

LA INTERVENTION – HIGHLIGHT REPORT

LA Name:		DONCASTER		
Adviser:	Ian Dodds Achieving for Children	DfE case lead:	Matthew Edwards	Reporting period: June to August 2016

RAG (mark with 'X')		Status report [Overview of progress, indication of whether improvement is on track]
Current	Last report	
W		REVIEW OF EARLY HELP SERVICES
		Background
Moderate concerns		<p>I first reviewed the effectiveness of early help services in Doncaster in January 2016. The review found that the early help offer was fragmented; children whose needs could and should be met at a lower level were not identified and consistently offered support in a timely manner to prevent their needs escalating to more intrusive statutory services. In brief, the review found that:</p> <ol style="list-style-type: none"> 1. The current strategy provided a broad vision statement and direction for early help services in Doncaster with sign-up from key partners, but required greater clarity on how it would be implemented and coordinated. 2. The strategic group responsible for developing the strategy and designing the early help offer (the EHIG) had not been effective at driving its implementation. Discussions had been protracted over a two-year period and there had been a lack of pace in delivering an effective offer. 3. The Early Help Hub had been established and was becoming effective at screening referrals, so that children and young people received appropriate support from the most appropriate professional in a timely manner. The plan to co-locate the Hub with the Referral and Response Service in DCST would strengthen the application of thresholds and decision-making and reduce the likelihood of cases ping-ponging between social work and early help services. 4. The quality of early help assessments and support plans was too variable. Plans were insufficiently SMART and did not articulate the actions that were needed to deliver change and better outcomes for the child and/or family. Reviews of plans were not being held regularly so it was difficult to see how work with children and their families was progressing. 5. There was a lack of clarity about the multi-agency locality delivery model for early help services and how this would be affected by DMBC's plans to reconfigure their children's centre, family support and youth service provision, as well as planned changes to the school collaborative working arrangements.
Minor concerns		
X	X	
On track		
		<p>Initial recommendations</p> <p>Following the January review, I made three recommendations to strengthen the early help offer. These were accepted by both DMBC and DCST.</p> <ol style="list-style-type: none"> 1. Transition the Early Help Implementation Group (EHIG) into a task and finish group with specific responsibility for driving and completing the development of the early help offer. The task and finish group should include representatives from all multi-agency partners who are able to make decisions on behalf of their organisations. The task and finish group should report into the Performance and Accountability Board (PAB) in the LSCB which has overall responsibility for the improvement plan in Doncaster. It was agreed that the task and finish group would be up and running by early February 2016 and would take forward the remaining two recommendations.

2. Transfer management oversight of the Early Help Hub and co-locate it with the Referral and Response Service by mid-February 2016. As part of the transfer, DCST should ensure that the IT systems enable practitioners to consider historical concerns and risk-factors when making decisions on referrals.
3. Develop an operating model for early help services in Doncaster, building on the current vision/strategy. This should clearly define the early help offer and set out how it will be implemented through the locality delivery model. It is clear that this model will need strong coordination and so it should also include a review of the current Early Help Coordinator role. The operating model should be agreed by early March 2016 and implemented by end March 2016.

First review of progress – 4/5 May 2016

I reviewed progress on 4/5 May 2016. This involved meetings with DMBC and DCST, a focus group with early help practitioners, a review of performance information, sampling of early help assessments, plans and reviews, and follow-up telephone calls with partner agencies. I found that solid progress had been made, but that the pace of change needed to quicken further to ensure that a consistent and coherent early help offer was in place by July 2016. The progress made between January and May 2016 is summarised below:

1. The task and finish group had been established by mid-February 2016 and was meeting regularly to drive forward the improvements to the early help offer. It is co-chaired by senior leaders from children's services in DMBC and DCST and has appropriate representation from key stakeholders. Indigo Children's Services Community Interest Company, the improvement partner working for DMBC on their early help services, provide support, challenge and additional capacity.
2. The transfer and co-location of the Early Help Hub had been completed and there had been a full review of working practices and systems by the Early Help Improvement Task Group (EHITG) This Hub works effectively. There was good evidence in the review that contacts into the Hub were screened and appropriately referred for information, advice or assessment in a timely way. This had led to a reduction in the number of inappropriate referrals into DCST and fewer referrals ping-ponging between early help and social work services. Children and young people needing early help were being identified in a timely way and the very large majority were referred to the appropriate service(s) for support.
3. The first review identified that the shared ambition for early help services was good. Considerable work had been achieved in securing commitment and buy-in from schools, health services, the voluntary sector and other agencies, to create the foundations for a coherent and joined-up early help offer across the partnership. Key to this had been the provision of multi-agency training which had been attended by 267 practitioners. Feedback from partner agencies was that the training was effective and that this had significantly improved their understanding of the early help offer and interventions or support available, as well as their skills in assessment and planning. It was too early to see the full impact of this training in the quality of practice, most of which required improvement; however, evaluations of training showed that a wide range of partners were self-reporting that their practice had improved.
4. 4 FTE Early Help Coordinators were in post at the time of the first review – one allocated to each locality. An experienced manager had been recently appointed by DMBC to lead the Coordinator team. The post-holders clearly understood the requirements of their role to be: ensuring that practitioners in their locality have the support and resources they need to provide effective early help to children and young people; ensuring support is well planned and coordinated through regular multi-professional meetings focused on the needs of the child; the overall quality of work is good and child-focused; ensuring that outcomes for the child and his or her family are positive and minimise the likelihood of their needs escalating into statutory social work services. Up until May 2016, the work of the

Early Help Coordinators had been focused on process, including training practitioners and advising on the use of the electronic recording system. This had prevented them from fully taking up their responsibilities for developing the early help offer in the localities and driving up the quality of direct work with children and families. This was a capacity issue and, shortly after the review, DMBC recruited an additional 4 FTE Coordinators to enable this development work to happen.

5. There were a large number of early help cases on the electronic system which had been opened before the Early Help Hub was established. These cases were allocated to a wide range of lead practitioners in a large number of organisations including schools and the IFST and DMBC family support services. At the time of the review, there were 975 pre-Hub cases which were being followed up by Early Help Coordinators. A large number of these cases needed to be reviewed to determine whether they needed to simply be closed on the electronic recording system, or be allocated to an appropriate practitioner or service. There needed to be a renewed sense of urgency in completing the task, particularly given that there may be children who require immediate support or who are at risk of harm. DMBC rightly recognised that this task needed to be prioritised.
6. The first review noted that the core early help offer was developing but needed to be strengthened. DMBC reported that it was likely that they would be requesting a change to their contact with DCST to transfer 4 Senior Family Support Workers and 24 Family Support Workers. It is most likely that this will happen as part of the contract review process in October 2016. This would allow the DMBC family support function to be aligned with the intensive family support function in the Trust to provide a more joined-up and coherent service. The partner early help offer also required further development. The Coordinators were able to explain the services available in each locality; however, it would have been beneficial if these had been set out clearly in an operational handbook or service directory available to lead practitioners. Some partner agencies were more engaged as lead practitioners than others. Schools held the large majority of cases, and the Coordinators were aware of the need to develop the offer with a wider range of partners, particularly health services.
7. A key area of improvement noted in May 2016 was the availability and use of performance data. A comprehensive dataset was in place, which had been jointly developed by DMBC and the Trust. This enabled the Coordinators to track the progress of early help casework and provide targeted support to lead practitioners with their assessments, plans and the provision of family support. Understandably, the dataset was focused on activity data but there were plans in place to provide information on the quality of services and to evidence the impact of interventions on children and families. The planned implementation of the Outcome Star Framework (an evidence-based tool to support and measure change) will help with this development.
8. The quality of early help assessments and plans was slowly improving at the time of the first review, albeit from a low base. The Early Help Coordinators were beginning to help lead practitioners to develop SMART plans so that children and families received the support that they need from the most appropriate professional or service. There was evidence that multi-professional (Team around the Child) meetings were taking place to coordinate support and interventions. The quality of work was not yet consistent.

There were four areas where further work was needed to strengthen the early help offer before the second review in July. These were:

1. To review the pre-Hub enquiries to determine whether there were any cases that needed to be allocated to a lead practitioner for intervention.
2. To work with lead practitioners to improve the quality and consistency of early help assessments and support plans.
3. To ensure that the early help offer and menu of family interventions was clearly

articulated and understood by lead practitioners.

4. To ensure that services are able to track and measure the outcomes for children and families receiving support through coordinated early help services.

Following the review, DMBC requested a framework for my evaluation of services at the second review in July 2016. The evaluation framework is based on the descriptors of a good service set out in the Ofsted thematic inspection, Early Help: Whose Responsibility published in March 2015.

- a. How effectively are opportunities to provide early help to children and their families **identified** by all partners?
- b. Is there are clear and coordinated **early help offer** in place based on the identified needs of children and their families?
- c. How effectively do early help **assessments and plans** focus on improving outcomes for children and their families, and how well are they reviewed?
- d. Is there effective management **supervision** of early help so that casework does not drift and cases are stepped-up where a child's needs escalate?
- e. Are there clear processes for **stepping-down and stepping up** cases from social work services to provide additional support to families so that their needs do not re-escalate?
- f. Do professionals working in early help have access to multi-agency **training** and support that informs and improves their practice with children and families?
- g. Is there evidence of effective **scrutiny** and challenge of early help services by EHITG, the LSCB and others to ensure services work well together and are impactful?

Second review of progress – 11/12 July 2016

The second review of progress in July 2016 focused on evidencing the impact that the early help offer on children and families, using the evaluation framework provided at the first review. The review involved meetings with DMBC and DCST, individual meetings with the Early Help Coordinators, a focus group with early help practitioners and partner agencies, observation and case tracking in the Early Help Hub, telephone calls to five parents in receipt of early help services, case file auditing of ten multi-agency cases, and a review of performance information. The EHITG also provided a self-assessment.

Identification

At the time of the first review, there were more than 975 pre-Hub cases which required review. By 11 July 2016, this had reduced to 351 cases. All of these cases had been screened by a manager to determine there were no safeguarding concerns. Actions were put in place to provide further information, allocate the cases for assessment or close the referral.

There is good evidence that professionals from different agencies make appropriate referrals to the Early Help Hub in order to access multi-agency early help support for children and their families. There has been a 40% increase in enquiries to the Hub between November 2015 and June 2016. The Hub now receives approximately 480 enquiries per month from a range of agencies, which indicates that the early help service and local offer is now much better understood across the local partnership. The largest number of enquiries continue to come from schools (35%); however, enquiries from health services and children's centres are steadily increasing. The number of direct referrals from nurseries and childcare settings remains low; however, there is early evidence that recent training for 150 early education providers has improved their awareness. In July 2016, there were 843 active users of the case management system, which is an increase from 385 active users in May 2016. This is a significant

achievement.

The timeliness of decision-making in the Hub is a strongly improving picture. At its lowest point in February and March 2016, just 6% of early help enquiries were screened by the Hub within the expected 48 hours. This had increased to 66% by June 2016 with a good indication that the improvement trajectory will continue. There is also good evidence that the decisions on enquiries made to the Early Help Hub are appropriately managed. There are a low number of enquiries (< 5%) that are stepped-up from the Hub to Referral and Response because they meet the threshold for children's social care services. The co-location and management of the Hub with the Referral and Response Team has strengthened front door arrangements and ensured the consistent application of thresholds in line with a recently revised LSCB threshold framework. Observation and case tracking of enquiries into the Hub showed effective multi-agency information gathering to inform decision-making, as well as consultation on thresholds with the experienced social work manager who now manages the Hub. There are daily meetings between the social work manager in the Hub and the Head of the Referral and Response service to ensure effective joint working and threshold application. This is now an area of strength.

As part of the local CAMHS transformation plan, the single point of access for CAMHS services will be moving into the Hub. Two CAMHS clinicians will work as part of the Hub multi-agency team to screen enquiries and provide consultation or advice to ensure that referrals are allocated to the most appropriate service for the child. This is a welcome development.

Approximately one-third of enquiries into the Hub are allocated for a multi-agency early help assessment (34% in June 2016) and a further 23% proceed with a single-agency response. This is a relatively high rate of conversion from enquiry to assessment and is a further indicator that practitioners and agencies understand the thresholds for early help services. Information and advice is provided in response to 27% of enquiries, and 12% relate to the provision of further information on cases already open to the service. There is a very low rate of enquiries where no further action is taken by the Hub.

Early help offer

The Early Help Strategy clearly sets out the vision and direction of travel for early help services in Doncaster. There is good partnership sign-up to the principles of the strategy but further work needs to be completed by the whole partnership to clearly define how this will be local implemented by all participating agencies. An example is the lower level of participation in the multi-agency offer by Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust. RDaSH delivers a wide range of specialist and community health services to children and their families and therefore appropriately coordinates a health agency response internally without referring into the Hub for wider multi-agency response. The LSCB is leading work to strengthen the partnership offer and the EHITG is working closely with health colleagues to align health processes with those used in the Early Help Hub to bring them closer into the partnership.

DMBC and DCST are committed to aligning their respective family support services to strengthen their contribution to the core early help offer. This would involve transferring management of the DMBC Family Support Workers to the Trust in October 2016. Both the Council and the Trust are keen to achieve this without the need for a statutory direction from the Department for Education (see below).

The local early help offer is coordinated by 8 FTE Early Help Coordinators. Doubling the number of Coordinators since mid-May 2016 has enabled the development of the local early help offer; however, there needs to be continued focus to ensure the offer is coherent and consistent across Doncaster, and the menu of support and family interventions is widely understood by lead practitioners and partner agencies. The framework for delivering multi-agency early help services is clearly set out in an handbook for practitioners, and some details of the services available to support families are set out in the Family Guide; however, the guide is not explicit in terms of what actual services and interventions, such as parenting and behaviour support programmes, are available to lead practitioners when developing support plans. Positively, the Early Help Coordinators hold weekly network meetings with lead practitioners in their localities to troubleshoot and provide guidance on the available services. DCST has encouraged

locality-based social workers to attend these sessions to strengthen the relationship between early help and social care services. Attendance by agencies at the network meetings is improving and practitioners report that it is a valuable support to them. The network meetings have also enabled the Coordinators to identify gaps in services and the need for specific interventions within their localities. They have fed this into the commissioning priorities of the local Collaborative to improve the local early help offer.

Assessment and planning

At the time of the review, there were 1,069 active early help cases. The majority of these cases (41%) were allocated to schools as the lead agency; 27% were open to Intensive Family Support Services in DCST and 24% were open to the family support services in DMBC. 4% were open to health services and 4% to voluntary sector agencies.

42% of active cases have a completed assessment and in 51% of the cases the early help assessment is in progress. This is a strongly improving picture across all the lead practitioner agencies. The expectation is that assessments will be completed within 30 days and, at the end of June 2016, the average length of an assessment was 34 days. Again, this is a strong improvement compared to the picture in May 2016.

The quality of assessment and intervention planning remains variable across the lead practitioner agencies; however, there is early evidence that this is gradually improving. The large majority of the casework audited during the review required improvement, although there was evidence of very good early help casework in the Intensive Family Support Team (case 16019) where effective assessment, planning, intervention and direct work with the family had led to positive outcomes for a 12-year-old perpetrator of domestic violence.

In general, assessments need to be more focused and analytical. There was evidence that the quality of support plans was improving with SMART-er objectives; however, it was clear that lead practitioners are struggling to write clear outcomes in their plans that set out what needs to change for the child and his or her family. This has been recognised by the EHITG and two new training courses have been developed and implemented: a three-hour workshop on assessment and a three-hour workshop on outcomes and plans. Further work is also required to ensure that the voice of the child is fully captured and informs assessment and support planning.

There was evidence that multi-agency (TAC) meetings were being held regularly to drive forward support plans. In the majority of cases, meetings were timely (every 4 to 6 weeks) and involved the appropriate professionals and family members. In two of the audited cases, the TAC would have benefited from the involvement of CAMHS.

Quality assurance systems and processes have been strengthened. The Early Help Coordinators audit 24 cases per week and agree actions with the lead practitioner. It is not clear that this level of auditing is sustainable in the longer term but it is clear that it is having an impact on improving the quality of early help practice across all partner agencies. The overall profile of the audited casework fits with that completed as part of the review: 24% is good; 61% requires improvement; and 15% is inadequate. Themes from the audit inform the peer support work of the Coordinators and training provision. Performance data by agency is also used well to support improvement in this area. There is still too little evidence of the impact of early help work and improved outcomes for children and families. The EHITG is implementing the Outcome Star Framework and, at the time of the review, 54 lead practitioners had been trained. On an individual level, children, parents and lead practitioners were able to articulate the difference that early help interventions had made to them, particularly in relation to parental behaviour management issues. The number of early help cases closing with all planned objectives met is steadily increasing.

Supervision

In the case tracking and casework audits, there were some good examples of effective supervision and management oversight of casework. Audits showed that the Early Help

Coordinators were starting to provide effective supervision of casework. There was little evidence of drift in early help casework. On average, an early help case is open for 91 days, which is appropriate for a targeted early help intervention.

Step-up and step-down

There are agreed processes for stepping-up cases from early help to social care services, and for stepping-down cases from social care services to early help. In June 2016, 21 cases (4%) were stepped up to children's social care. The EHITG do not yet have accurate data on the number of cases that are stepped-down from social care to early help for ongoing support to prevent families' needs re-escalating. This is in the next phase of the EHITG's work programme. During the review, I did not see comprehensive evidence of the effectiveness of the transfer process; however, one lead practitioner was able to explain how she had appropriately stepped-up a case from early help due to child protection concerns, and I saw evidence of a TAC meeting considering the threshold for social care services in another case.

Training

There is a good multi-agency training offer in place. 197 practitioners have attended the full-day Delivering Early Help course for lead practitioners. This includes delegates from early years' settings (20%), health agencies (15%) and housing services (10%), in addition to those from schools and family support services. There is early evidence of the impact of the training programme on practitioner's confidence and skills in working with children and families. 44 delegates have now completed their training impact evaluations. 55% of delegates have made an enquiry to the Hub; 30% have become a lead practitioner; and 30% have started or completed an early help assessment. New training provision is being developed in response to identified needs. This includes short courses on assessment, outcome planning, managing difficult meetings and working with complex families. This will be a comprehensive training programme and an area of strength.

Scrutiny

The EHITG has been effective at driving the improvement in early help services and has picked up the pace over the last three months. The EHITG has strong oversight of the early help offer and there is a strong sense of support and challenge from all members. The EHITG reports to the Performance Accountability Board which has Chief Executive representation from key partner agencies. The LSCB receives regular reports on early help and specific performance information is included in the Board's performance report. LSCB scrutiny is effective, although some agencies reported that partners should be more challenging of each other to speed up the full development of the early help offer.

Summary

Good progress has been made since the first review in May 2016. In terms of Ofsted judgements, early help services are now firmly in the 'requires improvement' category with a trajectory moving steadily towards good. The EHITG has been effective at re-focusing improvement work and ensuring good partnership engagement in the strategy and overall direction of travel for early help services. Strong multi-agency training and promotional work by the Early Help Coordinators has ensured that practitioners in partner agencies understand early help and are confident about identifying and referring children and families who would benefit from early intervention and preventative work. Front-door arrangements for early help services have been strengthened. The co-location and management of the Early Help Hub with children's social care services has ensured that thresholds are more appropriately and consistently applied, so that children and families receive timely advice, support and interventions. The early help offer is slowly developing but continues to need greater input from some partner agencies to ensure it is comprehensive and coherent enough to prevent children's needs escalating into more intrusive statutory interventions where this is preventable. Assessments, plans and direct work with children are gradually improving. This needs to be a continued focus for the EHITG and all agencies. Training, quality assurance processes and management supervision are in place to support this and there is early evidence that these are effective. At this stage, there is limited evidence of the impact that the early help offer has made to children and their families. Collecting this evidence through the

		<p>Outcomes Star Framework will be a priority in the next phase.</p> <p>Recommendations</p> <ol style="list-style-type: none"> 1. Continue to work with all partner agencies to develop a comprehensive and coherent early help offer. There should be a particular emphasis on ensuring that the offer is sufficient in high-need areas – parenting programmes and support for behaviour management. It would be beneficial to enhance the current Family Guide so that there is a comprehensive directory of the services and interventions available to support families in each locality. 2. Continue to prioritise improvements to assessments and care planning so that they are timely and analytical with clear identification of needs and risks and have a focus on measurable goals and outcomes for children. Implement the Outcomes Star Framework so that lead practitioners are able to evidence the impact that early help interventions have had on children and their families. 3. Achieving for Children to complete a final review of the early help in March 2017, specifically focused on the impact that early help support and interventions have had on improving outcomes for children and their families.
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Progress/things going well	Issues of concern and what's being done to address them
See above.	None.

Top Risks	Probability L, M, H	Impact L, M, H	Risk Owner
None.			

Specific issues to raise/feedback to DfE case lead [From adviser or LA – policy questions, clarification]

DMBC and the Trust are keen to move forward with the agreed transfer of family support services without the need for a statutory Direction. It would be helpful if the DfE could consider how this could be achieved.

What's coming up in the next reporting period? [Key meetings, activity]

DfE six-monthly review scheduled for 30 August 2016.