendations after a week-long visit from the Government's National Support Team for Teenage Pregnancy, the council undertook to provide support to schools on RSE through the Respect Yourself Programme manager and Healthy Schools programme. The Director of Children, Learning and Young People was committed to the delivery of RSE in schools.

4.3 The programme involved training school staff, informative and interactive parent's sessions, curriculum planning, school nurse 'drop in' clinics on school sites, templates for policies and parent letters, What Should We Tell the Children programmes to support parents to talk to their young people about relationships and sex. The use of the model lesson plans was audited between 2010 and 2012 and demonstrated a significant increase in the delivery of RSE.

4.4 Reductions in the scale and scope of LA advisers as schools now bring in the support they want means that LA direct support for schools is now minimal. Current support available/initiatives being delieered is outlined below, and it is proposed that there are new opportunities to share good practice and highlight RSE as a priority through the newly established Primary and Secondary School partnerships.

4.5 Standard lesson plans have been provided to all primary, secondary and special educational needs schools, are updated regularly and are available on www.besavvy.org.uk (Coventry's public facing information website about relationships and sexual health).

4.6 Additionally, the C-card (condom-distribution) scheme continues to be delivered by school nurses and education staff in schools in Coventry. City College and Henley College distributed nearly 1,300 condoms through the scheme during the first quarter of 2016/17

4.7 In 2014, all secondary schools were offered the opportunity to engage in three safe sex assemblies/year group sessions and C-card registrations by the 'Respect Yourself' programme. This work has now been integrated into the new Sexual Health contract, and is currently delivered to a small number of schools.

4.8 A survey was sent out to all schools in September 2015 regarding RSE delivery. 49 schools responded (mainly primary) with varied levels of RSE being delivered: the focus of RSE delivery was on healthy relationships, puberty, sexuality and child sexual exploitation. Survey results can be found at: https://www.surveymonkey.net/results/SM-BHDVKQ32/

4.9 The quality and amount of PSHE delivered in schools is highly dependent on senior management commitment, knowledge, skills and enthusiasm of the PSHE lead, therefore may not be consistently delivered. A rapidly changing workforce in schools also poses challenges.

4.10 However, schools currently have support with integrating PSHE into their curriculum. Training sessions are provided for staff and parents when requested through a single part time member of staff currently working in the People Directorate. Updates on Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE) are provided to Designated Safeguarding Leads and school staff and their duty with regard to these issues. Training is also provided on CSE to school governors.

5   Other useful background papers:

5.1 Ofsted Nov 2014 Sexual exploitation of Children: It couldn't happen here, could it? A thematic Ofsted inspection to evaluate the effectiveness of local authorities current response to child sexual exploitation. https://www.gov.uk/government/publications/sexual-exploitation-of-children-ofsted-thematic-report

5.2 Half of 914 people aged 16-24 surveyed by Terrence Higgins Trust rated sex education they received as poor or terrible.

https://www.theguardian.com/education/2016/jul/12/sex-education-in-schools-unfit-for-smartphone-generation-survey-finds

https://www.gov.uk/government/publications/the-link-between-pupil-health-and-wellbeing-and-attainment

https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

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Coventry City Council

To: Scrutiny Board   **Date: 13.10.16**

Subject: **Health Visiting Service**

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1   Purpose of the Note

1.1   To provide a briefing to the Scrutiny Board on the Health Visiting service, commissioned by Coventry City Council's Public Health Department, including a description of the service, its performance and specifically, the role of the service in leading CAFs.

2   Recommendations

2.1   The Scrutiny Board are requested to note the information provided in this report and seek follow up as we continue to develop a model that aligns with the Family Hub model and increases the Health Visitors' role in leading on CAF cases.

3   Information/Background

3.1   Coventry City Council became responsible for commissioning Health Visiting Services together with the Family Nurse Partnership Programme in October 2015. These contracts had previously been held with NHS England.

The health and well-being of children in Coventry is generally worse than the England average across a number of key outcome measures[1]. A number of high profile national reports (Marmot, Tickell, Field and Allen) have all highlighted the same issue: if you want to improve the life chances and health outcomes for children, you need to intervene as early as possible in a child's life, with the biggest return on investment achieved through interventions before the age of two years. Social ROI (return on investment) studies show returns of between £1.37 and £9.20 for every £1 invested in the early years. Public Health England are currently evaluating the return on investment for universal services, which will be published by March 2017.

3.2   As part of CCC's statutory responsibility for improving the health of the population of Coventry, the City's approach to Early Help and the city's Marmot commitment to the early years, Coventry City Council's Public Health Service commission Health Visiting to the value of £4.9m (2016/17 budget).

Health Visitors are responsible for leading on the Healthy Child Programme, which is a series of mandatory reviews, screening tests and vaccinations for children aged 0- 5 years.

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[1] Coventry Child Health Profiles 2016 http://www.coventry.gov.uk/downloads/download/3694/2016_child_health_profile

The five mandatory visits are as follows:

- o At 28 weeks pregnant
- o 10-14 days new birth visit
- o 6-8 weeks visit
- o Child's development review at 9-12 months
- o Child's development review at 2-2½ years

In addition to this, Health Visitors offer maternal mental health assessments, parenting support and advice on family health and minor illnesses. They also carry out physical and developmental reviews which include advice on feeding, weaning and dental health.

Health Visitors provide a universal service to all families with newborn infants in Coventry. Through weekly child case meetings with Social Care, Midwives and Children Centre workers, Health Visitors share concerns and early warning signs picked up through their visits. As a team, and alongside social care colleagues, a multidisciplinary decision is made about the appropriate response to each case (e.g. CAF level), reducing inappropriate escalation to social care and providing a joined-up response to the needs of the family.

4   Performance

4.1   In 2015/16 Health Visitors held an average caseload of 347 cases per Health Visitor.

The data from the first quarter of the financial year 2016/17 shows that there is generally good performance against the national KPIs for this service.

Performance of the service is measured against set indicators including:

KPI	2015/16 out turn (target)	Revised target 2016/17
Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above	432	Target of 600
Percentage of New Birth Visits (NBVs) completed within 14 days and after 14 days	97.5% (97%)	100%
Percentage of 6-8 week reviews completed	99.5% (95%)	98%
Percentage of 12 month development reviews completed by the time the child turned 12 months	95% (97.3%)	95%-100%
Percentage of 12 month development reviews completed by the time the child turned 15 months	97.9% (100%)	n/a
Percentage of children who received a 2-2.5 year review	89.5% (85%)	100%
Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	89.5% (N/A)	85%

In addition to regularly monitoring the general performance of the service, the Public Heath team works with the providers (CWPT) to develop plans against other important quality measures such as uptake of free nursery places for eligible children, increasing the accessibility of the system through offering an 8-8 service and increasing the number of CAF cases where the HV is the lead professional.

Health Visitors have an important role in leading and supporting CAF cases. Out turn data for the four quarters of the contract indicated that whilst Health Visitors were engaged and making a core contribution to CAF cases, the number of CAF cases newly initiated by Health Visitors was 73 in total during the course of 2015/16year. Although this appears low, this is a

significant increase to the number held a few years ago. Additionally, the health visiting service currently has a role in 425 recorded CAF cases.

The service reports that 62 CAFs have been declined since January 2016. These families will continue to be supported by the health visiting services but will not be recorded on the e-CAF system.

To address the need to increase the number of CAFs lead by Health Visitors, Public Health have an agreed contract variation with the providers which includes a specific service development in this area.

Contract Variation

Description	Milestones	Time-scales	Expected benefit	Consequence of breach
Assess number on a Universal Plus and Universal Partnership Plus pathway to have a CAF with the HV indicated as the lead professional	Develop data capture through care notes and review alongside CCC data capture for CAF	By beginning qtr. 4	Improved alignment with local CAF requirements	GC.9

Acting Early is an important initiative involving the health visiting services. An internal audit, designed to assess its system impact, includes an evaluation of the quality of referrals from Acting Early teams into social care. Inappropriate referrals take up valuable time (taken to review and respond to the case) and can lead to delays in care, impacting on quality. The audit looked at whether the referrals made were appropriate. Whilst the audit is not yet completed, early findings indicate that in the two most mature Acting Early sites only 1% (4 out of 365 cases) of cases referred to social care between August 2015-16 were deemed inappropriate compared to 22% (563/2527) elsewhere in the City.

4.2   The Family Nurse Partnership is a service which is commissioned by Public Health and runs alongside universal Health Visiting Services, providing support to young vulnerable first time mothers over a period of two years. National dashboards show that the proportion of Coventry FNP's caseload who are on a Child in Need plan or a Child Protection Plan is more than twice the proportion of other FNP cases nationally - CIN 13.5% compared to 5.8% and CPP 17.3% compared to 8.3%. This indicates that the service is already working closely with CCC Children's Services and has a high degree of value within CCC's burden of care.

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Coventry City Council

To: Education and Children's Scrutiny Board
Date: 13th October 2016

Subject: Outstanding Issues Report

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1   Purpose of the Note

1.1   To inform Members of the approach to be taken on progress, outcomes and responses to recommendations and substantial actions made by the Scrutiny Board.

2   Recommendations

2.1   Members are recommended to:

1) Note the attached outstanding issues at Appendix 1

3   Information/Background

3.1   When recommendations and actions are made following a scrutiny meeting, they are circulated to the relevant Cabinet Member and officer, and recorded on a recommendations tracker.

3.2   The purpose of this report is to bring to the Boards attention the responses received from Cabinet Members and officers in regard to recommendations and actions from previous meetings.

3.3   Once a response has been received or an action dealt with, it will be removed from this report and kept in the full recommendations tracker. The complete tracker can be viewed by contacting the Scrutiny Team on the details below.

Gennie Holmes
Scrutiny Co-ordinator
gennie.holmes@coventry.gov.uk
024 7683 1172

Appendix 1 - Outstanding Issues

Meeting Date	Agenda Item	Cabinet Member/ Responsible Officer	Rec', Action or Information	Recommendations/ Actions	Officer contact	Response/ Status
21st July 2016	Serious Case Review	LSCB	A	The individuals noted in the report as evidencing good, determined practice be congratulated	Hardeep Walker	
21st July 2016	Serious Case Review	Members	I	The action plan following the SCR with progress on recommendations is available to Members if they wish	Gennie Holmes	Email to Members of the Board asking them if they want the information 27/7/16 Report circulated 20/9/16 COMPLETE
21st July 2016	Early Help Strategy Progress Report	John Gregg	I	The SB were keen to communicate to all providers including schools and nurseries a standardised definition of 'school ready' including a list of expectations ie be able to tie a shoe lace	John Gregg	
21st July 2016	Improvement Board Progress Review		A	The new Chair of the Improvement Board be invited to the Scrutiny Board	Gennie Holmes/ Michelle Rose	The new Chair, Steve Hart, starts in September. Officers to check availability. Attending meeting 13/10/16 COMPLETE
15th September 2016	Stepping Up and Stepping Down		A	Members of SB2 would like to support the evidence based decisions our professional social workers make	John Gregg	

15th September 2016	Quality Assurance Auditing	Cllr Ruane	R	The Board to write to the Cabinet Member commending the Director for providing the list as a focus for improvement and request the CM's view on these as crucial targets	Gennie Holmes	Email sent to CM and Deputy 23/9/16. Response received same date: *Yes support would be great around how audits are driving change in frontline practice across the whole service, too many of the issues highlighted have been highlighted in audits going back two years. Eg. 'Recording is still inconsistent' 'Chronologies is not routine or properly understood' when the same issues are highlighted time and again in audits, it clearly indicates that managers are incapable of bringing about the necessary change due to poor oversight of frontline practice. Numerous training courses have been provided around, recording and chronologies*
15th September 2016	Quality Assurance Auditing		A	The headlines from the audits be reported back on regularly to the Board	Gennie Holmes	Added to the work programme COMPLETE
15th September 2016	Staying Put Arrangements and Policy		A	The Chair and the Director of Children's Services agreed to look at the recent BBC article about care-leavers	Gennie Holmes	23/9/16 Article Circulated, as well as clip from the BBC Coventry and Warwickshire. COMPLETE
15th September 2016	Staying Put Arrangements and Policy		A	To consider ways of addressing the issues covered in the press about Care Leavers in a local context	John Gregg/ Gareth Lewis	23/9/16 Contacted Comms

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Last updated 23/9/16

Education and Children's Services (2)

Scrutiny Work Programme 2016/17

16th June 16
Recruitment and Retention of Social Work Staff (task and finish group)
Improvement Board - 11 May 2016
21st July 16
SCR
Early Help Strategy
Improvement Board - 22 June 16
15th September 16
'Stepping Up' and 'Stepping Down' Process for Social Care cases.
Quality Assurance Auditing
Staying Put Arrangements and Policy
13th October 16
Supervision of Social Care Staff recommendations
Teen pregnancy and PSHE in schools
Health Visiting Contract
Improvement Board Report – 14 September 16
10th Nov 16
8th December 16
Improvement Board Report – 2 November 16
12th January 17
Education Performance Report
Monitoring of SCR recommendations from 15/16
Improvement Board Report – 14 December 16
9th February 17
Improvement Board Report – 25 January 17
9th March 17
6th April 16
Progress Reports -These items will only be reported to the Board by exception. Where progress is on track reports will be circulated to the Board for information only
Changes to adoption agency – progress report
Unaccompanied Asylum Seeking Children - briefing note
LSCB Annual report
Youth Offending Service – progress report
Family Drugs and Alcohol Court – progress report
MASH update - progress report 12 Jan 17
Children's Social Care Workforce Strategy – progress report 9 Feb17
~~Early Help Strategy – reported to meeting 21 July~~
Progress on Audit Findings
Proposed Agenda Items
Voices of Care
Consultation on proposed changes to the school transport service.
Young Carers

1

Serious Case reviews
Commissioned Services including Residential Care
CAMHS
Academisation Programme
Short Breaks Review
School based police panels
Prevent in schools
SCR – Child F

Date	Title	Detail	Cabinet Member/ Lead Officer
16th June 16	Recruitment and Retention of Social Work Staff (task and finish group)	Members wanted to look in depth at the recruitment of social workers including consideration of reasons for lack of interest in previous recruitment campaigns and remuneration and responsibility levels of social workers. To include reputational factors as well.	John Gregg Cllr Ruane
	Improvement Board - 11 May 2016	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	John Gregg Cllr Ruane
21st July 16	SCR	The Board will consider recommendations from a serious case review.	Janet Mokades Cllr Ruane
	Early Help Strategy	To receive a progress report on the Early Help Strategy including the Strengthening Families. Also to include hard to engage families (see SCR recommendations)	John Gregg Fran Doyle Cllr Ruane
	Improvement Board - 22 June 16	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	John Gregg Cllr Ruane
15th September 16	'Stepping Up' and 'Stepping Down' Process for Social Care cases.	Following the Boards consideration of the SCR on Baby C Members requested more information on the new processes implemented as a result of the recommendations	John Gregg Fran Doyle Nancy Meehan Cllr Ruane
	Quality Assurance Auditing	Following the Boards consideration of the SCR on Baby C Members requested more information on the auditing of case work to ensure consistency and quality of practice	John Gregg Terri Cartwright Cllr Ruane
	Staying Put Arrangements and Policy	To look in more detail at the Staying Put Policy, involving representation from the Foster Carers Association. The report should cover promotion of the policy with young people, children social work support at 18, financial support to Foster Carers. The Voice of the Child Task and Finish Group raised the issue of independence training and the Chair suggested that it be looked at separately.	John Gregg Jivan Sembi Cllr Ruane
13th October 16	Supervision of Social Care Staff recommendations	A progress report on the recommendations accepted by the Cabinet Member on 14/4/16	John Gregg Cllr Ruane
	Teen pregnancy and	To consider what schools are doing to support the Teenage	Kirston Nelson,

Date	Title	Detail	Cabinet Member/ Lead Officer
	PSHE in schools	Pregnancy Strategy and how the Council is supporting them	Nadia Ingliss Judith Simmonds Cllr Maton
	Health Visiting Contract	Members wanted to know more about the current health visiting contract particularly Health Visitors involvement in CAF's.	Cllr Ruane Jane Moore
	Improvement Board Report – 14 September 16	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	
10th Nov 16			
8th December 16	Improvement Board Report – 2 November 16	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	
12th January 17	Education Performance Report	An annual report with the headline performance data from schools, including vulnerable groups including children educated out of school and excluded pupils.	
	Monitoring of SCR recommendations from 15/16	The Board wanted to know how the outcomes of recommendations from SCR's are monitored and whether implemented recommendations have been effective in protecting children	Elizabeth Edwards
	Improvement Board Report – 14 December 16	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	
9th February 17	Improvement Board Report – 25 January 17	A standing item as agreed by Council reporting progress against the areas identified in the improvement notice.	
9th March 17			
6th April 16			
Progress Reports - These items will only be reported to the Board by exception.			

Date	Title	Detail	Cabinet Member/ Lead Officer
Where progress is on track reports will be circulated to the Board for information only			
	Changes to adoption agency – progress report	A regional adoption agency has been established. Members wanted a progress report and information on performance	John Gregg Cllr Ruane
	Unaccompanied Asylum Seeking Children - briefing note	Members requested to be kept up to date on numbers of UASC in the city and services to support them	John Gregg
	LSCB Annual report	The annual report of the local safeguarding children's board	
	Youth Offending Service – progress report	An update on progress of the Youth Offending Service	Angie Parks Cllr Ruane
	Family Drugs and Alcohol Court – progress report	Progress on the work of the FDAC	John Gregg
	MASH update - progress report 12 Jan 17	Following the meeting in January 2016, Members requested a further progress update, particularly in relation to the recommendations made.	
	Children's Social Care Workforce Strategy – progress report 9 Feb17	Following the introduction of the Workforce Strategy at their meeting on 25 February, Members requested a further progress report	John Gregg Cllr Ruane
	~~Early Help Strategy – reported to meeting 21 July~~	Members requested further progress reports following their meeting on 21st July 2016	John Gregg Cllr Ruane
	Progress on Audit Findings	At their meeting on 15th September, Members requested regular updates on progress against those areas where audits suggested improvement is required. 7. Care planning continues to cause concern, with drift and lack of contingency planning. 8. Neglect and "start again" syndrome is highly visible on a high proportion of cases including those held in early	John Gregg Cllr Ruane

Date	Title	Detail	Cabinet Member/ Lead Officer
		help. 9. Focus is on assessment, rather than on intervention, impact and outcomes. 10. Looked after Children, have too many moves. 11. Life Story work continues to be inconsistent. 12. Placement sufficiency has a negative impact on the ability of the service to identify appropriate placements for those young people ready for independence. 13. Whilst children are being seen, it is sometimes unclear about the purpose of the visit or nature of the intervention. 14. Recording is still inconsistent 15. Use of chronologies is not routine or properly understood. 16. Supervision is task focused and not reflective.	
Proposed Agenda Items	Voices of Care	Members requested regular updates on the work and benefits of the Voices of Care Council, including the results of surveys with LAC	Sheila Bates
	Consultation on proposed changes to the school transport service.	Following the change in timescales to implementation of changes Members requested that the Board considers the new proposals as part of the new consultation process.	Jeanette Essex Cllr Maton
	Young Carers	Referred from the Corporate Parenting Board, to look at support offered to children and young people who are carers, especially those that are children in need, child protection or who come into care because of the health of their parents.	Suzanne Lawlor – Carers Strategy
	Serious Case reviews	The Board will consider recommendations from serious case reviews when they are published. To also include Wisteria Lodge investigation.	Cat Parker/Hardeep Walker Cllr Ruane/Janet Mokades
	Commissioned Services including Residential Care	Members requested further information about commissioned services and how contracts are awarded and monitored, including Barnardo's. Members requested information on	John Gregg/Sally Giles Cllr Ruane

Date	Title	Detail	Cabinet Member/ Lead Officer
		residential care provided by both the local authority and commissioned services	
	CAMHS	A follow up and progress report on work done with SB5 last year, especially in terms of prescription drug use. Also a task and finish group to investigate why there significantly high number of referrals through CAMHS on the ASD pathway.	Jacqueline Barnes
	Academisation Programme	The Board wanted to consider the implications of the Government white paper and the proposals for all schools to become academies by 2020. Also to include information on how the Council works with Free Schools as referred from Scruco from a suggestion by a member of the public	Kirston Nelson Cllr Maton
	Short Breaks Review	To look in more detail at the provision of short breaks for disabled children	John Gregg Cllr Ruane
	School based police panels	A report on how the police are supporting improving behaviour in schools and tackling anti-social behaviour in partnership	Kirston Nelson Cllr Maton
	Prevent in schools	To look in more detail how the Prevent agenda is being delivered in schools	Kirston Nelson Cllr Maton
	SCR – Child F	The Board will consider recommendations from a serious case review.	

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