Safeguarding Children Peer Review

Doncaster Children's Services Trust

11 – 15 July 2016

Feedback Report

Introduction and Overview of Trust Arrangements

Doncaster Children's Services Trust opened its doors to the public in October 2014. It has been created to pioneer an innovative approach to delivering social care services to the most vulnerable children, young people and families in the borough.

The first of its kind in the country, the Trust came into existence as a result of a long history of concerns about performance locally, culminating in the 2012 Ofsted inspections which followed a series of seven serious case reviews. The subsequent report prepared by Professor Julian Le Grand in May 2013 recommended that an alternative delivery model should be sought.

The initial view was that a third party provider (The Trust) should be developed which had no link with the council. However, in discussion it was agreed that whilst the Trust is accountable to the Secretary of State via its Trust Board Chair, the Council should act as the local commissioner with the responsibility for the contract management. This recognised that the Trust and the Council have a wider relationship as providers of services within a whole system partnership and that the statutory functions of the Director of Children's Services (DCS) and Lead Member were retained within the council.

The Direction and associated contract requires that the following outcomes should be achieved:

- 'Requires improvement' or better by April 2016 (contract)
- Good or better by October 2017 (Direction)
- Outstanding by October 2019 (Direction)

Whilst the Trust was established through existing legislation allowing for intervention arrangements, the Government's policy for a growth of alternative models of delivery (including Trusts) will be formalised within the Children and Social Work Bill which is currently progressing through Parliament. The Bill allows the Government to exempt local authorities from legal duties under certain pieces of social care legislation including some sections of the Children Act 1989 and the Children Act 2004. The freedoms can be applied for up to six years. The government says the change will allow councils to test out new ways of working in a bid to achieve better outcomes or achieve the same outcomes "more efficiently". Ministers want to give local authorities "academy-style freedoms" to allow them to innovate and the Department for Education is working with several councils to identify what they need.

The Trust has a Board of Directors and a suite of sub-committees through which the governance of the Trust is conducted. The Trust is chaired by Colin Hilton CBE. The Trust Board has overall responsibility for overseeing how the Trust is run and providing advice on its future direction and strategy.

There are 13 members on the board including a Chair, who is appointed by the Secretary of State, Chief Executive Officer, Expert Non-Executive Directors, and staff and partner Non-Executive Directors. Reporting to the Board are six committees.

The contract sets out arrangements for quarterly performance monitoring (QPM) meetings which are supported by a suite of performance indicators, and an annual review meeting. In addition, the DCS is required to report six-monthly to the Scrutiny Committee on the performance of the Trust. A series of informal meetings underpin these arrangements, for example monthly 'finance to finance' meetings, meetings between the Chief Executive and the DCS, Trust Directors and Assistant Directors in the Council and meetings with the Lead Member. The Trust Chair meets regularly with the Chief Executive of the Council, and these meetings also involve the DCS and the Trust Chief Executive.

Benefits of a Trust model

Being a smaller organisation which focuses entirely on social work and family support has given the Trust a very strong brand identity. Staff have recently begun to speak of a 'sense of family' within the Trust. There is a common purpose, without the distractions, nor the competing priorities beyond social care which are found within a larger multi-operations organisation such as a Local Authority.

1. Executive Summary

This safeguarding peer review took place some 20 months into the life of the Doncaster Children's Services Trust (DCST). The review focused on measuring progress, since the Single Inspection Framework (SIF) inspection by Ofsted took place in October 2014.

Being the first independent children's trust of this type has brought challenges and opportunities, not previously experienced in the sector. This has required continual dialogue and negotiations between the Trust and Doncaster council. Whilst inevitable tensions are acknowledged, it is clear that leaders in both organisations have a shared passion and commitment and are working together to achieve better outcomes for children and their families in the borough.

Leadership and governance is strong, demonstrating self-awareness and understanding of progress made and improvements still needed.

There is a clear vision and focus on Trust priorities, supported by some strategies that are clear to many people we spoke with. Staff appear to know what is expected of them and have confidence in the leadership and senior managers as a result of visibility, approachability and support they receive.

The Partnership Accountability Board (PAB) brings together chief executives across the partnership to jointly address key cross cutting issues. This is a partnership strength, but the continued interim status of the Children and Young People's Plan and completion of the JSNA mean that some commissioning priorities are unclear and shared outcomes more difficult to achieve. It also limits potential for joint commissioning which is currently under-developed.

One of the major challenges to the success of the Trust is that we are not convinced of the shared ownership or shared investment from key partners to provide Early Help. The Trust and the Council have led work to bring significant reform to the early Help arrangements, but wider ownership and engagement by partners is key to further improvement. Whilst this is said to be a shared priority, there remains some confusion about how this is happening. The Trust continues to face unsustainable demands on Children's Social Care at the front door as a result and this is having an impact on caseloads and capacity. Given that around 50% of this pressure is of work that does not meet the agreed threshold, the Trust needs to be robust in its management of this demand. We feel confident about the robust challenge of the LSCB Chair and support his approach to achieve urgent clarification about this issue from the partnership.

There is evidence of cultural change that is supporting movement towards more effective practice and service delivery. This is being managed through clear communication of standards and adoption of the Signs of Safety model which is being embraced at many levels. Case file audits demonstrated evidence to indicate continued improvement. The Trust recognises however, there is still some way to go in achieving consistent practice and case recording in assessment, planning and review. The adoption of robust audit systems is supporting the drive to improve.

Alongside the focus on getting the basics right, the Trust is demonstrating ambition. It has grasped opportunities to innovate and we saw examples of four programmes that are transforming local approaches. Growing Futures is particularly well received by partners for its whole family approach and many people shared examples with us of the impact this is starting to have in reducing the prevalence of domestic abuse.

We saw many examples of engagement with children at all levels. Some are creative, others simply demonstrate that the Trust is serious about listening to children and engaging them

effectively. Young people talked about building “trust in the Trust”, which is helped by increased stability of managers and practitioners. Participation work we saw meant that young people were feeling increasingly valued. The voice of the child appears to be having an influence on service delivery, from individual work to strategic planning.

The recent move to a single and integrated front door for Early Help and safeguarding will need to be robustly managed to achieve clarity and consistency in the application of thresholds and demand management.

There is an acknowledged difficulty in achieving a successful whole family approach, in relation to key areas, without the full engagement of the whole of Adult services provision beyond Stronger Families. Partners did express some confusion about the role of Stronger Families and this needs to be addressed to ensure that the offer is fully understood.

Despite training across agencies, confidence about risk levels, collection and sharing of CSE data is limited. Information and analysis from the local police is critical to inform a local profile and support practitioners in all agencies, to be alert to vulnerability factors. We found limited evidence of this. Greater clarity of the pathways for intervention will assist practitioners and provide increased connectivity between key partners.

The Trust has made significant progress in developing a performance culture and we saw evidence of integration of QA activities and performance management arrangements to promote continuous improvement. The Trust could also see the benefits this will bring in workflow and demand management. The performance framework is being used increasingly and at all levels, with the comprehensive and timely data helping to tighten management grip on compliance and improved quality. This is a developing area and there remain some areas where managers need to have more timely access to data, such as court proceedings and where variability still exists in management oversight and direction, as evidenced in case files. This must be viewed in a context of general improvement.

Impact is now starting to emerge about the difference that improvements are having on children’s lives, but the context of previous long term failure means that outcomes inevitably take longer to evidence. Improved performance is apparent in terms of placement stability, adoption performance, accommodation and ETE for care leavers and improved ETE for YOS clients alongside reductions in custody and first time entrants.

Work across the partnership has improved and partners describe a positive difference in improved engagement and reduced need for escalation. Managers are training together across agencies and we saw evidence of the Principal Social Worker driving improvement both internally and externally by working with partners.

The agreed thresholds for services are not consistently applied, which results in the Trust using valuable time and resources on the wrong things. Partners need to work collaboratively if the progress already made is to continue and be embedded, which will also require shared investment.

The Trust has made strong senior officer appointments and staff we met appreciate the resulting stability. Those we met were optimistic and want to continue the upward trajectory both internally and across the partnership. The use of agency staff and turnover is reducing and staff told us that they are encouraged to contribute ideas and solutions to what appears to be developing as a learning organisation.

Financial sustainability in the current climate for public services is recognised as an important issue. The Trust is also aware that staff resilience and morale which has been hard won, is also important to maintain in the context of rising demand. This emphasises the importance of

achieving shared strategic direction with and supported by partners and we were unclear how demand is being predicted to inform future resourcing levels. Joint commissioning is as yet an untapped option, for example Children with Disabilities services.

Overall, the review found positive evidence of continued improvement. We felt all the right components are in place to make further progress to deliver effective services. You have a target to be 'Good' under Ofsted inspection judgement by October 2017 and you have already moved a long way in terms of practice improvement albeit from a very low base, however, there is no time for delay or complacency and you must ensure you maintain the current momentum. The Trust model can demonstrate agility and speed of decision making with effective delegation to the executive from the Board, all of which greatly assists with the pace of improvement.

2. Summary of the peer review approach

The peer team

Peer reviews are delivered by experienced officer and member peers. The make-up of the peer team reflected your requirements and the focus of the peer review and were selected on the basis of their relevant experience and expertise. The peers who delivered the peer review at Doncaster Trust were:

- Gail Hopper (Lead Peer) – Director of Children's Services, Rochdale Council
- Caitlin Bisknell (Member Peer, Labour) – Deputy Cabinet Member Children & Young People, Derbyshire County Council
- Sarah Newman (Operational Peer) – Deputy Director for Children's Services, Portsmouth City Council
- Kathy Marriott (Operational Peer) – Interim Area Director, Children's Services, Isle of Wight Council
- Stephen Ashley (Police peer and LSCB Chair for LB of Hillingdon) - Associate
- Wendy Thorogood (Health Peer) - Consultant Nurse & Designated Lead for Safeguarding Children, Dorset Health Authority
- Penny Hajek (Associate Peer) – Independent consultant (Case Records review and Audit Validation elements)
- Pete Rentell (Review Manager) LGA Programme Manager

Scope and Focus

We agreed to send you a letter confirming our findings. As you know the LGA children's safeguarding peer review focused on five key themes:

- Vision, strategy & leadership
- Effective practice, service delivery and voice of the child
- Outcomes, impact and performance management
- Working together (including LSCB and Health and Wellbeing Board)
- Capacity and managing resources

Within these key themes you asked the team to explore the following areas to assist in your on-going improvement plan:

- Effectiveness of safeguarding procedures through review of the "Child Protection Pathway", from front door to de-escalation/escalation processes
- Experiences and outcomes of vulnerable children & young people, including the ability of the Trust to detect and respond to new/unrecognised needs

- Cross-cutting themes to be considered across these areas:

  The effectiveness of Leadership and Management in securing and embedding improvements to services:

  - How the Ofsted Action Plan is contributing to improving quality of services within the scope
  - Performance Management arrangements
  - Evidence of management grip on performance issues
  - Evidence of reduced drift/delay in casework and action planning

This report sets out our findings on these areas including the areas of strengths identified and the areas for further consideration. It is important to stress again that this was not an inspection. The team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people. All the documentary evidence provided to us was used in our focus on assisting you in your on-going improvement.

You decided to take up the optional elements of a Case Records Review (Appendix 1) and Audit Validation exercise (Appendix 3) which were completed over three days prior to the main review. The report for the case records review evaluates the quality of casework, care planning and supervision and is appended to this letter along with the report following the audit validation exercise. In particular, the case records review, linked to your own multi-agency audit process, validated many of the peer teams findings in relation to frontline safeguarding practice as detailed in the 'Effective Practice, Service Delivery & Voice of the Child' theme in this letter. The evidence we obtained from these elements contributed to the team's overall findings, which also included evidence from interviews and focus groups with staff and partners. The peer team reviewed a total of 14 cases prior to and during the on-site review week which though a relatively small sample were reviewed in some depth (Appendix 2).

3. Main Findings

3.1. Vision, Strategy & Leadership

It was evident to the peer team that there is strong leadership in place at both the Trust and the Council. There were inevitable tensions between the Trust and Council given the relatively new organisational set up, however, when outward facing they presented a united front with a shared passion and commitment for doing the right things for children. This was also evidenced across elected members and council staff we met. The contract management arrangements between the Trust and the Council are maturing through the joint experience of delivering the country's first Children's Trust arrangements.

We saw a clear focus, strategic vision and direction to improve quality with shared priorities for meeting customer expectations. This is underpinned by robust governance arrangements in the Trust with accountability to a Board of highly experienced Non-Executive Directors.

Leadership is focussed on the future making good use of innovation opportunities to improve frontline practice whilst continually ensuring the basics are right with an acknowledgement that this was a journey they were only part way through. Examples include the Domestic Abuse Navigators in the Growing Futures work across the early help and statutory safeguarding pathways, which are perceived to be delivering better outcomes for children and reducing escalation of cases.

Through discussions with managers and practitioners in the Locality teams and the Multi-Agency Safeguarding Hub (MASH) it was evident that staff morale had improved over the past

18 months and they spoke of a changing culture within the Trust based on openness and trust alongside energy and a commitment to improve outcomes. Staff talked about managers and senior leaders being more visible, more approachable and better engaged in their practice and delivery. Examples included the Chief Executive's blog, summit meetings and Heads of Service working from locality bases.

The changing and positive culture since the Trust was established was also confirmed by key strategic partners, including Police, Health and Schools. Health reported consistently of the changing culture stating "they felt in safer hands" regarding the Trust with an inclusive and supporting approach to improvement. The hospital trust and community health trust reported that links which have been developed with the Principal Social Worker has reduced escalation.

Staff we met across the services were all clear about the priorities for improvement and where they were at in terms of the progress. Performance data and audits were being used across the workforce to share learning and improve practice with a focus on timeliness, quality and consistency along with the voice of the child. There was evidence that whilst issues for improvement continued to be highlighted, staff were being supported to make the required changes through the introduction of practice standards advisors working alongside the established advanced practitioners. This approach is achieving demonstrable improvements in the quality of case recording and assessments.

The role of the Performance Accountability Board (PAB) demonstrates commitment at the top of the key organisations involved to work on cross-cutting issues to achieve change and improvement.

Whilst locality partnership working is evident, the continued interim status of the Children and Young People's Plan limits the ability to achieve a fully shared vision across agencies. Some practitioners expressed some frustration that whilst progress in the Trust was clear the partnership approach needed to become more joined up to achieve better outcomes for children and families. As part of this the Joint Strategic Needs Assessment (JSNA) needs to be more focussed around the needs of the area.

Although improvements have been made to the Early Help pathway, through discussions with staff within the Trust and across some partner agencies it would appear that the early help offer and processes and the pathway were not clearly understood or embedded. Concerns were raised about inappropriate referrals to the front door, which could be dealt with at a lower level, step down process which appeared to include some duplication of assessments and the link with the Stronger Families agenda. Stronger Families deploys and funds staff across a wide range of services and projects, but there is no specific dedicated SF team to receive and act upon referrals which is a frustration for some practitioners. For example, some health staff informed us that they were not making any referrals to Stronger Families as when they tried there were no services to refer to, which suggests a lack of understanding about how the model works.

The peer team had a conversation with the representative from Achieving for Children to compare findings around early help and there was consensus that, whilst there were inconsistencies in the work and the offer was not yet completely clear, there was evidence of improvement and they had all the right components to create a robust pathway.

The Trust have identified this as an area for development and work is underway across the Doncaster Safeguarding Children's Board (DSCB) to further develop clarity on the early help framework. We fully support the request made by the DSCB chair to provide clarity about the Early Help Framework and reporting measures needs to be delivered as a priority.

Staff talked competently about edge of care work, however, it appeared that there was less focus on reunification in relation to a framework to support children returning to their families.

The performance data highlights that the MASH are receiving a significant number of contacts with no clear safeguarding concern. This is currently leading to increased referrals to children's

social care and a higher number of assessments being completed that lead to no further action. Staff we met in the MASH and across localities didn't think the thresholds for services were well understood by professionals working with children across the Borough. To ensure that demand for services is appropriately managed across the children's system there needs to be a better and shared understanding around thresholds and the pathways for services across the early help and statutory spectrum.

Demand in the system was not clearly understood by locality managers in terms of the number of assessments being completed in 10 days and stepped down and the majority were taking in excess of 30 days before a decision for no further action. This raises a concern over how quickly children were being seen. We also saw duplication of assessment work across teams as work isn't being stepped down directly, instead it goes via the early help hub and managers told us that a further early help assessment is completed to feed the early help system which operates separately from the statutory social care recording system. Whilst operating procedures do provide for cases to be stepped down directly to early help without a need for further assessment, it appeared that this was not happening. Resolving this issue, monitoring timeliness and activity levels would all assist with workflow and demand management in a context of increasing demand.

3.2. Effective Practice, Service Delivery and Voice of the Child

Most staff we met spoke positively about the 'signs of safety' training and about how they were using this approach in their work. In the locality teams the links being made across early help services through the support and guidance meetings were seen as very helpful and all agencies using one IT system to record early help assessments is an obvious strength. During the observation of a child protection conference the model was used openly with the family and all professionals present contributed and we found evidence that it is now supporting improved practice and a better understanding of risk across agencies. Practitioners clearly know their cases well, along with children and their families, and were able to talk competently about the work they are doing.

We saw evidence of young people contributing to service delivery at both individual and organisational levels. For example we heard about the young people who meet regularly with the chief executive, the groups being facilitated by senior managers, the youth clubs and independent visitors and advocate schemes. The importance of the voice of the child was evident and practitioners spoke about the various approaches they are using including the 'Three houses' and 'Magic wand'. Wider participation through the Consultation Café has identified priorities for children in care and is being progressed by the children in care council. Responsive interaction and intervention with care leavers through "Keys to my Future" is a positive example of practitioner creativity, supported by the Trust.

There is now a permanent senior management team in place and the workforce is becoming increasingly stable with less reliance on agency staff. Young people and partners told us that this stability was building "trust in the Trust". Standards and expectations of staff have been clearly communicated and understood and staff told us about their work being audited by others, often from separate teams, which is supporting improvement. Even agency staff reported that they felt part of the team and had been included in workforce development opportunities which makes it easier for the Trust to convert good agency staff into permanent positions.

We saw examples of individual supervision that evidenced use of reflection, embedding the 'signs of safety' model, and managers were able to talk about the work of practice standards advisors and advanced practitioners supporting more junior staff in a team to improve practice. Supervision is now becoming prioritised and taking place on a regular basis and incorporates relevant research to aid learning. Staff highlighted the increased emphasis on reflection with 'stop the clock' learning sessions becoming embedded across the locality teams providing

reflection and analysis across peer groups. Despite this positive approach there is still more work to be done to fully embed reflective supervision across teams.

The peer team saw evidence of the impact of the innovative whole family approach to domestic abuse through Growing Futures, which is impressive and is starting to show evidence of impact in reducing demand and improving the lives of children and families. There was also recognition of the need to build on the Growing Futures approach to deliver a comprehensive whole family approach. The launch of the 'Encouraging Potential Inspiring Change' (EPIC) team in May was considered good practice to target young people who are at risk of getting involved in crime or anti-social behaviour and serves to underpin a whole family approach. Family group conferences were reported as being a forum to stop escalation of cases and build upon family and community resilience as appropriate. There is an acknowledged difficulty in clarifying how the whole family approach will be achieved without full engagement of Adult Services.

There was positive feedback from practitioners about the partners' support and guidance meetings scheduled by the Trust in localities to support the offer of early help services. Pastoral support staff in schools stated that this meeting was an opportunity to share anxiety and practice so that the needs of children were better understood and staff in the wider community feel well supported to deliver early help work.

Frontline health staff spoke of improved oversight by social workers who were producing clear plans for children and families. They described less drift in cases and positive outcomes for children and health staff mentioned examples of effective child protection plans with an improved focus around joint ownership of early help and child protection.

Work with children who go missing from home and care is leading to a reduction in the number of episodes being reported.

The regular auditing activity in the Trust has confirmed the variability in practice in assessment, planning and review and this was evidenced within our own case review exercise. The aim to have a coherent pathway across statutory and early help services should assist with workflow and it will be important for the LSCB to be informed of progress so that demand activity and thresholds for services are owned across the whole system. The recent move to a single and integrated front door for early help and safeguarding will need to be monitored closely to ensure clarity and consistency in the application of thresholds.

Despite a lot of training across agencies the arrangements for CSE were not well understood between locality teams and specialist teams. Although the review did not find children left at risk of serious harm related to CSE, none of the teams had access to a current local profile detailing children at risk of CSE, their existing known networks, locations and hot spots being frequented and potential perpetrators of harm. Such a profile would normally be produced by the Police. There is limited confidence about grading, collection and sharing of CSE data and soft intelligence and local teams need to have more thorough information and detail and what it means for them.

It wasn't clear from discussions with staff who needed to complete a CSE risk assessment and how that was reviewed to inform the plan and who held case responsibility, i.e. is it the locality team or the specialist CSE team. We saw language in one assessment indicating a young person was making a choice about a relationship with an older male and in two other cases we considered that vulnerability factors to the risks of being exploited were not always sensitively considered.

The pathways for CSE referral and intervention must be well understood across the workforce and the partnership to ensure connectivity between agencies, locality teams and the specialist

team. Information and analysis collated by South Yorkshire Police is critical to inform the local profile and support practitioners in all agencies and the peer team found limited evidence of this, because the profile was very historical. Specifically there is a need to share this intelligence on a more regular and timely basis to inform the practice of all agencies. Despite the CSE specialist team being relatively newly established the peer team were impressed with the overall operation and current strengths of the unit and we believe it will take minimal effort to address the above issues in order to further strengthen the team.

Observation of the Children Missing Operational Group (CMOG) highlighted how the partnership were scrutinising and challenging the work by children's social care but it wasn't clear how partners are being expected to contribute to information sharing and disruption activity. As an example a looked after child had been discharged from a secure unit and placed in an out of authority residential unit known to be located in a CSE hot spot area.

There has been one case considered under the Prevent arrangements locally. The planned WRAP and PREVENT training programme scheduled for the autumn will strengthen frontline practice when it is rolled out across the workforce so you need to ensure there is no slippage to the roll-out. Some frontline staff we met were not clear around PREVENT or the 'channel panel' process. We also noted that work to ensure case recording is completed in a timely way and to the right quality is underway.

3.3. Outcomes, Impact and Performance Management

The Performance Accountability Board (PAB) is addressing cross-cutting priorities across the partnership to continue improvement. There is a good level of self-awareness about the level and pace of progress made and the self-assessment document provided to the peer team was considered to be generally accurate.

The performance management and quality assurance processes in the Trust are comprehensive and of high quality. Managers at all levels highlighted how they believe that they now have a firmer grip on understanding where their team are and what they need to do to 'get to good'. We saw a healthy competition developing between the team and areas and an increase in pride across staff and teams. The Trust recognised, however, that some managers had not yet made as much progress as others in recognising the benefits information and data provided for them to undertake their role. Monthly self-assessment at whole Trust and locality basis provides a good level of analysis of each locality, and this is supported by high quality performance data from the performance team which the Heads of Service review alongside wider quality and workforce information in order to inform their overall analysis.

The auditing process is dynamic with support, coaching and workforce development addressing key areas for improvement. Early help quality assurance is developing with 24 cases being audited per week by early help co-ordinators who provide feedback and support to lead professionals in order to improve the quality of assessments and plans. Multi-agency audits are also undertaken routinely and demonstrate improvement. The peer team can see that the Trust is developing as a learning organisation which engages staff and allows them to be creative. Staff we spoke to in focus groups all highlighted the feeling of empowerment they felt they now have as a consequence.

The support from the Trust's leadership team has increased the drive and ambition to influence improved health and wellbeing over a longer term in child safeguarding projects. Health clearly contributes towards instilling pace and confidence through tackling key challenges and importantly doing this in the spirit of partnership working. The same passion was shown by the range of committed health staff we met who want to make a collective difference. As an example we saw evidence of and were told by the IRO service of contributions from school

nurses to improve educational attainment and reducing teenage domestic violence and supporting young parents.

Reports from Independent Reviewing Officers (IRO's) and conference chairs clearly indicate an improvement in the evidence of direct work with children. Also, children and young people who are unaccompanied asylum seekers (UASC) were very positive about the quality of support they receive from agencies. There was good evidence of robust packages of care which had continued through transition into adult services and they were positively engaged in the development of services.

The early focus for the Trust had been on ensuring compliance and embedding improved processes and pathways. The Trust is now intensively tackling consistency, quality and outcomes and we note that the Principal Social Worker is driving this forward.

Further exploration may be required in those situations where children and families have been passed backwards and forwards between early help and children in need teams. In particular, this related to neglect cases that had been stepped down from child protection and children in need and were subject to reassessment. This was described by locality teams as a cause of some duplication and frustration.

There is evidence of drift in some cases but this has to be viewed within a context of general improvement and the team are fully aware that the Trust started from a very low base on transfer of children's services some 20 months ago. Similarly case audits show some variability in management oversight and direction but again this must be viewed through the lens of general improvement. However, the Trust's plan to build on progress made with supervision compliance in order to monitor quality and impact and develop use of reflective practice is clear.

Whilst managers are increasingly making sense of the data provided, the commentary is being provided by the central performance team and there is not as yet sophistication in their use of the data, such as where a dip in performance would lead to further curiosity or further information being sought. As an example some cases which could have been closed earlier in the assessment timescale have remained open for much longer than necessary. We were told that managers do set timescales at the outset of assessments and timescales are tracked, but delay remains and further work is required to ensure that those children who do not need support as children in need are identified and work is completed earlier. Performance data about PLO and court proceedings is currently held with a case manager, however, timely sharing of this data with operational managers is currently a gap which must be addressed.

Overall, despite the high quality and comprehensive performance management data and systems established impact has been hard to demonstrate because the legacy of historic poor services has meant that outcomes take longer to evidence. Nevertheless, it is clear that there is evidence of improvements in children's experiences as a result of work undertaken and a trend of improving performance is emerging, such as in adoption, placement stability, life chances of care leavers and young people involved with the YOS.

The planned improvements to the IT systems including the 'business objects' analytical tool and developments around equipping the "modern social worker" project are innovative and good examples of the Trust looking to the future.

3.4. Working Together (including LSCB and Health and Wellbeing Board)

The representatives of partner agencies the peer team met with were positive about the changes that they had seen over the past 18 months in relation to the development of children's services with a reduction in number of escalations. Many partners spoke about how helpful locality teams were and we saw good examples of joint working, for example school nurses and pastoral support staff.

The development of a MASH, whilst in its current model is embryonic, is seen as a key to improving the management of thresholds and appropriate referrals to assessment. It was encouraging to hear about the vision for the MASH, providing a single pathway across early help and statutory services. The electronic system to record the MASH process was impressive, in particular the opportunity for each agency to grade their level of concern between 0-5. The manager had secured some early progress in getting Police to quality assure their notifications and the police representatives in the MASH showed us examples of where they had returned notifications for further information. The police were also recording outcomes of their notifications on their system in order to pass information back to colleagues.

The Principal Social Worker (PSW) was very impressive in terms of improvement work she is leading internally and how she was cautious to hold up a realistic gauge of the quality and consistency of work. We discussed the assessment tool being used in Doncaster and whether it would be more helpful for staff if the detail in the domains was added as a prompt for good quality. The PSW was also doing some work externally across the region and with the Teaching Partnership underpinning the Trust's development as a learning organisation.

We were informed that the executive coaching approach across the partnership is contributing to senior management development. The workforce strategy will be critical in looking at succession planning for the organisation moving forward. Partners told us that they had a better understanding of a number of key topical areas such as FGM, Prevent and human trafficking and this will be crucial in having a broader view when looking through the safeguarding lens and decision making for children and young people.

The LSCB had strong representation from partners and was very well managed by the Independent Chair. The peer team observed a LSCB Board meeting and felt the Board had developed some good practice, an example being the challenge log as a useful tool. There was considerable evidence of challenge between partners and the Board appeared to be cohesive and very useful. The Chair is hugely experienced and a real asset to the Trust. Overall the Board had undertaken significant change and was now fit for purpose. It is fully aware of the requirements for further improvement and is clear about its own role in supporting that improvement.

As part of the development of the MASH a coherent communication strategy could be considered including allowing head teachers, other partner agencies and elected members to visit and understand the triage system at the operational level. Representatives from health and schools indicated that they didn't routinely receive a response from the MASH detailing the outcome of their referral However, the MASH team do have a template to respond to referrers which might just need to be fully embedded into practice. This is a quick win which can be easily implemented to improve communication across the partnership.

There were some concerns regarding the designated health roles; currently it is a combined role including looked after children, head of quality and designated children nurse for safeguarding. This would be an area of concern for CQC when they inspect the Clinical Commissioning Group (CCG) and we suggest the CCG consider the role by reviewing the statutory guidance from March 2015 *"Department of Health and Education, Promoting the health and wellbeing of looked after children"* to ensure full compliance. Having the right capacity at this level will support the vision and development of the Trust and ensure children in care receive the right scrutiny.

Whilst a 'whole family approach' was mentioned in relation to Growing Futures, Family Group Conferences and Stronger Families staff were not able to clearly articulate what this meant in relation to their own services and how to access these services. A worker funded by Stronger Families has been allocated to the front door which should help to embed a better

understanding but this does need to be better communicated across the whole workforce. In addition, the role of adult services in achieving a 'whole family approach' needs to be clarified.

The significant number of improvements that have been made with processes and practice have clearly improved experiences for children but need to be more consistently embedded to drive forward and sustain better outcomes. The view from the LSCB Chair is that there has been a major drive on quality but the Trust also needs some time to get this right. Finally, the benefits from the Early Help offer have yet to be realised so the framework needs to be crystal clear going forward and any "must do's" can no longer be vague.

There may be some concern about the role of the PAB and how it sits in relation to the LSCB going forward. On its own the PAB is seen as a really useful addition to ensure robust governance across the main strategic partners but its role will need to be considered in the light of the Wood report.

3.5. Capacity and Managing Resources

All the senior managers we met clearly understood their role, their business and the expectations of themselves and their staff. Staff we spoke to were all complementary about senior officers stating there was a confidence and optimism within the Trust which for many staff who had previously worked for the council felt like a "breath of fresh air". Staff are committed and passionate with a real 'can do' attitude, both internally and across the partnership, and they now speak of a 'sense of family' within the Trust.

There is recognition that staff were poorly supported in the past and that good and effective leadership was lacking. The clear message we picked up is that the Trust both require and support staff to get to good, thereby removing what was perceived by some as a 'blame culture'. Staff receive high levels of intensive training and this is welcomed, however, to attend all training courses can currently be difficult given operational workloads and some staff told us that e-learning is, in their view, not always the best approach and they would prefer some face to face training and development.

The workforce development strategy details the training offer and the progression pathway for social workers and other staff. There is real optimism and enthusiasm for using the 'signs of safety' model and we saw evidence that staff were using it in assessments, conferences and supervision. The performance reports indicate that the service is now less reliant on agency staff and sickness levels are low and reducing. Capacity is regularly monitored across all service areas and managers were aware that demands were continuing to increase during the review, with some opportunities through utilising national funding to innovate and pilot new approaches to working with families, for example the Pause programme, Growing Futures, Empower and Protect and the Mockingbird fostering programme. The Council have provided additional funding to the Trust to deliver the Practice Improvement Programme to strengthen social work and family support practice and have been supportive in responding to business cases for additional funding to support further improvement. The Trust are overcoming the bureaucratic barriers that have previously slowed down quick solutions, for example access to finance for care leavers through procurement cards has done away with nine previous financial processes.

Financial sustainability in the current climate for public services is recognised as an important issue and this will drive the future approach to demonstrating value for money in all service areas, however, the Trust did start from a low base in terms of resources and took on a significant overspend on transfer. However, using innovative solutions to get more from existing resource or do things in a different way and working closely with the council as the Commissioner of services will hopefully provide the optimum fit.

The Trust is also aware that staff resilience and morale which has been hard won, is vitally important to maintain in the context of rising demand and increasing caseloads. This emphasises the importance of achieving shared strategic direction with and support from partners. The peer team were unclear how demand is being predicted/forecast to inform future resourcing levels. A coherent demand management strategy needs to be developed by the partnership, otherwise there is a risk that the improvement in compliance and quality will be impacted by the rising demand.

There was limited evidence of joint commissioning across the partnership. There are real opportunities with regard to health visiting and school nursing, particularly in relation to early help along with opportunities to develop integration of approaches to children with disabilities, which as yet appear not to have been fully explored. There is also a real opportunity to work closer with voluntary sector organisations to co-design solutions.

Many staff spoke to us about the Liquid Logic IT system and ensuring it is user friendly and fit for purpose. Currently the system causes delay in recording or doesn't pull key documents through in order to make informed decisions on cases. The Trust is aware of these issues and has a rigorous programme to address this, which includes strong governance, staff engagement, specialist business analyst capacity and an additional £200k of resource. We would strongly recommend this is seen as a priority to resolve. Aligned to this is the approach to achieving flexible and agile working across the workforce with procurement of smart phones, laptops and other IT devices to facilitate more flexible working. Currently the equipment being used is out dated and not fit for purpose so again we suggest the Trust increase the pace of procurement for all such equipment. This will ensure staff have the tools to do the job effectively.

4. Suggestions for Improvements

Following the peer review, and based on the evidence collected, the peer team provide some suggestions for the partnership to consider in the short to medium term as follows:

- Develop a shared strategy to effectively manage demand across the partnership;
- Consider opportunities where joint commissioning might achieve better joined up investment and efficiencies – such as in the MASH and whole family approaches;
- Distribute regularly updated locality problem profiles so that every area is aware of children missing, those at risk of CSE, hot spots, networks and other soft intelligence;
- Continue to develop approaches to reflective practice;
- Clarify the Early Help framework to ensure joint awareness and ownership of the local offer.

The peer team also looked at quick wins that the Trust could implement swiftly to facilitate improvement and these are:

- To appoint a care leavers champion on the Corporate Parenting Board;
- Resolve how to share PLO/Family proceedings information on a regular basis;
- Consider opportunities for engaging other elected members in Corporate Parenting activities;
- Share the data and soft intelligence around CSE that is known to managers so that practitioners are more fully informed

5. Next Steps

Following the team's presentation on 15th July, you then ran a prioritisation workshop with a wide variety of stakeholders, which the peer review team stayed for at your request to assist with the dialogue on tables. This has assisted in determining top priorities for the Trust and the multi-agency partners to focus upon in the short to medium term and to be incorporated into your improvement plan.

The Local Government Association would be happy to discuss how we could help you further through the LGA's Principal Adviser Mark Edgell Telephone 07747 636910 or e-mail: mark.edgell@local.gov.uk or the Children's Improvement Adviser, Ann Baxter Telephone 07577495153 or e-mail: baxter.ann@googlemail.com.

This will include the opportunity for a follow-up peer review in 9-12 months. The purpose of this will be to help the partnership assess the impact of the peer review and the progress it has made against the areas for consideration identified by the peer team.

Thank you to everyone involved for their participation. In particular, please pass on thanks from the review team to James Thomas, Hazel Cole and their respective teams for their sterling help and support prior to the review and during the on-site phase.

Appendices:

Appendix 1 – Case Record outcome report
Appendix 2 – Individual case record templates (14 cases + 1 Practice Observation)
Appendix 3 – Audit Validation report