

Report to Cabinet

22 March 2021

Wards: All

CYPFS Improvement Programme Update

Report of the Director of Children, Young People and Families Services

1. Introduction

- 1.1 This report gives an overview of the improvement programme work over the last twelve months, since the appointment of the DfE Commissioner, following the Directions of the Secretary of State for Education. It sets out the areas of progress and achievement along with areas of risk and it outlines priorities for next steps in the programme.
- 1.2 Hull has been subject to a Statutory Direction issued by the Secretary of State for Education since February 2020. The Direction stated that the Secretary of State was satisfied that the Council is failing to perform to an adequate standard, some or all of the functions to which section 497A of the Education Act 1996 ("the 1996 Act") is applied by section 50 of the Children Act 2004 ("children's social care functions"). The Direction also requires the Council to co-operate with the Commissioner in improving these services.
- 1.3 The report describes progress across all workstream areas within the improvement programme with some key gains across priority areas. The programme is now fully established in its implementation phase. There are emerging signs of improvement in practice quality and impacts for children though these are not yet consistently secured and pace needs to be added in the next phase. Risks relate to the additional burdens of working through the pandemic, and the compounding effects on staff of this now continuing for almost a year whilst they have also been working to achieve improvement. Change management, cultural shift and the voice and influence of children are key levers for change which need to be prioritised in the next phase.
- 1.4 The pandemic has meant that the expected monitoring visits for this stage of an improvement programme have not taken place. However, the Annual Engagement Meeting with Ofsted did take place virtually. This noted positive progress and recognised that Hull had moved to a good level of self-knowledge and had clear plans for the way forward. This meeting commended staff for their work through the pandemic, and this was also reflected in the formal review of improvement with the

DfE which took place in December, where again, the progress in putting good foundations in place for improvement were noted.

- 1.5 The pandemic has meant that the expected monitoring visits for this stage of an improvement programme have not taken place. However, the Annual Engagement Meeting with Ofsted did take place virtually. This noted positive progress and recognised that Hull had moved to a good level of self-knowledge and had clear plans for the way forward. This meeting commended staff for their work through the pandemic, and this was also reflected in the formal review of improvement with the DfE which took place in December, where again, the progress in putting good foundations in place for improvement were noted.
- 1.6 On 17 February, notification was received from Ofsted of a focused visit which will take place on 3-4 March. In advance of this, a suite of performance data and other documentation will be submitted to Ofsted. The visit will examine services for children in need of help and protection, children looked after and care leavers, and the impact of leaders. The visit will have a focus on how services have been delivered during the pandemic and will examine key decision points in work with children and families. In the week prior to the inspection fieldwork, virtual interviews will take place with a series of senior stakeholders, including the Lead Member, the Chief Executive and DCS, the Commissioner and senior partnership leads. The outcome of the visit is a letter of findings to the Local Authority. The letter may identify areas of strength and good practice and areas where improvement is needed most, in relation to the practice that inspectors looked at. The letter will be published on the Ofsted website; this usually happens 30 working days after the last day of the visit.

2. Workforce

- 2.1 An interim DCS was in place from February 2020, along with two Strategic Leads for improvement. The new permanent DCS was appointed in September 2020 and came into post in November 2020. Another significant leadership role was established, as the new Independent Chair of Hull Safeguarding Children Partnership post was established and appointed to in November 2020. A new permanent senior leadership level Strategic Leader for Improvement, Performance and Quality post was established and appointed to in January 2021, and this role provides permanent sustainable capacity to replace the work of the contracted strategic leads whose roles will end at the end of February. There has also been good progress with establishing and recruiting to a series of key posts which will support continued improvement and build capacity across the directorate. These include:

- New Group Manager for Quality Assurance
- Three new Senior Transformation Officers
- New Court Case Manager
- New Business Manager for HSCP
- A new Social Workers in Schools team (Eight social workers and one team manager)
- Permanent Emergency Duty Team (EDT) manager
- Permanent Unaccompanied Asylum Seeking Children (UASC) team manager and additional social work capacity along with a specialist post focusing on Accommodation for UASC

- Dedicated CYPFS Communications Officer

- 2.2 Staffing levels have held up well through the pandemic, with some increases during higher levels of infection, which have largely related to self-isolation requirements. Good arrangements are in place for staff to cover visits for absent staff, though at times this additional work has been intense. Residential staff have frequently gone the extra mile to maintain staffing levels, including 'living in' at children's homes for days at a time. There have been extremely creative examples of maintaining contact with children and young people during periods of lockdown, including 'walk and talk' garden visits and use of technology. All staff now have access to good mobile technology, and where office-based work is required, good safe systems of working are in place, though some staff remain nervous about office working.
- 2.3 Over the past year, recruitment to social work posts has been a significant challenge. In January 2020 there were 41.3 (FTE) social worker vacancies, 10 Team manager vacancies and 2 Group manager vacancies. There are now social work 21 (FTE) vacancies from an establishment of 238 case holding posts, and 5 Team Manager and 4 Group Manager vacancies group manager vacancies due partly to promotion i.e. North vacancy due to the GM move to HSCP, EHASH due to the GM move to the QA GM post, though the GM posts in Disability and West are also vacant. It is positive that some of these vacancies have arisen as a result of promotions among existing staff, as internal talent and potential is recognised. There is still therefore a level of reliance on agency staff, and although some agency staff are settled in longer term contracts in Hull, and indeed some have moved to permanent employment with the service, there is still a high level of churn among agency staff. The impact of this on families and workflow can be significant, as most only have to give very short notice periods. There has been a good level of recruitment to newly qualified social workers, but some of these move on after their assessed and supported year in employment (ASYE) year, and the constant challenge has been to maintain a good level of skilled and experienced workers. Throughout the year, a series of specialist recruitment approaches have been used and despite some successes and an overall net gain, the recruitment and retention issue remains a constant challenge. Work is being undertaken to align recruitment activity with an event planned at the University to ensure that graduates interested in working in Hull have opportunities available to apply for as they conclude their studies, and a successful recruitment campaign has seen Hull retain five 'step up' students and appoint them to pre-registration roles in February and March and then transfer to NQSW vacant positions once registered.
- 2.4 Coaching and mentoring of managers across the service has been undertaken by the improvement leads and by contracted specialists, and some support has been given by regional colleagues.
- 2.5 Key strategic developments include a new workforce strategy, a new social worker transfer protocol to enhance mobility across the service, a social work progression protocol to support staff who meet the required standards to progress through the grades on an assessment basis, and work with a cross section of social care staff to review the effectiveness of the social care pathway. Scoping work has commenced on the development of a new social work academy model. Initial discussions with partners have commenced and the ambition is to align the academy with the teaching school hub proposal

3. EHASH, Vulnerable, Exploited, Missing and Trafficked (VEMT Team) and Assessment

- 3.1 The year has seen major reforms to the 'Front Door' arrangements, as the new integrated front door and portal arrangements have been implemented and embedded. This includes the development of an on-line portal, which went live on 28.10.20, for all referrals into children's social care and early help services. The portal has replaced previous referral and access points into Children's Social Care/Early Help.
- 3.2 Police colleagues have been key in leading and supporting a review of front door arrangements across the sub region, starting with work on a shared set of standards to be implemented across all four local authorities. In addition, the group involving all four Assistant Directors and a lead Superintendent, is focusing on triage of referrals, multi-agency quality assurance and the potential to transition police referrals with a consistent online / portal solution.
- 3.3 Four initial partnership workshops were held during June and July 2020, followed by a rolling programme of multi-agency presentations for partner agencies demonstrating the use of the portal commenced during September 2020 and is scheduled to continue until June 2021. Uptake of the presentations has been very positive and in December 2020, 38% of referrals were made via the online portal. Some partners, such as schools have provided very positive feedback, citing improvements to timeliness and the quality of feedback to referrers.
- 3.4 Due to the range of health partners involved in this transition, health practitioners have faced particular challenges in respect of changes to their Information Governance and the interface of their IT systems with the portal. The Safeguarding Team at the CCG are working closely with children's social care colleagues in the EHASH to progress the implementation of the changes to the referral processes across their service. Work is ongoing with other Local Authorities and their partners to learn from their own implementation successes with these issues.
- 3.5 Other key developments in EHASH include:
 - A complete review of all front door functions in the LiquidLogic system. This has enabled a better capture of key aspects of children's lives, such as experience of domestic abuse, and this work has formed a sound basis for the preparation for the new Signs of Safety Framework.
 - A new pre-birth protocol and associated LiquidLogic pathway which went live in early February 2021, strengthening multi-agency arrangements to support quality work where there are potential risks associated with as yet unborn children.
 - A review and relaunch of the multi-agency information sharing protocol
 - Significantly strengthened quality assurance of work in the front door and assessment teams, including multi-agency auditing and dip sampling of cases in the front door.
 - Research into destinations of contacts, assessment processes and caseloads.

- 3.6 An emerging picture from case audits of improving quality of work around contacts and referrals, which had previously been heavily criticised by Ofsted. The current position is that the majority of audited work reflects the 'requires improvement' grading, showing a shift from predominantly 'inadequate' findings, though clearly with some distance to travel to become consistently good.
- 3.7 Daily multi-agency triaging of domestic abuse referrals in EHASH has been in place since April 2020, to ensure that all cases assessed by police attending the incident as 'standard' and 'medium' risk are reviewed with immediate safety plans established. Those referrals assessed by police at point of referral as 'high' risk progress directly to EHASH for consideration of a strategy meeting with decisions made as to the future trajectory of the case.
- 3.8 Approaches to a wider triage of police referrals is a priority for the sub regional group and a pilot is planned for March 2021, starting with North Lincolnshire. Prior to this pilot and in order to improve the efficiency and effectiveness, a daily triaging for police referrals into EHASH was implemented in Hull as a pilot project in June 2020. The first step has been taken towards joint triaging with a discrete police email inbox being set up into which all police referrals are received. A designated EHASH team manager has responsibility for screening the referrals to determine threshold. For those referrals not meeting threshold for intervention a rationale for this decision is returned to the police in order for them to retain a record or provide further information. In the event of three consecutive standard/medium risk referrals being received within a three month period, the case will automatically progress for assessment. All high risk referrals progress in the usual way and do not form part of this triage process. This work has more recently relied on virtual triage via email. As Covid19 restrictions ease, this approach will be embedded further via the co-location of key staff and decision makers.
- 3.9 Further key strategic and operational developments have been achieved in respect of VEMT services:
- VEMT staff accompanied the police and partners from Cornerhouse in Operation Galaxy. This was over 2 dates (18th and 23rd) and involved visiting exploitation hotspots, engaging with young people at the parks and visiting Hotels to speak to them about exploitation and trafficking.
 - Revision of the Risk Indicator Tool, carried out in consultation with partners to make it more comprehensive and inclusive of information about the National Referral Mechanism.
 - A sub-regional 'Philomena' Protocol and Missing Persons Action Plan agreed by police and all four Local Authorities in the sub-region and cascaded through children's homes.
 - New 16-18 homelessness policy and procedures in place, including engagement with 16 plus/independent accommodation providers to discuss the missing process, reporting procedures and safeguarding those in the 16/17 and 18 age range.
 - A successful application has been made to the Home Office for Hull to become a pilot area for the NRM devolved decision making model. This relates to devolved decision making for child victims of modern slavery and will enable a multi-agency panel to identify a suitable package of support for the victim.

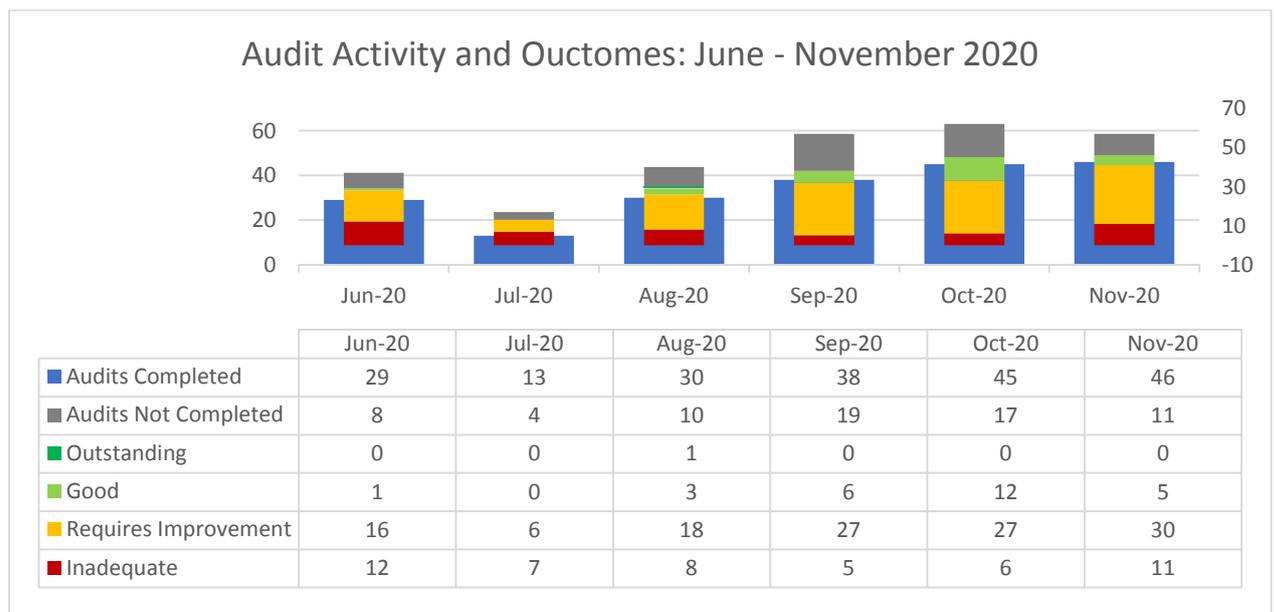
- The VEMT assessment model and form was reviewed and updated in accordance with the forthcoming Signs of Safety model. 3 Referral pathways and subsequent intervention agreed- Emerging, Moderate and Significant.
- 3.10 The quality and timeliness of assessments has been an issue of concern throughout the year, with fluctuations in performance around timeliness and continued concerns around quality. Demand levels and workflow issues continue to be factors which fetter potential improvement in these areas.
- 3.11 The rate and volume of completed assessments over 12 months continues to be high, although under the statistical neighbour rate. Those assessments completed in-month are on an upwards trajectory, however December 2020 had the lowest in-month volume since May 2020.
- 3.12 Across the rolling year, 58% of completed assessments were done so within the 45 working day timescale (at an average of 46 working days). This figure has reduced in recent months, with the highest percentage of assessments completed in timescale in the past year being December 2019, at 89%. In-month performance also suggests that 58% of assessments completed in the month of December 2020 were done so within the 45 working day timescale. Q2 sees Hull placed at the bottom of all regional LAs with 60.1% of assessments completed within 45 working days. For additional context, the highest compliance to timescale was 99.7%.
- 3.13 As the rolling year rate of assessments in the city has risen, those completed that resulted in No Further Action (NFA) has also seen an increase compared to a year prior. The rolling year percentage of assessments that resulted in NFA, at 31 December 2020, was 63%. In-month data shows that 55% of assessments completed in December 2020 resulted in NFA. This indicates that a priority for further work is to engage across the partnership regarding the appropriate application of thresholds for intervention at contact and referral stage, and that further work needs to be undertaken within the assessment process to ensure that risks are fully recognised and acted upon. In respect of this latter point, audit work has shown a pattern of repeat referrals and assessment episodes for families, with domestic violence being a key area in which this occurs. The partnership response to children's experience of domestic abuse is a significant area for improvement, and the HSCP has made this the first area for scrutiny under its new arrangements.
- 3.14 The transfer of cases from Assessment to Locality Teams has shown some improvement but has not achieved the seamless transition required to ensure that children and their families are being managed in the right area of the service. Changes have been implemented to move from a weekly to daily transfer meetings in an attempt to improve the workflow from Assessment to Locality Teams. Presentations and guidance have been delivered by the Heads of Service and Group Managers to outline the agreed protocol and structure. The new requirement is that cases are audited by the Assessment Team Managers prior to being placed on the transfer list and quality assurance is undertaken by the Group Manager to ensure compliance.

4. Social Work Practice

- 4.1 The quality of practice remains the single highest priority area for improvement. Pace of change has been slow, partly as a result of the very low baseline across most parts of the social care service. It was clear that a consistent whole systems partnership practice framework was required to anchor the major change required and to ensure sustainability. The Signs of Safety model was chosen on the basis of evidence of success in similar contexts of improvement programmes, but it is clear that the effectiveness of any practice model depends on organisational values, leadership and the skills and confidence of practitioners, and it is therefore one element of the overarching improving programme which also addresses these other core factors.
- 4.2 Staff and partners have embraced the introduction of the Signs of Safety approach and the foundations for improvement are in place with the first stages of implementation now moving at pace. In late 2020, 550 council staff including elected members, the Chief Executive and Executive Directors attended one of 15 awareness raising sessions. Positive feedback supported the next phase which commenced in January 2021 with 8 half day briefings taking place during January and February reaching 475 staff from partner agencies. Attendees reported high levels of satisfaction with regard to the content and delivery. There were many comments in relation to enthusiasm and anticipation of improved working relationships with families and direct work with children. So far, 4 cohorts totalling 275 social care and early help managers, practice champions and front line practitioners have undertaken an intensive 2 day training event. Others are planned during March. In April the first cohort of Hull's practice leads undertake a 6 day training programme ready to support others in the application of the approach and with implementation of the new suite of Signs of Safety forms in the LiquidLogic system. Following the 6 day training and further training for the new IT solution, the system will go live at the end of June supported by practice leads and IT 'floorwalkers' who will operate a buddy system for the go live period. The comprehensive and well-planned launch will be a major springboard point in embedding quality of practice improvement.
- 4.3 There have been challenges in implementing the approach. It involves intensive and learning from staff across agencies, alongside other improvement priorities and the demands of the pandemic. Nevertheless, enthusiasm and commitment has stayed strong. One issue has related to ensuring that Early Help processes are able to maximise the approach without compromising best practice models that have been established, with some concern about replacing or adapting some of the existing tools used by early help for the new tools and there has been good open debate to ensure there is a whole system approach without compromising current best practice and efficiency. The IT solutions have accommodated the requirements of both early help and statutory functions. The inclusion of staff at each stage has been paramount in ensuring ownership of the approach and full engagement with the training. One of the core success factors in implementing a major system such as this is leadership engagement and championing, and this is highly visible in Hull through the commitment of elected members, the Chief Executive, directors, practitioners, support staff and partner agencies including commissioned services.
- 4.4 The approach of using practice specialists to support individual practitioners and managers continues to be a highly effective approach to improving quality of

practice in individual cases. There are now five such specialists in place, funded from the improvement budget. One is working on permanency and court work, utilising her expertise in court work and supporting staff with best practice examples. In addition, individual coaching with pre proceedings work and preparing reports for court has paid great dividends in improving outcomes for a number of cases. Two further specialists are working with locality teams on child protection and child in need work, which has included a 'practice week' approach in which larger-scale audits of work inform focused areas of casework support. A further specialist has been engaged to undertake audit and tutorial work with practitioners and managers across the whole service. A review meeting was held in early December with all of these colleagues where key themes were examined, and this has supported further work, for example in supervision, strengthening knowledge around the legal framework and consent issues. As the new Improvement, Performance and Quality service is established, proposals are being developed to mainstream these functions into a sustainable in-house model of practice development specialists.

- 4.5 Strengthened audit work has shown that, from a low baseline, there have been signs of some encouraging shifts towards quality moving into the 'requires improvement' space. Over the six months from June to November, the trends were as follows:



The key themes to draw from this are as follows:

- 4.6 There is a reliable trend of movement to RI. This further strengthened to 25 cases (58% of sample) in December. There is an emerging trend of a small increase in cases rated as good, and again, this is reinforced in the December sample, with 9 cases (21%) being good. 3 cases were moderated in December - the Good case remained good, one inadequate case remained inadequate and one was regraded to RI. In the January sample of 80 cases, 19 (24%) were graded as good, 34 (42%) were RI.
- 4.7 There is a variation in the numbers of cases being found to be inadequate, and at any point in the range, there are too many inadequate cases to have assurance around sustained shifts in practice quality. The December audit reiterated this, with

9 cases (21%) being inadequate, and the January sample saw 27 cases (34%) graded as inadequate.

4.8 The November audit had included audits of 34 previously inadequate cases. One case (3% of the sample) was deemed to have progressed to be good. 65% of cases (22) saw an improvement to requiring improvement, which is encouraging and reiterates the trend around a general shift to RI. However, 11 cases (32%) previously graded as being inadequate remained at this grade. The factors within these cases that led to no overall improvement included a failure to adhere to the recommended improvement actions from the original audit. Within the audit process, Team Managers are required to close the loop on individual audits through management oversight within ten days of the audit; this was not met in some cases that continued to be deemed inadequate. The practice issues and themes arising within this cohort included, but are not limited to:

- a lack of reflective supervision;
- out of date assessments;
- assessments of insufficient quality and rigour;
- a lack of purposeful visiting;
- the voice of the parent outweighing the voice of the child;
- a lack of professional curiosity.

4.9 A specific audit of front door cases from the point of contact was conducted in December 2020. This also showed an encouraging shift to RI. Of the 15 cases audited, twelve (80%) were found to require improvement, two cases (13%) were good and one case (7%) was inadequate. The inadequate case did not find that the child was at risk of significant harm, but it did find some shortfall in assessing cumulative historical risk

5. Children Looked After

5.1 Hull continues to have one of the highest rates of children looked after (CLA) in the country. As at 19 February 2021 there were 921 CLA. The focus as improvement work commenced 12 months ago was to tackle drift and delay. The initial audit of 860 children looked after cases confirmed poor assessments, poor planning and poor management oversight. Such was the level of concern at the time that a specialist improvement workstream was established for the work with this cohort of children and young people, and a series of task groups were established, including.

- matching processes,
- edge of care developments,
- permanency panel,
- legal issues,
- voice of the child in care.

5.2 This work has benefitted from excellent support from North Yorkshire County Council who act as Hull's Partner in Practice. Throughout the year, new approaches and systems have been shaped and formulated, as part of a full review of pre proceedings work and court processes. A new Legal Gateway framework was developed with more rigour in challenging and supporting improved standards in writing court reports, as well as a more progressive use of the menu of

orders available to the court which best suited the needs of the child. This enabled a move away from a limited view of the nature of orders that were available which were not consistent with optimum care planning for children.

- 5.3 A best practice forum to track all children entering care through to permanency was introduced in October 2020 and has to date considered approximately 170 children within the care court system. The forum is made up of social workers as a peer challenge, rotating independent reviewing officers, heads of service, fostering manager, new court case manager and is chaired by the Assistant Director Safeguarding delegated at the moment to Head of Service. An appointment to the new post of Court Case Manager has been made which will play a central role in the court processes, permanency and tracking. As the Forum became operational the tracking of Children and Young people entering care via proceedings or Section 20 arrangements is proving to be effective and a number of cases where drift and delay are evident have been escalated and robustly challenged. The forum ensures a focused, individual examination and tracking, throughout the child's pathway to permanency, including return to parents/extended family. However, a third of cases seen requiring a permanency plan at the second looked after review are still not meeting this requirement in a timely fashion, creating drift and delay. The Forum is holding practitioners and managers to account on this, with clear expectations around turnaround times, but at this stage improvement is not yet consistent and is a matter of concern which needs to be tenaciously driven by leaders and managers in the coming months.
- 5.4 Some particular area of success around permanency are apparent. In 2020, 77 ceased care on an SGO, 28% of the 280 ceasing care between January and December. This was despite there being a period of Covid related delay in the Family Court. The delays are now resolved. In January and February, there have been a further seven. The associated increase of use of Special Guardianship Orders has been impressive, and Hull's performance on SGOs now significantly outperforms statistical neighbours. In the year to date, 87 Agency Decision Maker (ADM) decisions have been made around adoptions, compared to 55 in the full previous year. Performance around Early Permanence Placements (EPP) has also significantly improved, with 21 such placements in the year to date months, where newborns are placed with prospective adopters, even though care proceedings are in place. This includes 6 babies placed directly from hospital.
- 5.5 An edge of care model has been refreshed with the support of the PIP to maximise connections to children and families resulting in bespoke creative and flexible multi agency packages of intervention. This is to be launched by the end of February 2021.
- 5.6 A new matching panel for those children with a care plan of permanency with fostering will have its inaugural meeting at the end of February.
- 5.7 The voice of the child in care had diminished historically resulting in a disconnect between senior leaders, children looked after and corporate parents. A task group of those involved in delivering and developing services to children in care and care leavers has worked tirelessly at re-engaging with them to meet senior leaders and corporate parents and to co-produce new pledges and promises to all children looked after and care leavers. In addition, three workshops have been hosted by the service for corporate parents to enhance their knowledge in respect of the experience of children looked after and the child's journey through services. The

additional training provided by the LGA for elected members on corporate parenting responsibilities was well attended and well received, and as improvements progress, elected members will need to be at the head and the heart of this work.

The children's residential estate has seen significant growth over the last 12 months, with four new homes including single occupancy homes for young people with complex vulnerabilities and a new build four bedded home. The work to progress the new home for children with disabilities is progressing well. Although formal Ofsted inspections have been curtailed for most of the last year, assurance visits have been largely positive and the current status of inspection ratings is as follows:

- Limetree – Outstanding
- Kinloss- Outstanding
- Goodrich- Outstanding
- Merlin Bridge- Good
- Wansbeck- Good
- 1123- Good
- Stable way- Good
- Elgar- Requires Improvement
- Fountain Lodge- yet to be inspected
- Swainfield- yet to be inspected
- Newforth- yet to be inspected
- Farrier- yet to be inspected

Due to the pandemic four homes which have been established over the last year are yet to be inspected. It is unclear at this stage when the first inspection will occur for these homes and therefore currently they do not have a grade

- 5.8 Approval has been given for Hull to develop new 'Mockingbird' constellations for foster carers. This is an evidence-based approach, originating in the USA in which a specialist hub carer delivering learning and support to a series of foster homes in their constellation, acting as a form of extended foster family. This approach has an established evidence base of improving placement stability for children through prevention of placement breakdown, and improving foster carer retention.
- 5.9 Going forward, the DCS has taken personal oversight of this work in the last month, and a new programme of work encompassing all of these strands has been drawn together.

6. Communication, Change and Cultural Shift

- 6.1 The area of cultural shift has been a significant challenge in the improvement programme, given the restrictions created by the pandemic. The adage of 'Culture eats strategy for breakfast' (Drucker, 2000) is very relevant to an improvement programme which aims for sustainable change. There has been very constructive

work to engage with staff over the past year, and this has seen success with greater visibility and approachability of senior leaders, and staff reporting that they feel more valued and that their views are heard, there remain limitations to success in other areas of culture shift. The first round of virtual forum events for social care staff took place between September and November 2020. A total of 19 events took place, reaching over 150 staff. A review of these events has shown that they were very well received by the staff who attended, with them appreciating the mix of information-sharing, inspection readiness work and their own sharing of their experiences of working through the pandemic. However, analysis showed that front line social workers were not well represented among those who attended these events.

- 6.2 The interim DCS commenced a programme of 'Ask the DCS' virtual events, and during late November and throughout December, the new DCS held a series of introductory virtual and some face to face meetings with staff across the directorate. The 'Ask the DCS' events are now a monthly feature.
- 6.3 The monthly staff awards have proved extremely popular across the directorate; staff report that these help to show that they are appreciated and they give them encouragement that standards and quality are improving.
- 6.4 The Shadow Improvement Board has been a major vehicle for staff engagement. Particular benefits have been in the area of communication and Consultation. The Children's Communication Officer has been proactive in using the board sessions to gain immediate feedback on current developments and consideration of staff views. The group has been well engaged with a range of agendas. The newly appointed Strategic Lead for Improvement, Performance and Quality will take over the chairing of this group going forward.
- 6.5 There has been limited opportunity to work with staff around vision and values, and this is a key element of shifting culture and raising standards. This has been significantly impacted by Covid, along with the fragmentation of interim senior leadership arrangements. This is an area for priority action going forward, now that the permanent DCS is in role, and work is taking place in February to commence this area of engagement with staff within the directorate. Further work will also be facilitated across the partnership as major partnership work such as the joint commissioning strategy and the review of the Children and Young People's Plan.
- 6.6 Whilst there are some very good examples of staff embracing change despite the additional challenges in the year, some key concerns remain. One major area is around all partners fully embracing systemic change. Another is a long-standing historical reluctance around compliance, which is apparent among front line staff and managers alike. Areas where this is apparent include problems with engagement of staff with practice learning and audit requirements, and limited progress with implementing practice changes, for example around assessments, plans and supervision. A step-change around this particular cultural issue is required if the building blocks of change which have been secured so far are to be sustained and result in sustainable change in practice and impacts for children, young people and families.

7. Practice Learning

- 7.1 This is an area of good progress, though its ultimate impact is dependent upon the cultural issues described above, despite this learning being mandatory for all social workers and managers. Phase one of the programme is now fully under way, with the majority of social work staff having completed the first three modules which covered Relationship Based Family Support and Child Protection, Critical Thinking and Analysis in Assessment and Permanency Planning. Attendance at the first module was limited, and required robust follow up to ensure ongoing participation, which was good across the next two modules. The fourth module on professional curiosity is a major lever to the required shifts in practice, but this module suffered high levels of non-attendance, and further sessions have had to be added, as some staff are struggling to meet the requirements of the pre-seminar learning and the commitment to attendance. Those who do attend the events give high levels of positive feedback, and the case audit work is now being shaped around the learning to track its impact on quality of practice. Further messages have been shared with staff around the importance of the programme, and this is an area which will need close monitoring over the remainder of the programme.
- 7.2 The fifth module, Neglect and Poverty Awareness commenced in February and the remaining modules of phase one, Complex Safeguarding and Working with Trauma will take place in March.
- 7.3 Phase two of the programme has been agreed. This will commence after Easter and will cover the following areas:
- Building staff emotional resilience
 - Intra-familial child sexual abuse
 - Setting up care leavers to succeed
 - Transitional Safeguarding
 - Confident practice with cultural diversity
- 7.4 The separate programme for managers with two modules which address reflective supervision and leadership skills commenced in January new guidance on supervision has been issued to all social care managers.
- 7.5 An agreement has been reached with local legal chambers to deliver a series of short teaching opportunities on Public Law for children, young people and families.
- 7.6 The Principal Social worker has developed and issued new comprehensive guidance on assessment practice, which complements the materials used in the PLP. Similarly, new guidance and tools around intra-familial child sexual abuse, planning for children and supervision practice have been developed, drawing on best practice from the region and reflecting the PLP materials and the Signs of Safety framework.
- 7.7 Six group managers from social care and early help have successfully completed the regional 'Aspirant Leadership' training delivered through the ADCS network, and received their certificates at a virtual ceremony in December.

8. Performance and Quality

8.1 The improvement plan continues to show good progress. After the January update, progress was as follows:

The diagrams below show that of the 167 actions, 92 are green (completed), 35 are purple (completed and showing impact for children or staff), 38 are amber (on track for completion by the due date) and 2 are red (overdue). It is encouraging that there has been a significant increase over the last two months on the actions which are showing impact (with the previous numbers being 12 and then 28). The plan is updated monthly and is reviewed at the Continuous Improvement Group. The service plans which support the detailed delivery of these actions have all been fully revised over the last month. The Self-Assessment has been fully revised in preparation for inspection. This demonstrates continuous improvement in the foundation-building activity since August when it was last presented to Ofsted, but it is clear that there are still only very early signs of impact, though these are now expected to accelerate, subject to the Covid-related pressures.

Improvement Plan RAGP Status as at 15 February 2021



RAGP Status by Workstream as at 15 February 2021

Workstream	Total Actions by workstream	Red	Amber	Green	Purple
1. Workflow - EH - Front Door	26		1	17	10
2. Workforce	10			3	7
3. Social Work Practice	22		5	14	3
4. CLA	37		9	25	3
5. Voice & Influence	13	2	8	3	
6. Partnership Working	13		6	4	3
7. Practice Learning	11		2	5	4
8. Performance & Quality	14		1	13	
9. Systems & Processes	5		2	2	1
10. Resources	5		2	3	
11. Change Culture & Comms	9		2	3	4
Total by Actions and RAGP	167	2	38	92	35

- 8.2 The past year has seen good improvements in capacity and systems around performance and quality. The new permanent Strategic Lead for Improvement, Performance and Quality was appointed in January, and the functions which relate to these areas will now all be drawn into a single service. These include the arm's length functions such as the Independent Reviewing Service and the Complaints and Compliments Service, which had previously been sited within the social care delivery service. The new arrangement demonstrates greater objectivity to provide the appropriate professional challenge to drive improvement. The new service will also include learning and workforce functions. Capacity around quality assurance has been enhanced by the new Group Manager role, and the additional capacity delivered so far by external contractors will be mainstreamed through new proposals around for in-house practice development roles.
- 8.3 Performance capacity has been strengthened through two new Group Manager roles during the year. Four members of the performance team have commenced accredited courses in data analysis, which has required significant commitment to learning outside of their working hours. It is very pleasing to report that all have been successful in their first set of examinations for these qualifications, and their additional skills are already enhancing the performance management functions across the service.
- 8.4 There have been significant improvements to the quality of support to managers in understanding and using performance data to drive improvement, transforming the way that staff across the service access quality data and analysis. The past 12 months have seen movement from a position of receiving large amounts of information with limited analysis to a phase of getting detailed interactive scorecards such as on caseloads and visits, which delivered detailed analysis and intelligence to use this information to drive improvement across the service. Over the same period, the monthly performance report has been developed to give reliable, detailed comparative data which managers were able to use to track our progress and compare performance against other authorities. The next major development has been the launch of the new fully automated interactive dashboard, which went live on 10 December. The dashboard gives managers 24

hour access to timely performance data and analysis, allowing for drill down to team, worker and child level. Access to the dashboard is already seeing impact on key areas, such as timeliness of visits.

- 8.5 The performance and quality framework, which was originally developed in May 2020 has been reviewed in the light of learning and experience through the improvement programme. This sets out clear systems and role expectations from every level across the service, and includes new approaches to quality assurance, including observation of practice and of supervision. The current version of the framework covers social care and early help services.
- 8.6 Oversight has been further strengthened through the last 12 months at senior level, as, in addition to the CX's existing work undertaking individual case discussions, wider CST leaders have agreed to review sample audits of cases where their own service areas can impact on increasing integrated support to families and troubleshooting any council-wide systems and process issues. A monthly 'Line of Sight' meeting takes place with the Chief Executive and members of CST to look in detail at any areas of concern. This has included examination of individual cases, consideration of thematic issues arising from practice, discussion of partnership working and an examination of the service's structure and how this impacts on practice.
- 8.7 The case quality data reported in section 4 show a trend of limited compliance with the requirements for all managers to audit one case per month. This had been as low as 58% in October. Although November compliance increased to 81% after a concerted approach to reinforcing requirements and setting out clear guidelines around exemptions, the December sample again showed limited compliance at 67%. Further intensive work to follow up audit requirements, supported by the personal intervention of the DCS has resulted in 80 out of 88 audits being completed in January, giving a compliance rate of 91%. This is the level of audit work which needs to be regularly maintained going forward in order for there to be a sufficient sample from which to draw reliable evidence, and the cultural shift required is for this to be mainstreamed as business as usual throughout the management structure.

9. Partnership

- 9.1 There have been significant developments at a strategic level in enhancing partnership governance. A review of the Hull Safeguarding Children Partnership (HSCP) has led to new arrangements in which an Independent Chair has been appointed, along with an appointment to the new role of Scrutineer. The structure supporting the partnership has been reviewed, and a new business manager has been appointed.
- 9.2 The strategic partnership board for children had not been effective throughout 2019. It was relaunched in September 2020 as the Hull Better Together Board for Children, Young People and Families, and is chaired by the DCS. Partner attendance and engagement levels have been very positive and partner feedback is very positive. New arrangement for multi-agency performance management are in development, and the board is driving work to review the Children and Young People's Plan and to drive the strengthening of the voice and influence of children, young people and families.

- 9.3 One area of real strength in partnership working over the year has been much improved joint working between schools and children's social care. Some of this has been driven by the extraordinary demands of working together through the pandemic which has seen exceptional collaboration across the two disciplines. Schools have spoken positively about the new integrated front door arrangements and there has been good engagement and feedback about the new Signs of Safety framework. The culmination of this enhanced relationship has been the new Social Workers in Schools programme. Colleagues from social care and education worked together to put forward a successful bid to become part of this national research programme, and were awarded funding for 8 social workers to be placed in 8 schools across the city, supported by a dedicated team manager. The social workers undertake statutory social work with children in 'their' school, and the feedback has been excellent.
- 9.4 Hull's EHASH Board has been in place for a number of years and feedback from partners around effectiveness has been mixed during this time. The key issues raised have been that; the board has previously had too broad a scope, having oversight of contextual safeguarding and private fostering as two examples. In addition, partnership attendance has frequently been delegated resulting in the same individuals attending EHASH Board and Operational Management Group (OMG) and experiencing a level of duplication with reporting on areas such as EHASH performance and the impact of multi-agency auditing.
- 9.5 Workshops were held with Partners in June and July 2020 to gain feedback around the role of the EHASH Board going forward. The feedback from these sessions was that the value, role and function of the Board was dependent on the review, at the time, of wider partnership arrangements. The majority of feedback very much promoted a wider safeguarding stakeholder group which would provide oversight and scrutiny of front door arrangements alongside other safeguarding activity.
- 9.6 Four EHASH Board meetings have taken place during 2020, followed by further consultation with key partners and the membership of EHASH Board has been reviewed to include senior leads from all agencies. The next planned Board Meeting is 1st March 2021, with meetings arranged every eight weeks thereafter. Terms of Reference for the Board are being reviewed for 1st March 2021 and will cover the following three priority areas:
- Driving EHASH Improvement Plan (including priorities for OMG).
 - Driving EHASH performance and learning from audit / quality assurance.
 - Strengthening integrated delivery and partnership working. For example; implementation of portal and the development of Humber wide standards with police.
- 9.7 At an operational level, there is still further work required to maximise the effectiveness of joint working. Key examples are the joint involvement of police and social care in strategy discussions and Section 47 investigations, and the need to enhance joint solutions between CAMHS and social care where vulnerable youngsters have complex mental health challenges. In general, across casework types, the footprint of partners beyond social care is not always identifiable.
- 9.8 The Early Help and Prevention Strategy development is moving into phase 3 with key outcomes, principles and priorities shaped through extensive stakeholder engagement. Emerging key priorities are:

- Strengthening role and expectations of the Lead Professional.
- Focus on supporting Transitions – Primary to Secondary, Secondary to Post-16, Post-19 and into Adult Services.
- Developing the collective partnership approach to Adolescents at risk – improving co-ordination and collaboration across disciplines to recognise risk and deliver effective interventions.
- Continue to strengthen focus on early years education and ‘readiness for school’.
- Further integration and joint work with Children’s Social Care and implementation of the Signs of Safety approach and language.

10. Systems and Processes

- 10.1 This work continues at pace, with excellent progress in providing the necessary IT and database system changes to support practice improvement. A new systems and processes improvement board has been in place for over six months, bring rigour and consistency to requests for system changes. The Liquidlogic improvement work has focussed on 3 major projects over the past 12 months; a new single integrated front door, revised ‘Becoming Looked After (BLA)’ business processes with streamlined systems workflows and the Signs of Safety Liquidlogic implementation.
- 10.2 The new single integrated front door including an externally facing portal for partner agencies to submit referrals into Children’s Services went LIVE on the 28th October 2020. Since then there has been a 40% uptake in electronic referrals via the portal, significantly improving data accuracy and a reduction in copying and pasting from emails into Liquidlogic. All MASH data is held securely in a specialised module and the team are successfully using the supplier provided MASH Dashboard to manage timescales and responses from partners.
- 10.3 The Signs of Safety Liquidlogic implementation with the revised ‘Becoming Looked After’ business processes is due to go LIVE on the 2nd June 2021. Numerous workshops have been held with practitioners across the service and systems development work is nearing completion. Remaining work includes final form developments, systems testing, preparation of the training system, development of help guides, business process mapping and planning and design/delivery of service briefings.
- 10.4 A number of smaller initiatives have also been completed which have added pace and rigour to the improvement work:
1. Refer to Other Agencies – The ability to capture which agencies referred to when closing cases/no further action.
 2. Work Tray Filters – Introduction of work tray filters for Early Help so they can see at a glance all the cases they are involved with and not just those where they are lead worker for.
 3. Case File Audit Tools – A suite of case file audit tools is now available for use in social care teams, fostering, adoption and early help.

4. Risk Indicator Tool – Form revisions to the existing Risk Indicator Tool have been delivered.
5. Foster Carer Review Process – Revised business process and form developments for the new Foster Carer Review process are complete, meaning all relevant information on placement history is available in a timely way ahead of annual reviews in a single form.
6. Hull Initiative (working with offenders of concern and specialist risk) – the team have switched away from manual recording methods and now have a suite of forms to record their work securely within Liquidlogic.
7. Revised Workflow Outcomes – Child in Need and Child Protection workflow outcomes were revised to provide improved case recording/reporting.
8. CSC Assessment Priorities – New 10, 20 and 45 day assessment priority options were provided to team managers to help with assessment timeliness.
9. Parallel Planning – Parallel planning questions in the child looked after process were made mandatory.
10. MyView Template – A new MyView template was introduced so lead workers could see the statutory visit due dates for children looked after and child protection cases.
11. Dispute Resolution Process – A revised Dispute Resolution Process using a single form to capture all escalations was developed for the Independent Reviewing Service for child looked after and child protection cases.
12. Early Help Co-Working – A new Early Help Service Request form was developed and introduced to allow social care teams to request co-working with Early Help.
13. Pre-Birth Pathway – A new custom defined workflow and a suite of forms has been developed to assist with the case recording of assessments, multi-agency meetings and pre-birth panel meetings for unborn children.
14. Initial Health Assessments – Still in development and due to go LIVE with the new Becoming Looked After processes on the 2nd June 2021, lead workers will have the ability to complete and submit referrals for Health Assessments via Liquidlogic direct to Health partners.
15. CLA End Reasons – Options for ending CLA have been revised and aligned to DFE recording requirements

11. Resources

- 11.1 Following an assessment of managers' development needs in late 2019 and early 2020, it was recognised that knowledge, skills and experience around public finance and its application at strategic and operational level was very limited. It was also recognised that existing arrangements around financial delegations was

not giving managers the opportunity to develop financial prudence through regularised oversight and management of budgets.

11.2 The improvement plan has recognised the need to strengthen managers' knowledge and skills around financial management and the need to review financial delegations, as a means of ensuring more rigour around use of finance at operational and strategic levels. A specific workstream was developed, and has been jointly led by the Assistant Director of Finance and Transformation and one of the improvement advisors. The workstream has focused on strengthening learning and skills through the development of a new four-tier approach to learning and development around finance. This focuses on staff across tiers, from induction needs for new starters to understand the nature of public finance, through management needs around budget holder responsibilities and up to senior managers' knowledge and experience of strategic finance including shared budgets with partners and understanding the council's budget-setting cycle. This approach is supported by a new suite of information materials and e-learning opportunities, including 'how to' guides, e.g. for procurement, and flow charts on how to use financial tools and systems. All documentation to support this learning which is on the intranet has been reviewed. The programme also includes direct learning opportunities, including seminars with treasury staff, and opportunities for mutual shadowing of staff to strengthen understanding of budget setting.

11.3 Because of current intensive learning demands on staff around the Practice Learning Programme and Signs of Safety, the learning elements of the approach have been scheduled for the new financial year.

11.4 In other specific projects, a series of reviews are taking place across the following subject areas:

- Expectations of the role of the manager
- Policy on spend and delegations
- Overpayments
- Direct payments

12. Voice and Influence

12.1 A new voice and influence strategy is in draft and is currently subject to consultation. The capacity of the Voice and Influence Team is being strengthened with an additional two full time equivalent posts to support engagement and participation work focused on vulnerable groups.

12.2 Despite the National Youth Agency being unable to deliver the Hear By Right Insight session and training due to Covid, a cross-directorate working group has been established to complete the Framework in draft and this will then be followed up by access to the training when it becomes available. The working group will focus on working with teams across the directorate to embed participation work.

12.3 There has been further progress with the Young Voices in Care (YVIC) improvement work. Following the December meeting of children and young people with corporate parents the service undertook a workshop with corporate parents to assist in a greater knowledge and understanding of the profile of Hull's children in care and how corporate parents could best support the group. Members examined

the promises and pledges to Children Looked After and sought to ensure these were SMART and tangible. The Children In Care group has now been re-established on a weekly virtual meeting basis, and the group will meet with Corporate Parenting Board members in between CPB meetings to hold elected members to account on the implementation of the revised Care Promise and Care Leavers Pledge.

- 12.4 YVIC members have agreed with Corporate Parenting Board that the pledge and promises will be relaunched, with a process of review and reshaping taking pace over the coming months. New posters of the pledge are being produced, and a virtual signing ceremony is planned at the next Corporate Parenting Board at the end of February. From June 2021 the board will meet from 5.30 onwards to encourage easier participation from CLA.
- 12.5 A communications strategy is progressing, and a monthly newsletter for children looked after and care leavers has been developed. Work is ongoing to develop child/young people-led guides to residential and foster care.
- 12.6 In partnership with Coram, the service is using the 'Bright Spots' consultation programme, designed to reach all children in care over four years and care leavers. The initiative has been used by many local authorities in eliciting the care experience of its children looked after and care leavers. The results are shared with the authority to assist in care planning and service design. The first phase starts in April 2021.

13. Summary

- 13.1 The past 12 months have seen a unique set of challenges for all those involved in driving improvement from a long-term low base in the context of the pandemic and the additional pressures it creates for staff and families alike. Staff have delivered commendable performance in maintaining levels of engagement and oversight of families throughout these months, including three periods of lockdown, and period where Hull's infections were the highest in the country. This has not been without impact on staff, as maintaining these levels of delivery through times of staffing challenges and new demands has led to weariness and some slowing of improvement work, especially in relation to quality of practice.
- 13.2 Nevertheless, there has been good progress with the improvement programme, especially around major projects including the integrated front door, Signs of Safety and the practice learning programme. Leadership capacity has been improved and arrangements around performance management, systems and quality assurance have been strengthened, with sustainable permanent arrangements now secured for further forward momentum.
- 13.3 Quality of practice has seen a visible shift, with encouraging signs of movement into the 'requires improvement' space, but this remains the single biggest area for development, and the next stages of the programme will need to deliver significant acceleration in the pace of improvement to casework practice and outcomes for children. This will require concerted effort across the partnership to address knowledge and application of thresholds, joint work on quality assessments and plans, and work to prevent the need for admissions to care and to help the safe discharge of those who do have to enter care.

13.4 Two further areas of priority for the immediate period are to deliver the required cultural shift to facilitate the sustainable change required, including agreeing a clear vision across the partnership, underpinned by values and priorities, and an embedded commitment to place children, young people and families at the heart of change through co-production and the championing of their voice and influence at every level of need and involvement.

14. Comments of the Monitoring Officer (Director of Legal Services and Partnerships)

14.1 Under S. 497(A) Education Act 1996, the Secretary of State has exercised the power to give directions to the Council for the purpose of securing that its education functions are performed to an adequate standard. S. 50 Children Act 2004 extends that power to social services functions relating to children. Legal Services have been involved in a number of the improvement workstreams aimed at preventing drift and delay for children and their families. This is drift and delay both in court case work and in the wider experience of children as they progress through the service offered to them by CYPS. This work has included court drafting skills, preparing and giving presentations to develop better written evidence and putting together examples of good court evidence to act as an aid to learning. This has been delivered to all social workers and a pack of good examples has been created as an accessible aid to learning both in CYPS and also in Legal Services. Assistance has been provided to organise specific training on the relevant law from a local barristers chambers and also in relation to providing training to give evidence in court. Work is being undertaken to create a workflow which can be populated in Legal Services electronic filing system which creates a mirror record within CYPS Liquid Logic to ensure that moving forward CYPS will have the full reporting facilities in terms of court work, delay and orders as Legal Services. The positive trend of improvement is therefore noted and supported, but this will need time to become embedded practice and to achieve complete consistency across the service. [AO/CA]

15. Comments of the Section 151 Officer (Director of Finance and Transformation)

15.1 The Section 151 Officer welcomes the report and the progress outlined within it.

16. Comments of Assistant Director of HR & OD and compliance with the Equality Duty

16.1 The progress is noted, staff have responded well and engaged with the improvement process. The improvements to be put in place should also bring a benefit to young people in terms of equality measures.

17. Comments of Overview and Scrutiny

17.1 This report will be considered by the Early Support and Lifelong Learning Overview and Scrutiny Commission at its meeting to be held on Monday 12th April 2021

18. Comments of the Portfolio Holder Learning, Skills and Safeguarding Children

18.1 This has been a year of improvement in the most challenging circumstances, and our staff can feel proud of their achievements so far. We are in a better place with good foundations now built to take our improvement further. We know we have much more to do and we have no complacency about the challenges ahead. I am confident that our staff will embrace these next steps with the same commitment and enthusiasm they have shown in this past year.

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Officer Interests: None