

Foss House
Kings Pool
1-2 Peasholme Green
York
YO1 7PX

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



2 September 2016

Mr Damian Allen,
Doncaster Metropolitan Borough Council Children's Services,
Civic Office
Doncaster
DN1 3BU

Dear Mr Allen,

Monitoring visit of Doncaster Metropolitan Borough Council children's services

This letter summarises the findings of the monitoring visit of Doncaster Borough Council children's services on 3 and 4 August 2016.

The visit was the first monitoring visit since the local authority and the children's trust were judged inadequate for services to children who need help and protection in September 2015. This monitoring visit was carried out by Her Majesty's Inspectors, Cath McEvoy and Graham Reiter.

The local authority and the trust are making significant progress from a low baseline to improve services for children and young people in need of help and protection in the areas covered by this visit. There were no cases seen where children were judged to have been at immediate risk of harm.

Areas covered by the visit

During the course of this visit, inspectors reviewed the progress made in respect of help and protection, with a particular focus on six important themes:

- response to children in need of help and protection
- the quality and timeliness of single assessments
- the voice of the child
- recognition and management of risk
- management oversight
- the overall application of thresholds.

A range of evidence was considered during the visit, including electronic case records, direct discussions and observations of social workers and managers and information provided by staff and managers. In addition, we spoke to a range of social workers and frontline managers, as well as senior managers from both the council and the trust.

Summary of findings

- The council and the trust have demonstrated a meaningful response to the recommendations made following the single inspection in 2015. As a result, there has been effective progress made to improve the quality of services provided.
- Working closely with the council, the senior leadership team of the trust is highly visible, accessible and demonstrates a comprehensive understanding of the key priorities for improvement.
- Performance management and quality assurance arrangements have improved significantly, and have been supported by an extensive auditing programme. The trust's senior leadership team is fully involved in these arrangements, ensuring that strengths and areas for improvement are known and understood.
- Social work staff are very positive about working in Doncaster and report clear improvement in support and their working environment. Use of agency staff has reduced at all levels, leading to a more stable workforce. This has enabled progress to be made in relation to the quality of social work practice.
- The impact of significant investment in training for social care staff is beginning to be demonstrated in practice.
- Social workers now see children and young people during assessments, although there were examples of delay in the timing of these visits. Children's views or observations of the child are recorded and this helps to inform the outcome of the assessment in most cases.
- Assessment timeliness remains variable. While timescales are almost always set to meet the needs of the child, these are not always adhered to and there was evidence of some assessments not being completed within the agreed timescales.
- The quality of assessments remains inconsistent. The introduction of the 'Signs of Safety' model is beginning to show impact in relation to understanding the child's experience and clear risk analysis. The use of history and chronologies is variable, however, leading to incident-focused assessments.
- Child protection enquiries are on the whole informed by multi-agency discussion and within strategy meetings which lead to appropriate decisions around risk. The police do not always attend joint visits when this would be appropriate. Examples were seen where this would have assisted the investigation.

- Children and young people at risk of being sexually exploited receive tenacious and effective support from a dedicated multi-agency service. In a few cases, inspectors found examples where potential risks of child sexual exploitation were not always immediately recognised.
- Thresholds for social care intervention are not yet fully understood by partners, and contacts and referrals remain high. There has been a recent reduction in contacts and assessments since the introduction of the 'Early Help Hub', and a further reduction since the implementation of the 'Multi-agency Safeguarding Hub' (MASH), but it is too early to assess the impact of this.

Evaluation of progress

Doncaster children's services trust knows itself well and uses external scrutiny and challenge to improve services and processes. Alongside this, significant internal quality assurance and performance management activity contributes to targeted learning, which is helping to drive more effective social work practice.

A comprehensive and detailed action plan developed following the inadequate judgement in the single inspection is leading to coordinated improvement across the service. The recruitment of permanent staff to key management posts and the reduction of agency staff is contributing to a more stable workforce within the trust, enabling progress to be made in relation to the quality of social work interventions.

There is effective leadership from the senior management team in the trust and a clear understanding and focus on priorities. Leadership across the trust is highly visible, accessible and has inspired an increased confidence within the workforce and led to improved morale.

Improved performance management and data collation means that the council and trust better understand where resources need to be targeted and where progress is being made. This is particularly evident in early help, where significant developments have been made in relation to the quality of available data. This is leading to a better understanding of the impact of early help across the partnerships.

Quality assurance oversight has been effectively developed, and includes an integral extensive case audit programme which involves managers at all levels. The comprehensive case audit pro-forma has an appropriate mix of compliance and quality and this provides senior managers with a solid understanding of performance and areas for improvement. Thematic audits are targeting areas which have either historically been an issue or where issues have become evident as through the analysis of data or other audits. Across all levels, the feedback and learning cycle is already contributing to an improved understanding of what good looks like.'

Social workers report they feel well supported by managers at all levels. Social workers and their managers receive regular supervision and training. The quality of supervision for social workers remains variable. Where the 'Signs of Safety' model is

used, supervision is more focused on social work interventions and whether the child is making progress in a timely way. Supervision is not always reflective when this model is not yet being utilised and social workers' professional development is not consistently given enough consideration.

Thresholds for social care intervention are not yet fully understood by partner agencies and, as a result, contacts remain high. Only a quarter of cases progress to referral. The focus and drive in relation to early help is ongoing, but there has not yet been a significant impact in relation to a cross-partnership understanding of what needs a social care response. The objective of working towards a single point of access for early help and social care is being rigorously progressed. This should offer greater consistency and understanding of thresholds to ensure only those cases that need social care intervention receive such help.

Intensive multi-agency training and increased levels of support, provided by early help coordinators, is assisting lead practitioners to make more appropriate threshold decisions. The impact of this is evident in the increase of enquiries received by the 'Early Help Hub' from a range of agencies, and the early help local offer is increasingly well understood by professionals working across the local partnership.

The recently revamped MASH is not yet able to realise its vision of all cases being subject to a MASH process. Consent is sought in almost all cases by professionals to make a referral. It is not however clear if families are providing informed consent or whether frontline professionals are fully aware of the MASH process and what this entails in terms of information gathering.

Some very early indications evidence a reduction in the need for a statutory assessment as a result of this information gathering, but using the MASH to screen all referrals is an ambitious target and the potential sustainability of this needs to be considered. The lack of a health professional within the MASH reduces the potential impact of the information gathering process and means that the overall effectiveness and intention of the MASH is limited.

Some safeguarding cases are not benefiting from the MASH process as they are immediately sent to locality teams for action when the risk assessment would be better informed by the swift coordination of relevant information.

The vast majority of cases seen at the front door receive a timely response, with a clear analysis of risk that in turn leads to appropriate decisions. There are, however, delays apparent in some cases moving on from the MASH where allocation and further action is necessary.

There has been a notable improvement in the quality of assessments undertaken by social workers in Doncaster, although there remains inconsistency. The use of the 'Signs of Safety' model is leading to better assessment of risk and analysis of need, but this is not yet embedded and there is variation in its application. Children are

seen and are seen alone for the most part. In the cases seen during the monitoring visit, children's views were recorded or observations were made about their presentations, and these provided an understanding of the child's lived experience. Consideration of identity issues was rarely given in the assessments seen and, in addition, the lack of chronology or analysis of the family history in a number of cases means that assessments are not always holistic. In almost all cases, there was an appropriate outcome for children in terms of next steps and interventions offered.

Direct management oversight is not always evident within the case files and rationale for decisions could be more clearly articulated. The quality assurance process utilised at the end of assessments, however, evidences that managers are seeing assessments and appropriately evaluating the quality and outcomes for families. Timescales for assessment completion are set to meet the needs of the child, but these are not always achieved and there is a lack of consistency in management direction and challenge in the cases seen. Appropriate outcomes and decisions for children and families were, however, evident in almost all the cases sampled.

In the majority of cases, there were multi-agency contributions to strategy meetings and child protection enquiries. This leads to appropriate decision making for the child and prompt and appropriate action taken to address the safeguarding concerns. The practice of joint visits with the police was variable and a number of investigations would have benefited from greater police involvement.

Targeted multi-agency support is available to address the needs of those children who are at risk of sexual exploitation once the risk has been identified. However, there was some delay in a small number of cases recognising the potential risk and referring the young person for help.

I am copying this letter to the Department for Education. This letter will be published on the Ofsted website.

Yours sincerely,

Cath McEvoy

Her Majesty's Inspector

