


REPORT TO CHILDREN'S SERVICES AND EDUCATION SCRUTINY BOARD

18 March 2019

Subject:	Sandwell Children's Trust – Update Report
Cabinet Portfolio:	Councillor Simon Hackett - Cabinet Member for Children's Services
Director:	Frances Craven – Chief Executive Sandwell Children's Trust Tara Malik – Director of Strategy, Sandwell Children's Trust
Contribution towards Vision 2030:	
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DECISION RECOMMENDATIONS

That Children's Services and Education Scrutiny Board:

1. Note the content of the Report and the overall update since November 2018; and
2. Note the performance of Sandwell Children's Trust, attached at Appendix 3 – Trust Performance Monitoring Report.

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide an overall update on the performance of the Trust since the November 2018, when SCT last reported to Children's Services and Education Scrutiny Board.

2 IMPLICATIONS FOR SANDWELL'S VISION

- 2.1 Sandwell Children's Trust serves the purpose of improving the lives of children and young people by:

- Listening, learning and caring
- Being ambitious and confident
- Encouraging innovation
- Acting with openness and transparency

- 2.2 Sandwell Children's Trust purpose supports the Sandwell 2030 vision around caring and being ambitious for vulnerable children and their families.

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 Sandwell Children's Trust went live in April 2018 as a new and distinct legal entity commissioned to provide children's social care services in Sandwell on behalf of the Council. The Trust has day-to-day operational independence in the management and delivery of these services.
- 3.2 Members of Children's Services and Education Scrutiny Board will be aware of the arrangements for the management of Sandwell Children's Trust. Since the last report we have appointed a permanent Director of Operations. Pauline Turner, an experienced senior manager will bring stability and gravitas within our front line social work services, and her appointment means that for the first time in many years Children's Services in Sandwell are led by a permanent and therefore stable senior management team.
- 3.3 Members will also be aware that in the first month of operation, the Trust in conjunction with the Council developed an ambitious Improvement Plan that was signed off at the Improvement Board and submitted to Ofsted on the 10 May 2018. The Improvement Plan has eight priorities and is based on the actions and recommendations from Ofsted 2017 Single Inspection Framework (SIF) alongside the recommendations made by the DfE appointed Children's Commissioner. The Improvement Plan underpins the journey to 'Requires Improvement' by 2020 and 'Good' by 2022. A summary of progress is set out in Section 4.

4 THE CURRENT POSITION

Improvement Plan – Summary of Progress

- 4.1 **Priority 1 – Leadership:** Having strong leadership is pivotal in shaping and improving services for children and families and is the catalyst to transforming and delivering high quality services for children and young people

Progress since November 2018 – Headline Summary

- The Trust leadership team are now all permanent appointments with the Director of Operations taking up post in December 2018. The team are very experienced and understand and know the services well;
- Senior leaders and Trust Board members recognise the importance of being visible and accessible to all staff across all eleven sites. The following are recent examples of where senior leaders have demonstrated this:
 - Monthly service based visits as part of the Trust Board days. For example, before Christmas the Board held a celebration and thankyou event for all staff and partners who contributed to Christmas presents and activities for our children;
 - There is a programme in place for directors to conduct their business from different SCT sites every month;
 - Director’s regularly attend Practitioner’s Improvement Board;
 - All Directors regular walk the floor and the Chair continues to dedicate several hours every month to visit staff;
 - The Trust Chief Executive has committed to work from different sites from time to time;
- The Trust Chief Executive and key directors / managers continue to use innovative communication methods to engage with all staff across the organisation, and maintain our good public image through social media;
- The Trust completed a review of the leadership and management structure in November 2018, and the implementation of this new structure is well underway. Recruitment for key positions (Head of Service, Practice and Social Work Innovation and Head of Service, Front Door and Early Help) has been successful, with the remaining three positions expected to be filled within the next two months;
- We are embarking on the National Frontline programme – *“Frontline seeks to attract high performing graduates and career changers into the profession who have the right combination of resilience, values, empathy, relational and intellectual attributes to become outstanding*

social workers. The programme has a particular focus on preparing its participants to work in statutory child in need / child protection services.” Internal recruitment has been successful for a Consultant Social Worker to manage four Frontline participant students.

- We have launched our first annual awards event. Staff from across the Trust have been invited to nominate their colleagues for eight separate awards. The process will finish with an awards event for nominated staff on 21st March 2019

4.2 **Priority 2 – Workforce:** Having a highly committed, child focussed workforce is essential in creating an environment where social work can flourish. These values alongside a shared goal of improvement are vital to our improvement journey.

Progress since November 2018 – Headline Summary

- The Trust continues to work to deliver our workforce strategy, '12 reasons to work for SCT'. We have a group of '12 reasons' ambassadors across the organisation, who are responsible for promoting this across the workforce, and feed valuable information back to strategic leaders;
- Our focus continues to be on the recruitment and retention of social workers. Including agency and permanent Social Workers, we now have 220 social workers out of our current establishment of 220, meaning we have hit our targets around the number of Social Workers. Although we need more permanent social workers, we are forecast at the end of March to have more qualified and experienced social workers than ever before;
- Panels for bespoke training requests continue as necessary. We have authorised a number of these training requests since its launch;
- Four Team Managers from the Trust continue the national Firstline programme and are demonstrating promise;
- Average caseloads have further reduced since November 2018 and in Care Management this figure has also reduced, which suggests that cases continue to be progressed;
- We have increased our 'refer a friend bonus' to £1000 in total, which is expected to be more attractive to our staff, whilst still representing value for money when replacing agency staff with permanent. We have had one person take advantage of this incentive;
- We are continuing to refine our process within HR (Clearances, Induction and Appraisals) to ensure they meet our needs as a Trust. This is an ongoing and evolving piece of work.

- 4.3 **Priority 3 – Practice:** The quality of practice is fundamental in improving the lives of children and their families in Sandwell. Good practice is fostered by strong leadership which develops a confident and competent workforce who place children at the centre of their work.

Progress since November 2018 – Headline Summary

- The focus on improvement of practice remains central to the work of the Trust. The Quality Assurance Framework is now embedded and the impact of Beyond Auditing work, and learning from audits (and other areas) can now be seen. There is now a more co-ordinated approach to organisational learning, which will only be strengthened with the newly appointed Head of Service for Practice and Social Work Innovation;
- Staff continue to respond to the weekly performance meetings and the higher expectations being placed on them, which has had a direct impact on many of our key performance measures. This meeting also dip samples cases in real time to triangulate the reports of managers and ensures meaningful conversations take place;
- Practice guidance and standards are in the process of being strengthened as part of a ‘whole system’ mapping exercise in conjunction with the Practice Improvement Board. This has identified and filled gaps in process, policy and practice guidance, and will be a foundation for long term consistency and improvement across the service;
- Practice continues to be scrutinised via robust audit activity as part of the performance framework which has been praised by Ofsted;
- Workshops have been completed to ensure that Team Managers are all given the foundations in key areas of improvement, and are equipped to coach their staff. These workshops have covered:
 - Assessments (Including Chronologies)
 - Planning
 - Interventions (Using social work tools and working directly with families)
 - Recording and understanding performance information
 - Reflective Supervision
- An evaluation and analysis of the first cycle of workshops has taken place, which includes individual Team Manager’s pledges for changes. Operations Managers have been tasked with ensuring these pledges are being actioned;
- Neglect is a feature within many of the families we work with in Sandwell, and to tackle this we are introducing the NSPCC neglect tool call the Graded Care Profile. The implementation of this tool is being

managed by the LSCB and rolled out throughout the partnership. 15 staff from across the partnership have been identified to be trained as trainers, so the use of the tool is consistent whether used by our professional colleagues or our own Social Workers;

- The Practitioners Improvement Board continues to support to drive improvements in practice and compliance by dip sampling practice to ensure that social workers are ensuring that minimum practice standards are being implemented and maintained;
- The Sandwell Learning Hub is being developed which will provide a platform for learning and development of staff from all areas of the Trust. The Hub will provide our ASYE's with the support and guidance required in their foundation year of practice. The Learning Hub will partner with higher education establishments and practice learning initiatives to support innovation and enable social work to flourish.

4.4 Priority 4 – Children Looked After, Care Leavers, Permanence: This is a fundamental priority of our plan because as 'Corporate Parents' we have a duty to make sure that that decisions about our children and young people becoming looked after are based on robust social work practice supported by a rigorous framework which facilitate safe, stable permanent placements which support and drive positive, sustainable outcomes where our children thrive and achieve.

Progress since November 2018 – Headline Summary

- This remains a critical area and the Trust is continuing to address tracking arrangements for permanency, managing the demand within the LAC population and a focus on strengthening the foundations within fostering and adoption. To this end the Trust Chief Executive is leading a Project Group to focus on how we ensure that we tackle the increase in numbers and associated costs; begin to move towards an edge of care service that supports earlier intervention and prevents children and young people entering the care system. This group's work includes the following:
 - A thorough and in-depth analysis of our Looked After Children;
 - Developing an understanding of our children who are on the 'edge of care' or who have recently become looked after. This will inform the future design of a refreshed edge of care service that meets our local need;
 - A small 'discharge team', who have prepared evidence for two cohorts of children to be considered by the court for their care Orders to be discharged. The first cohort of five applications have been lodged in court, with fourteen identified children due to be lodged soon;

- A focus on those children placed for adoption to remove barriers to progress these children to adoption orders more quickly;
- Building a fostering service structure that will promote recruitment, transition connected carers to Special Guardians and provide robust support;
- Since November 2018, the Trust has been working on 12-week action plans within adoption, fostering and the legacy issues around a backlog of life story work and later life letters. Significant progress has been made in this area, which thus far has culminated in a judgement of 'Requires Improvement' in our adoption inspection in January 2019. Examples of the work completed in this area are:
 - Strengthening performance information in this area to ensure the service knows itself as well as it can;
 - Ensuring all policies and procedures are in place and are up to date;
 - Ensuring that adoption and fostering work is fully captured on our social care database (LCS);
 - Strengthen quality assurance activity by introducing more regular case file auditing, and director observations of Adoption and Fostering Panel;
 - Clearing a backlog of DBS checks for foster carers and their families, and provision of a new and more robust and co-ordinated process;
 - Focussed work with staff and managers to ensure case files satisfy minimum expectations;
 - Ensuring there is a clear process for handling allegations relating to foster carers and prospective adopters;
 - Strengthening the current arrangements for delegating the authority to foster carers to make certain decisions for children;
 - Work to revise the sufficiency strategy;
- Discussions with SMBC housing department have commenced to negotiate a more joined up way of working to assess and deliver options for our 16/17-year-old homeless young people, and strengthen our housing offer to our Care Leavers.

4.5 **Priority 5 – Child Sexual Exploitation (CSE), Missing and Trafficked:** Exploitation destroys lives and affects all our communities; and is recognised nationally as one of the most important challenges facing local agencies today. It has a serious long term and lasting impact on every aspect of a child's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships and future life opportunities.

Progress since November 2018 – Headline Summary

- Work has taken place to refresh the strategic and operational groups; this remains a focus for the wider partnership; Strategic Board is co-chaired by SCT Chief Executive and SMBC DCS. The three sub groups are in place and embedded;
- The Exploitation hub has now been designed in full and the proposal has been accepted by all operational partners. All partners have been tasked with deciding who their most appropriate representative would be to attend the exploitation hub. This now needs to be signed off through the strategic group;
- The Exploitation Hub will completely replace 'CMOG' and will have the remit of discussing and taking action regarding young people considered to be high risk of exploitation in all its forms. It will also map young people to the addresses they frequent, perpetrators and significant others / friendships so information can be gathered and analysed for trends / mapping. This will enable us not only to formulate child specific interventions, but also localised policing intervention in specific hotspots - tackling problems based on the need of the area;
- Partners attendance at this meeting will need to be sufficient to ensure this group can respond to exploitation as a whole rather than solely CSE. The chair of this meeting is yet to be determined;
- The Exploitation Team is in the process of being designed, although broad principles are:
 - Medium and high risk young people will be worked and overseen by a member of the team;
 - Those working with Young people deemed to be at a lower level of risk will have the opportunity for consultation with a member of the team, who can guide them through the tools and working methods used in these situations;
- There will be a 12-week plan drawn up in this area to implement the Exploitation Hub, Exploitation Team and service wide training to strengthen our response to this critical area of practice;

4.6 **Priority 6 – Performance and Quality Assurance:** The children and young people of Sandwell deserve the best quality support and interventions possible. The focus is to deliver high quality services which reduce risk and vulnerability. Our Quality and Assurance systems and frameworks creates a structure for improvement which enables a shift in culture to drive passion for high quality practice.

Progress since November 2018 – Headline Summary

- This area of work is strengthened with the appointment of the new permanent Head of Service Practice and Social Work Innovation. A Principal Social Worker is expected to be in post within the next month and other permanent appointments will be sought in due course;
- The Head of Service, Practice and Social Work Innovation has worked to strengthen the information gathered from her regular Quality Assurance meetings, which now takes learning and organisational intelligence from a wider range of sources as a matter of course;
- There has been significant work to refine the Beyond Auditing Offer to improve and strengthen their framework to ensure their intervention is focussed on the right service areas and is properly reviewed and evaluated. We have been successful in bidding for funding from the DfE to further resource the Beyond Auditing team. This is seen to be a recognition of the impact of this approach;
- Work undertaken by the Beyond Auditing Team since November 2018 includes:
 - Significant targeted work within the front door, to assist staff and managers to understand where practice needed to be lifted in key areas of work (for example, strategy discussion and s47 enquiries);
 - The creation of a vulnerability log which informed the delivery of organisational change in the front door;
 - Dip sampling of cases in key areas to verify where practice had been lifted or otherwise;
 - Contributed to the development of more robust processes in some of these areas;
 - The preparation of staff and managers for the Ofsted Monitoring Visit;
- A more rigorous analysis of performance information and audits have helped to identify areas of practice which need to be developed. Workshops have been delivered targeting themes found from the audit findings of the Beyond Auditing team;
- Quality Assurance activity continues to take place with each manager qualified as a Social Worker expected to undertake a monthly case file audit. This has brought us a wealth of qualitative information and intelligence to inform our individual learning and future improvement activity;
- Weekly performance meetings chaired by the Director of Quality Assurance and Performance continues to see improvements in some

performance measures and targets areas of concern by focussing both on compliance and quality;

- Work has been undertaken with the Local Authority Designated Officer alongside our improvement partners (Doncaster Children's Services Trust), which has led to a more robust offer for managing allegations within Sandwell;

4.7 **Priority 7 – Partnerships:** Strong and effective partnerships are critical when transforming and improving children's services. Shared visions and values alongside a joined-up approach to tackling issues is fundamental if partnership approaches are to succeed.

Progress since November 2018 – Headline Summary

- Alongside the new Director of Children Services, the Trust continues to focus on developing effective partnership arrangements. The work in mapping and designing a new strategic partnership is expected to continue over the next 3-4 months, and will establish a robust and joined-up strategic partnership;
- The new LSCB arrangements (Multi Agency Safeguarding Arrangements) are expected to be known by April 2019, with the implementation completed by 19th September 2019. An earlier completion date is expected. Currently work is being undertaken in conjunction with a branding company to launch these arrangements across the whole of the partnership. The new arrangements will be called the Sandwell Children's Safeguarding Partnership (SCSP) and Initial logo ideas are being circulated to young people as part of ongoing consultation process with young people;
- We have renewed our partnerships in relation to children with Special Educational Needs and Disabilities (SEND), activities in this area have been:
 - Identifying the children who are known to SCT with an Education Health and Care Plan;
 - Ensuring there is joint working on a case by case basis;
 - Strengthening our joint Quality Assurance approach for these children;
 - SCT and SMBC have organised a SEND partnership event in March 2019 for parents and professionals to network and share information / ideas about how SEND is delivered in Sandwell;
- The DCS has undertaken a brief review of Early Help provision across the partnership, which was articulated to the Improvement Board in February 2019. Highlights of this work are:

- A series of partnership engagement events have taken place to launch the Early Help Partnership, enlist member organisations, and develop a set of Strategic Priorities;
- A communications plan is in place. Members of the Partnership receive information in a range of ways;
- Monthly town-based meetings are in place to enable networking, focused conversations on key themes, learning and development and to attract new members;
- A Steering Group has been set up, which has agreed a set of clear Strategic Priorities:
 - To grow knowledge of the range of services that are available to children and families, and increase access to them;
 - To establish and grow the Early Help Partnership by securing a commitment from a wide range of different organisations in Sandwell;
 - To support Early Help Partners to develop a range of healthy working relationships across the Partnership, working consistently to the Partnership Principles to collectively provide more effective and joined-up support;
 - To work more closely with Partners to ensure that all investment in Early Help provision is based on clearly defined and understood local needs;
 - To work more closely with communities to develop greater resilience at an individual level and to increase the capacity of community-focused organisations to deliver accessible and appropriate early help support;
 - Links to the Tier 3 Targeted Early Help offer have started to be considered and an Early Help Transformation Plan has been created to support this development;
- The Chief Executive continues to work closely with head teachers in the 'Schools Reference Group'. Work undertaken in this group has mainly focussed on an analysis of referrals from schools that led to 'no further action' and ensuring processes relating to making referrals are standardised;
- The Director of Operations has agreed with health colleagues to create a similar reference group. The first of these groups will be held on 12th March 2019;

- 4.8 **Priority 8 – Voice of the Child:** This priority is central to the improvement plan given that the child’s voice should thread through all the priorities. The importance of capturing and understanding the child’s voice and experience is fundamental in ensuring that children are effectively supported and safeguarded.

Progress since November 2018 – Headline Summary

- Upon our research of partnership approaches throughout the country, we are in the process of developing a brand-new participation strategy, which will refresh the approach to participation in Sandwell by truly embedding participation throughout our organisation. This is expected to be implemented in the coming months;
- We have developed a refreshed draft of our Local Offer for Care leavers, which has been presented to Corporate Parenting Board. SCT staff and the Director of Children’s Services continue to liaise to ensure close working relationships in this area. The DCS and Corporate Parenting Board members continue to work together to explore opportunities for an enhanced Local Offer. Other avenues are being explored by the Chair and Chief Executive, to work with partners signed up to our pledge to young people;
- We continue to offer a rolling programme of ‘Direct work’ sessions that aims to strengthen the skills base of all staff working with children;
- There has been a renewed management focus in ensuring children are attending their Looked After Reviews and CP conferences, progress has been:
 - All young people 12 years or over are now sent a child friendly letter of invite to their Child Protection Conference, together with a consultation document and advocacy information leaflet;
 - The feedback form for young people following their CP conference and LAC review has been redesigned;
 - Partnership work with schools has led to good discussions about preventing young people from losing an attendance mark if they want to attend their meeting;
 - The Quality Assurance Service has launched a document for young people called “Understanding Your Review”, which is part of the ‘coming into care’ pack;
 - Work continues to develop information for professionals and parents / carers around the benefits of young people attending their conference;
- Questionnaires have been devised for Children in Need and those in need of Protection, obtaining their views at the start of our involvement

and then again at the end. These are now in the process of being launched;

- We distributed a questionnaire for children placed out of borough and we have received 40 responses out of 300. In addition, we distributed a questionnaire for our 16/17 year olds who are accommodated and have received 35 responses. We expect the analysis of these surveys to be complete very soon, and will bring forth learning;
- A leaflet for children and young people around complaints, compliments and comments has been designed in conjunction with young people and the children's society, and is in the final stages of completion. This will be available for staff to use within the next four weeks;

External Evaluation

Ofsted Monitoring Visits

4.9 An Ofsted Monitoring Visit took place on 29 and 30 January 2019 and focussed on services provided by the front door.

4.10 The feedback from the monitoring visit raised specific areas for improvement as set out in **Appendix 1 – Monitoring Visit Letter**. Ofsted noted the following:

“Sandwell Children’s Trust knows itself well. It has a robust performance framework which can provide it with accurate information about the quality of practice and the improvements to practice and outcomes for children still required. Senior staff understand that considerable improvements still need to be made. Progress has been made in ensuring that the first response to families and children in need is timely and, in most cases, recognises risk and the scale of intervention required. However, practice is still not consistent.

Responses to contacts and referrals are timely. In most cases, risk is recognised and processes in the multi-agency safeguarding hub (MASH) ensure that concerns such as domestic abuse incidents are triaged and responded to quickly. Strategy meetings to agree on the immediate response where there are concerns about child protection are held mostly on the same day. However, more care is required to ensure that the right people attend these meetings to ensure that all relevant information is considered. Where these lead to further child protection enquiries, they happen quickly and result in mostly accurate decision-making about further assessment or child protection procedures.

Evidence of management oversight has improved since the inception of the trust, but it remains of inconsistent quality, and there is a continuing need for some managers to ensure that the rationale for decision-making

is adequately recorded. The workforce is increasingly stable and there have been further reductions in the use of agency staff, with some electing to work permanently for Sandwell.”

Ofsted Inspection of the Voluntary Adoption Agency

4.11 The Trust has also been subject to an Inspection of our Voluntary Adoption Agency. The judgement of this inspection was ‘Requires Improvement to be Good’, which represents a positive outcome for us at this stage in our improvement journey. This report can be found at **Appendix 2 – Inspection of Voluntary Adoption Agency**. A summary of the comments in this report are as follows:

- Children flourish in their adoptive families
- Matching children to their future families is well considered. There have been no disruptions.
- Children are well prepared for their new families.
- The staff team is experienced and is passionate about ensuring the best possible outcomes for children and adoptive families.
- The adoption panel is effective and promotes safe, secure and stable placements.
- There is good support from home-finding social workers.
- Challenges within the staff team have had a negative impact on the assessment process of prospective adopters and on the quality of the support offered to adopters and children.
- There have been significant changes in management, which have resulted in inconsistent support and supervision of staff.
- Staff recruitment and vetting processes are not thorough. Gaps exist in the recruitment practices of those staff employed through an agency.
- Training for staff is not consistent. Managers have not ensured that all staff have had adequate training to support them in their role.
- The electronic recording system is not being used effectively. This raises significant challenges for managers in getting consistent and accurate information.
- Children are not given clear information about what support to expect following adoption. They are not given information about how to contact the children’s rights director should they feel they need to.
- Members of the adoption panel have not been effectively inducted or appraised and they have not received the appropriate training to help them in their role.

Performance Monitoring and Quality Assurance

- 4.12 The Trust is obliged to provide the Council with a monthly and quarterly Performance Report. A Performance Report is attached at **Appendix 3** and sets out the performance in the last quarter in relation to a suite of fifteen key performance indicators and a summary of the Trust’s quality assurance activity.
- 4.13 Overall, performance since November 2018 has seen improvements in a number of areas. However, the fragility of the workforce remains a key risk in further reducing caseloads, continuing to improve compliance and the ability to create capacity to focus on the quality of practice.
- 4.14 The below table outlines the number of Audits completed by our managers and the ratings within Quarter 3. The trend this quarter has been one of improvement, with a higher proportion of work rated as ‘Requires Improvement’ rather than ‘Inadequate’.

Service	Quarter 3		G	RI	I
	Target	Actual			
Quality Assurance Children’s Audit Activity	184	143 77.7%	21 14.7%	54 37.7%	68 47.6%
Moderations	96	93 96.8%	1 1.1%	49 52.7%	43 46.2%

- 4.15 In terms of the Quality of Audits, the report outlines the following:

“The quality of audits submitted continues to improve, as do the ratings this quarter. During this quarter, all the audits with a rating of ‘Good’ were moderated. Although these were mostly downgraded to RI following moderation, some strong and improving examples of good practice were noted in these audits. The impact and outcomes for children were also noted to be good. The case file rating for these audits were downgraded to RI due to shortfalls around purposeful chronologies/genograms and supervisions and reviews not always being timely. It must be noted that this is a clear shift in the right direction, as it demonstrates that managers are able to identify (and therefore aspire for) good practice across their cases.

Some audits identified that practitioners are not following processes and agreed practice standards. This shows that clarity around processes at all levels needs to be improved and is arguably explains in part why practice is not lifting fast enough across the board.

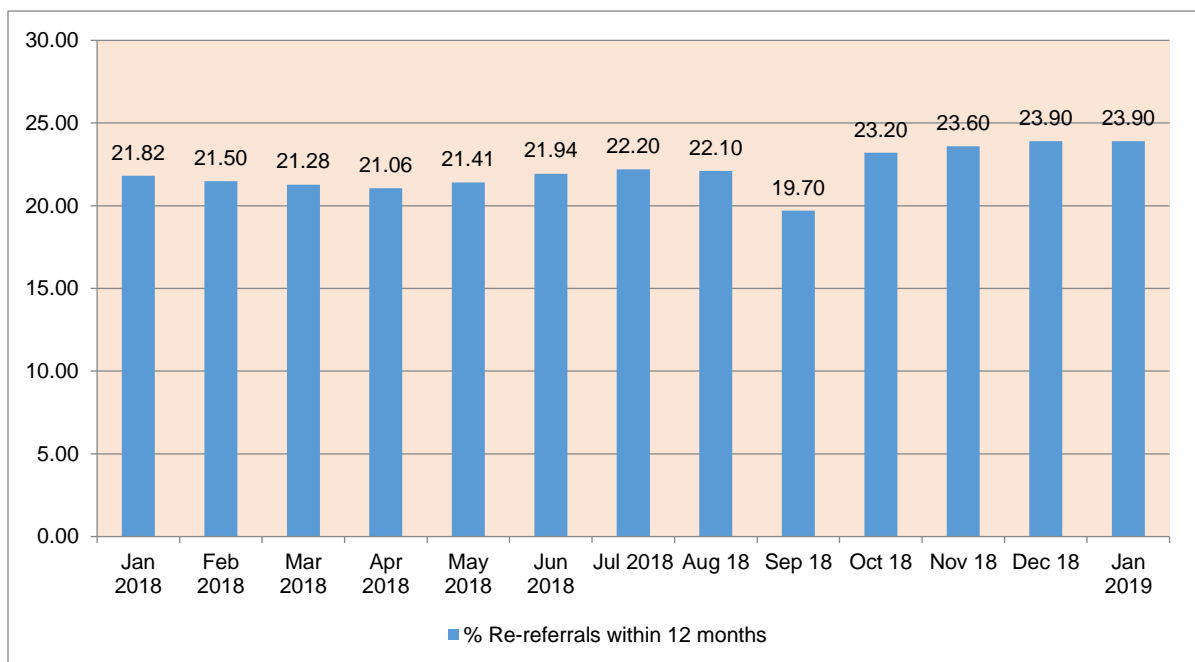
Managers have been supported and will continue to receive support from the QA team as and when required with a view to enabling them to complete good quality audits independently. The data demonstrates that

all the work in terms of training and support that has been provided has made a positive impact in raising the quality of audits being completed across the service.”

Repeat Referrals

4.16 Members of the Board have requested specific information relating to repeat referrals.

As of January 2019, 23.9% of our referrals within the last 12 months had been re-referred in to Children's Social Care during the 12 months prior to the referral. This figure has remained consistent during the last twelve months, although December and January's figures have seen an increase to 23.9% from 21.06% in April 2018. Sandwell's re-referral figure is well placed with all three comparator measures (England, Statistical Neighbour and West Midland Averages), nevertheless our aim is to reduce this as much as possible as a lower re-referral rate tells us our interventions are working first time.



All re-referrals are now routinely screened for threshold application. This was not previously the case and re-referrals were routinely and automatically sent back to the previous team if the re-referral was within 3 months of closing.

Regular performance information on re-referrals now includes a breakdown of the last known teams so that as an organisation we can understand and address any specific practice in these teams, through dip sampling audits.

Regional Adoption Agency

- 4.17 Members will be aware of the programme to transfer our adoption functions to the Black Country Regional Adoption Agency, Adoption@Heart, which will be hosted by the City of Wolverhampton Council as part of the national effort to regionalise adoption. This programme is on track.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 Through the formal contract governance arrangements, Sandwell Children's Trust and the Council meet monthly through the Operational Partnership Board and quarterly via the Strategic Partnership Board.
- 5.2 In addition to these formal contract governance arrangements, the Trust Chief Executive and Director of Children Services meet on a regular basis.

ALTERNATIVE OPTIONS

- 5.3 This report provides an update on the progress made by Sandwell Children's Trust since November 2018. No alternative options are required.

6 STRATEGIC RESOURCE IMPLICATIONS

- 6.1 The finances provided by Sandwell Council to Sandwell Children's Trust is covered within a single budget envelope called the Contract Sum and on the 1 April 18 this amounted to approximately £58.23m. Of this sum, the Trust pay Sandwell Metropolitan Borough Council (SMBC) £2.15m for the provision of a number of back office support services under the Support Services Agreement. The Trust also occupy a number of properties and pay a further £0.63m to SMBC.
- 6.2 In addition, Sandwell Children's Trust receive a further £5.899m from Grants and Partner Contributions, and DfE funding for irrecoverable VAT which is estimated at £1.66m in 2018/19. Since the formation of The Trust there have been discussions between HMRC and DfE. These discussions have resulted in Sandwell Children's Trust being able to reclaim VAT through a standard VAT return rather than a grant from DfE.
- 6.3 There has been increasing demand in the provision of placements for Looked After Children owing to the significant increase in Looked After children since November 2017, when the demand calculations were made to determine the contract sum. This has caused a budget pressure estimated to be £5.9m by the end of the financial year. The Trust has submitted a type 1 business case to the council to request that the cost of this budget pressure is met for the next two financial years.

7 LEGAL AND GOVERNANCE CONSIDERATIONS

- 7.1 Sandwell Children's Trust is commissioned by the Council and the relationship between the parties is set out primarily in the Articles of Association and Service Delivery Contract.
- 7.2 The Chair of the Trust was appointed by the Department for Education and provides quarterly reports to the Minister of State for Children, Young People and Families. Her latest report can be found at **Appendix 4**.
- 7.3 A comprehensive programme of governance arrangements is in place. The Trust and Council officers meet on at least a monthly basis at the Operational Partnership Board (OPB) to consider performance and operational matters. The OPB is chaired by the Trust Chief Executive. Each quarter the Chair of Sandwell Children's Trust and the Trust Chief Executive meets with the Lead Member for Children's Services and the Director of Children's Services at a Strategic Partnership Board (SPB). Since the Trust went live there have been three meetings of the SPB.
- 7.4 The members of this board will recall that as a separate organisation, the Trust has in place a Trust Board made up of Non-Executive Directors and Executive Directors with an approved scheme of delegations. The Trust Board continues to meet monthly to consider the overall direction of the company and it receives regular reports on matters that relate to the performance and quality of the services, finances and human resources.
- 7.5 The Trust has in place a comprehensive risk management strategy and developing risk register. The Trust risk register sets out the key strategic, financial and operational 'high' risks which have been aligned to the delivery of the Improvement Plan and key performance metrics.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 There are no specific equality implications arising from the proposals in the report

9 DATA PROTECTION IMPACT ASSESSMENT

- 9.1 There are no data protection implications arising from this report.

10 CRIME AND DISORDER AND RISK ASSESSMENT

- 10.1 There are no crime and disorder implications arising from this report.

11 SUSTAINABILITY OF PROPOSALS

- 11.1 The performance of the Trust is monitored on a monthly basis both by the Trust itself and the Council. Continued dialogue and commitment between the Trust and the Council will ensure that the Improvement Plan

is delivered and outcomes for vulnerable children and young people are improved.

12 **HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)**

12.1 Sandwell Children's Trust aims to improve outcomes for vulnerable children and families and improve social care practice. In this way, the Trust will contribute towards the health and wellbeing of the wider community.

13 **IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND**

13.1 There is no direct impact to Council land or property as a result of this report.

14 **APPENDICES:**

14.1 Appendix One – Ofsted Monitoring Visit Feedback Letter

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14.3 Appendix Three – Trust Performance Monitoring Report

14.4 Appendix Four - Chair's letter to the Minister



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21 February 2019

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Dear Frances,

Monitoring visit of Sandwell Children's Trust

This letter summarises the findings of the monitoring visit to Sandwell Children's Trust on 29 January 2019. The visit was the third monitoring visit since the local authority was judged inadequate in January 2018. The inspectors were Peter McEntee, Her Majesty's Inspector and Louise Warren, Her Majesty's Inspector.

Sandwell Children's Trust is continuing to make progress in improving its 'front door' response to those families, children and agencies seeking help.

Areas covered by the visit

During this visit, inspectors reviewed the progress made in the front door response to concerns from the public and other agencies. We looked at decision-making and initial actions in relation to the operation of thresholds for services, judgements and actions in relation to child protection enquiries and further assessments of need. We also looked at decisions to refer to early help services or step up from these services when family circumstances are complex or might require statutory intervention.

Inspectors considered a range of evidence during the visit, including electronic case records, supervision files and notes, observation of social workers and team managers undertaking referral and assessment duties, and other information provided by staff and managers. In addition, we spoke to a range of staff, including managers, social workers, other practitioners and administrative staff.

Overview

Sandwell Children's Trust knows itself well. It has a robust performance framework which can provide it with accurate information about the quality of practice and the improvements to practice and outcomes for children still required. Senior staff understand that considerable improvements still need to be made. Progress has been made in ensuring that the first response to families and children in need is timely and, in most cases, recognises risk and the scale of intervention required. However, practice is still not consistent. Some cases are too complex for early help services to work with, and this is exacerbated by the separate front door for early help not being subject to the same degree of scrutiny and audit as the rest of the trust's services. Thresholds for services are mostly understood by other agencies and staff within the trust, but there are instances when this is not the case. This leads to delay in recognising neglect, in some cases, and wrong decisions made about the way forward, or what level services should be offered.

Responses to contacts and referrals are timely. In most cases, risk is recognised and processes in the multi-agency safeguarding hub (MASH) ensure that concerns such as domestic abuse incidents are triaged and responded to quickly. Strategy meetings to agree on the immediate response where there are concerns about child protection are held mostly on the same day. However, more care is required to ensure that the right people attend these meetings to ensure that all relevant information is considered. Where these lead to further child protection enquiries, they happen quickly and result in mostly accurate decision-making about further assessment or child protection procedures.

Evidence of management oversight has improved since the inception of the trust, but it remains of inconsistent quality, and there is a continuing need for some managers to ensure that the rationale for decision-making is adequately recorded. The workforce is increasingly stable and there have been further reductions in the use of agency staff, with some electing to work permanently for Sandwell.

Findings and evaluation of progress

The trust has ensured that the front door response to concerns about families and children is timely and processes are in place to ensure that decisions on further action are made quickly. Partners, including the police, health and education, engaged in the multi-agency safeguarding hub (MASH) share information appropriately. No cases were seen where there was an immediate risk to a child and action was not being taken. However, there remains an inconsistency in the quality of response overall, and this results in the wrong decisions being made in a small number of cases.

There is inconsistency in the operation of thresholds for services. In some cases, early help teams are holding inappropriate work which is too complex and where the degree of risk has not been recognised. This is compounded by there being separate front door arrangements for early help and social care, which creates a vulnerability,

particularly where early help is accepting inappropriate work and where cases should have the benefit of a MASH assessment. In addition, some step-up cases have not been accepted by managers in the MASH service when they should have been.

MASH systems and processes are not always robust enough to ensure timely step up and step down to early help. Inspectors saw a small number of early help cases that were waiting to be stepped down but were not being progressed for several weeks because of system process issues. The trust responded to this issue when it was identified by inspectors and has acknowledged some drift and delay for a small number of cases. This means that these families in need of services have been waiting too long.

In the majority of cases, however, thresholds for both contacts and subsequent decisions on referrals are appropriate, timely and result in the provision of services quickly.

Understanding of thresholds by partners is improving and most contacts and referrals are appropriate. However, there remains inconsistency, particularly where there may be issues of neglect, which are not recognised quickly enough by agencies, including schools. This leads to delay in referral.

Decisions made by MASH managers on case transfer to assessment teams and early help is open to challenge by assessment team managers and the single point of contact manager (SPOC), in relation to early help. Assessment team managers and the SPOC manager do not always accept decisions made by the MASH on the need for further assessment or step down to early help. These referrals are then closed inappropriately or changed. This indicates that there is some internal confusion over thresholds for services and, in a small number of cases, results in services not being offered to families when they should be.

Police notifications of domestic abuse incidents are subject to a daily multi-agency meeting to share information and decide on how to respond. Threshold decisions are appropriate, and availability and use of children and families' previous histories considered before final decisions are made. However, the police do not always obtain consent from parents, which means that decision-making can, in some instances, take longer while social workers in the MASH remedy this.

Where children may be at risk, or have been abused, strategy meetings to agree a plan of intervention are held in a timely manner, with almost all held on the same day as referral. Decision-making in the majority of cases is appropriate, including those leading to child protection enquiries. However, the stated practice of the trust to invite agencies involved in the case to strategy meetings is not always happening. In several instances, early help and other agencies such as schools were not invited when they should have been. This means that the most up-to-date and appropriate information may not always be available at a strategy meeting when it should be to ensure good decision-making. The trust has responded to this and says that it will now ensure that early help practitioners are included in strategy meetings.

Some strategy meetings are not clear enough about what should happen next. This includes whether a medical examination should occur if a child has been injured. Some of these decisions are not recorded or are not clear about why a medical examination is not appropriate. This means that it can be difficult to understand the sequence of events and harder to explain why the trust acted as it did in some cases.

Child protection enquiries (S47) are timely. Most recommendations are appropriately made, based on evidence gathered and with children being seen and spoken to. However, despite the trust having introduced a tool for assessing neglect, its use was not seen, despite many cases having a history of repeated assessment and intervention without an improved result.

In the majority of cases, management sign-off and oversight of work is evident. There is evidence that some managers are now better able to understand the requirements of good practice and offer more challenge to poor work as a result. There remains, however, some inconsistency, particularly in ensuring that explanations for decisions made are appropriately recorded and include a clear rationale for the decision made. Not all recording of strategy meeting minutes is timely. This means that minutes are not readily available for practitioners to understand what actions have been agreed.

A need to enter and interrogate different information systems for early help, MASH and single assessment services is unnecessarily cumbersome and time consuming. It does not help practitioners to easily see the sequence of events in a case or help with analysing these.

An audit framework is in place and moderation of audit activity in many cases strengthens the quality of the overview. However, not all audits were sufficiently robust either in their findings or in relation to the robustness of subsequent action plans. Action plans are not always followed in a timely manner. The work of early help does not feature with sufficient priority in the trust's current rolling 12-week front door action plan. The lack of audit activity in relation to thresholds and practice in early help means that the trust does not know how well it helps families at an early intervention point as comprehensively as it should.

The trust has continued to make improvements since the last inspection. Practice, however, remains inconsistent, although staff are responding to a clear vision for improvement and the trust is recognising where it needs to improve its services to children and families.

I would like to take this opportunity to thank you and your staff for your positive engagement with this monitoring visit.

This letter will be published on the Ofsted website and copied to the Department for Education.

Yours sincerely

Peter McEntee

Her Majesty's Inspector

Sandwell Children's Trust

Adoption

Sandwell Children's Trust

Sandwell Metropolitan Borough Council, PO Box 2374, Oldbury B69 3DE

Inspected under the social care common inspection framework

Information about this voluntary adoption agency

This voluntary adoption agency is managed by Sandwell Children's Trust Adoption. It was registered as a voluntary adoption agency by Ofsted on 7 March 2018.

The agency prepares, assesses and approves adoptive families. Recruitment of prospective adopters is conducted through the local regional adoption agency. Adoptive families approved by the agency are also used by other local authorities for their children waiting for an adoptive placement.

The agency provides support to families and also manages the arrangements for children to have post-adoption contact with their birth families. The support to adopted adults and birth parents affected by adoption is provided through a service level agreement with another voluntary adoption agency.

Since April 2018, 19 children have had adoption orders made. Twenty-eight children are matched and placed with adopters and 11 approved adopters are waiting for a match with a child.

Inspection dates: 8 to 11 January 2019

Overall experiences and progress of service users, taking into account **requires improvement to be good**

How well children, young people and adults are helped and protected **requires improvement to be good**

The effectiveness of leaders and managers **requires improvement to be good**

The voluntary adoption agency is not yet delivering good help and care for children, young people and adults. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of previous inspection: none

Overall judgement at last inspection: N/A

Enforcement action since last inspection: none

Key findings from this inspection

This voluntary adoption agency requires improvement to be good because:

- Challenges within the staff team have had a negative impact on the assessment process of prospective adopters and on the quality of the support offered to adopters and children.
- There have been significant changes in management, which have resulted in inconsistent support and supervision of staff.
- Staff recruitment and vetting processes are not thorough. Gaps exist in the recruitment practices of those staff employed through an agency.
- Training for staff is not consistent. Managers have not ensured that all staff have had adequate training to support them in their role.
- The electronic recording system is not being used effectively. This raises significant challenges for managers in getting consistent and accurate information.
- Children are not given clear information about what support to expect following adoption. They are not given information about how to contact the children's rights director should they feel they need to.
- Members of the adoption panel have not been effectively inducted or appraised and they have not received the appropriate training to help them in their role.

The voluntary adoption agency's strengths:

- Children flourish in their adoptive families
- Matching children to their future families is well considered. There have been no disruptions.
- Children are well prepared for their new families.
- The staff team is experienced and is passionate about ensuring the best possible outcomes for children and adoptive families.
- The adoption panel is effective and promotes safe, secure and stable placements.
- There is good support from home-finding social workers.

Areas of improvement

Statutory requirements

This section sets out the actions which must be taken so that the registered person(s) meet(s) the Care Standards Act 2000, the 'Voluntary adoption agencies and the adoption agencies (miscellaneous amendments) regulations', 2003, the 'Adoption agencies regulations', 2005 and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>The registered provider, the manager and, in relation to any branch manager, shall ensure that there is, having regard to the size of the agency or (as the case may be) branch and the agency's statement of purpose, a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the agency or (as the case may be) branch. (Voluntary adoption agencies (miscellaneous amendments) regulations, 2003, Regulation 13(a))</p> <p>Specifically, ensure that assessments are allocated in a timely manner and support is provided to adopters and children as agreed in their placement plans.</p>	28/02/2018
<p>The registered provider, the manager and, in relation to any branch, the branch manager, shall not employ a person to work for the purposes of the agency unless that person is fit to work for the purposes of an agency; or allow a person to whom paragraph (2) applies, to work for the purposes of the agency unless that person is fit to work for the purposes of an agency.</p> <p>For the purposes of paragraph (1), a person is not fit to work for the purposes of an agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2. (Voluntary adoption agencies (miscellaneous amendments) regulations, 2003, Regulation 14 (1)(2)(3)(d))</p> <p>In particular, ensure that the quality of references is robust and references are verified.</p>	28/02/2019
<p>The registered provider, the manager and, in relation to any branch, the branch manager shall ensure that all persons employed by the agency receive appropriate training, supervision and appraisal. (Voluntary adoption agencies (miscellaneous amendments) regulations, 2003, Regulation 15 (2)(a))</p>	28/02/2019

Recommendations

To improve the quality and standards of care further, the service should take account of the following recommendations:

- Ensure that the wishes, feelings and views of children are taken into account by the adoption agency in monitoring and developing its service. (Adoption: national minimum standards 1.6)
- Ensure that the life story book and later life letters are completed within 10 working days of the adoption ceremony. (Adoption: national minimum standards 2.7 2.8)
- Ensure that the children's guide contains information on how a child can contact the children's rights director. (Adoption: national minimum standards 18.5)
- Ensure that the children's guide to adoption support services is provided to the child and includes a summary of what the service sets out to do for children. (Adoption: national minimum standards 18.6)
- Ensure that each person on the central list is given induction training which is completed within 10 weeks of being included on the central list (Adoption: national minimum standards 23.14)
- Ensure that each person on the central list is given the opportunity of attending an annual joint training day with the adoption staff. (Adoption: national minimum standards 23.15)
- Ensure that the chair and individuals on the central list have their performance reviewed annually against agreed performance objectives. (Statutory guidance on adoption page 22 1.35)
- Ensure that there is an effective system in place to monitor the quality and adequacy of record-keeping and action is taken when needed. (Adoption: national minimum standards 27.2)

Inspection judgements

Overall experiences and progress of service users: requires improvement to be good

Prospective adopters' point of enquiry is through a well-established local consortium, consisting of four local authorities. Prospective adopters are provided with adequate information about all aspects of adoption to enable them to consider, in an informed way, if adoption is right for them.

Prospective adopters have had mixed experiences of the assessment and preparation process to help them in their journey towards adoption. Some adopters have found the preparation courses to be informative and feel that staff work collaboratively with them. Others have not had such positive experiences and have found the process to be insensitive to their needs. When applicants have needed additional support and help through their assessment, the agency has recognised this and has offered individual training tailored to meet their needs.

The agency is clear on the two-stage process for assessment, and it endeavours to complete the process within the recommended timescales. However, difficulties in allocating prospective adopters' assessments to social workers have meant that these have not always been conducted in a timely manner. Assessments are of an acceptable standard. They give an accurate reflection of adopters' strengths and vulnerabilities, enabling effective matching to take place.

A high level of sickness within the adoption social work team and significant changes in managers have meant that visits to adopters and children have not always taken place as agreed. As a result, some children have experienced delays in their adoption process.

Later life letters and life story work are generally completed by children's social workers and are of a good quality. However, for some children these are still outstanding long after celebration days. Similarly, while individual adopters promote children's identity well, the agency does not manage letter-box contact arrangements in a timely manner. The service has recognised this shortfall and managers are allocating extra resources to improve this service. This is vital as it promotes children's emotional resilience and sense of identity.

The agency has one children's guide which includes information about how children can complain if they are unhappy about their care. This does not cover adoption support. Furthermore, it does not include information about how children can contact the children's rights director. The agency has not developed any system to seek and capture feedback from children or service users to inform and improve its service.

There is limited post-adoption support offered by the agency. However, where this has been offered, it is of a good quality and the social worker has been responsive. One service user commented that the adoption support worker 'has been brilliant' in the support she has offered him over the years. Adopters and children have access to therapeutic interventions funded by the adoption support fund and informal buddying with other approved adopters. The development of adopter support groups is in its infancy. Limited training courses are available to adopters post approval. Adopters and their

children can access a therapeutic parenting training course run by another voluntary adoption agency.

Matching children to their future families is well considered, resulting in good placement stability. Child appreciation days are taking place consistently. Adopters appreciate that these are a good way of facilitating a positive transition of a child into their family. Children are well prepared for their adoptive parents. Staff from the agency work well with children's social workers to support children to move on. There is good support from home-finding social workers, who often stay involved with adopters from external agencies long past what is expected. One interagency adopter commented that the home-finding worker had 'gone over and above' in her support.

Adopters are supported to understand the behaviours of children and their responses to trauma, loss and attachment. As a result, children build trusted and secure relationships with their adoptive parents and they make good progress in a relatively short time.

Children do well once they are placed with their adoptive families. They begin to develop attachments and improve their confidence and well-being. Children's learning and health needs are well met. They make good progress in school and take part in social activities with their new families. Adopters spend time with their children and stimulate them. Consequently, children who have experienced developmental delay make significant progress. For example, in a relatively short time, one child's long-standing night terrors subsided, and the condition of his skin significantly improved.

Adopted adults seeking support to access their records and counselling, and intermediary services for adopted adults and birth relatives, are carried out effectively through a service level agreement by a local voluntary support agency. This is due to end in April 2019.

How well children, young people and adults are helped and protected: requires improvement to be good

Staff are experienced social workers and understand their roles and responsibilities in relation to safeguarding children. They all receive mandatory training to ensure that they understand and know how to deal with risks to children's safety and well-being. However, staff have not received training on current issues, such as radicalisation and child sexual exploitation. Consequently, this limits the up-to-date safeguarding guidance they are able to give to their adoptive families.

Staff recruitment and vetting processes are not always robust. Although all staff undergo a comprehensive interview, there are gaps in the recruitment practices of those staff employed through an agency. References are not sufficiently thorough and there is no verification of references.

Children are secure in stable placements with prospective adopters who listen to them. As a result, there have been no disruptions. Children do not go missing from their families and there have been no safeguarding incidents since the formation of the agency.

Prospective adopters are generally well prepared to understand the potential impact that abuse and neglect has on children. They understand the effects of loss and attachment, and the impact of historical abuse and trauma on children's behaviour. Therefore, adopters are able to respond to the needs of their children in a way that promotes positive

attachments. The training helps them to be aware of risks associated with contemporary living, such as social networking.

Adoption panel members are proactive in raising the implications of matters such as foetal alcohol syndrome, and check that adopters understand the impact of historical abuse.

Adopters are aware of their right to make a complaint if they are dissatisfied with the actions taken by the agency. The agency has received three complaints since the formation of the agency. These complaints were taken seriously, and thorough investigations undertaken.

The effectiveness of leaders and managers: requires improvement to be good

Many of the challenges that were inherited from the local authority have persisted. Staff sickness has meant delays have continued in assessments of prospective adopters and in the support offered to adopters and children. Challenges remain in the accuracy of record-keeping. The electronic recording system is not being used effectively. This raises significant challenges for managers in getting consistent and accurate information.

There have been significant changes in the management of the agency since it has been in operation. It is only in recent months that the agency has been fully staffed at management level. Current managers are ambitious to solve the difficulties and are fully aware of the challenges facing the service. Leaders and managers have a variety of monitoring systems to identify strengths, shortfalls and areas for development, but have yet to embed these to achieve sustained improvements.

Social workers have not received regular supervision and the number of staff accessing the agency's training has been inconsistent. Some members of staff have not received any recent meaningful training from the agency to enable them to effectively fulfil their role. Despite this, the staff team are passionate about achieving the best possible outcomes for children and adoptive families. Their personal commitment and integrity to practice honestly is clear. One social worker commented, 'We would have collapsed without our experience, knowledge and pulling together. We are committed to our children and our adopters.'

Although staff morale has been low, workers report that, in recent months, support from senior managers has begun to address issues concerning them. Managers have recognised the high level of work placed on social workers and have acted to reallocate and reduce caseloads. The new team manager has started to develop a programme of monthly supervision.

The adoption panel is effective and promotes safe, secure and stable placements. It effectively carries out its quality assurance function and promotes thorough assessments. The agency decision-maker makes well-considered decisions in a timely way. Adoption panel members have been recruited from a diverse range of backgrounds and experience. However, new members have not been effectively inducted or trained in their role and panel members' appraisals are outstanding. Furthermore, there has not been the opportunity to attend a joint training day with adoption staff at least annually.

Managers and staff have developed good working relationships with other professionals

and work well with others to help improve the service to children and their families. The agency has developed a long-standing effective relationship with the regional consortium that will become the regional adoption agency. Managers are actively working with care management staff to improve the quality of children's permanence reports.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children, young people and adults. Inspectors considered the quality of work and the differences made to the lives of children, young people and adults. They watched how professional staff work with children, young people, adults and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children, young people and their families, and adult service users. In addition, the inspectors have tried to understand what the voluntary adoption agency knows about how well it is performing, how well it is doing and what difference it is making for the children, young people and adults whom it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003, the Adoption Agencies Regulations 2005, any other relevant legislation, and the national minimum standards.

Voluntary adoption agency details

Unique reference number: 1264707

Registered provider: Sandwell Children's Trust

Registered provider address: Sandwell Metropolitan Borough Council, PO Box 2374, Oldbury B69 3DE

Responsible individual: Sara Scholey

Telephone number: 0121 569 4760

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Inspector

Sue Young, social care inspector (lead)

Anne Daly, social care inspector

Rachel Britten, social care inspector



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Sandwell Children's Trust

Quarterly Monitoring Report Strategic Partnership Board

January 2019

(Quarter 3 Performance Reporting)

1. Introduction

The Trust is required to provide information to the Council monthly regarding its performance against the Contract KPI's and qualitative measures. This is outlined in paragraph 4.2 of the Performance Framework (Schedule 6):

“The Monthly Monitoring Report shall contain, as a minimum, the following information:

- 4.2.1 a summary analysis by the Trust of the previous Service Period's performance including actions being taken to address any issues;*
- 4.2.2 for each Monthly Performance Indicator, the actual performance achieved over the relevant Service Period, including a red, amber or green status, with a commentary by the Trust on significant variances;*
- 4.2.3 details of any Performance Failure that has arisen in the relevant service period;*
- 4.2.4 the status of all Action Plans, including progress made;*
- 4.2.5 the status of all Rectification Plans, including progress made;*
- 4.2.6 the findings of any Audit carried out by the Trust in accordance with Paragraph 4.9 (which shall include the thematic results of such Audit, identification of areas of good practice or areas where improvement is required and performance trends);*
- 4.2.7 the findings of any Survey carried out by the Trust in accordance with Paragraph 4.15 in the relevant Service Period (if applicable), which shall include the title of the Survey, the results of the Survey, analysis of those results, performance trends, key messages and outcomes; and*
- 4.2.8 inspection outcomes, including the outcomes of any Ofsted monitoring visits, any Ofsted Action Plans and the outcomes of any inspections relating to youth justice, adoption and fostering, or any further Direction from the Secretary of State.”*

This report will provide the most up to date information in each of these areas. Please note that this Report contains previous months data as at end of September 2018.

2. Summary Analysis by the Trust of the Previous Service Period's performance

Performance Summary Quarter Three 2018-19

PI1 - The percentage of contacts accepted as a MASH referral within 24 hours decreased by 6.9% on previous Quarter to 66.6%. **The trend in Quarter 3 is a downward trajectory from 73.5% to 66.6%.** In order to improve this, we are:

- Looking at ways to streamline the process and system to prevent bottlenecks in recording.
- Exploring ways in which the contact / referral 'dashboard' can have more accurate deadlines (i.e. display the time rather than the day).
- Continue to drive performance through more stable leadership.

PI2 - The rate of Children who are the subject of a Child Protection Plan continues to drop at the end of quarter three, from 77.8 children per 10,000 of our population (631 children in total) in quarter two to 69.2 (561). Since April 2018 there has been a reduction of 268 children on a Child Protection plan. **The trend for Quarter 3 is a reduction from 77.8 to 69.2.** We are now more in line with our statistical neighbours and are can be confident that the vast majority (if not all) of our children subject to a CP plan should be.

PI3 - There has been a significant improvement in Initial Child Protection Conferences held within the Statutory timescales in December 2018 (P3). **The trend for Quarter 3 in this area is an increase from 59.6% to 82.1% (22.5% improvement)**

This measure can be affected relatively easily by a single large sibling group being out of date (for example this month a sibling group of 6 children would represent 10% of all children where an ICPC was held). To ensure this aspect of our practice is as good as it can be we are:

- The IRO Unit, Care Management and Front Door meet fortnightly to resolve operational issues.
- Group Heads / Operational Managers monitor attendance at ICPC's.
- OM approval is needed for a change of ICPC/RCPC before discussing with IRO Unit.

PI4 - The percentage of Single Assessments completed within 45 working days has increased significantly to 85.9% in December 2018 (72% September 2018), this performance is now in line with comparator averages. **The trend for Quarter 3 is significant improvement from 72% to 85.9%.** This increase has been expected now we have worked through the backlog of overdue assessments. As of 31 December 2018, the percentage of all open assessments within the service within the 45-working-day timescale is 92.9%.

PI5 - The number of children unallocated for longer than 5 working days has increased slightly to 17 as of 31 December 2018 with a further 23 cases unallocated for less than 5 working days. **The trend in Quarter 2 is an increase from 13 to 17 cases.** Unallocated cases such as these are usually attributed to cases awaiting to be picked up by Care Management Teams from the Single Point of Contact.

We will continue to prioritise Daily reporting and the new Head of Service will personally drive performance in this service area. Of the unallocated cases in December 2018, no cases have been unallocated for longer than eight working days, daily reporting on this measure enables the trust to have robust oversight of this measure and the improvement consultant reviews this list daily to resolve issues with team managers.

PI6 - The percentage of Children subject to a CP Plan visited within 2 weeks increased further from 82.3% to 88.8% in December 2018 and by 13.4% since 1 April 2018. **The trend in Quarter 3 is an increase from 82.3% to 88.8%.** Improved performance in this area has been the direct result of reducing caseload across the Care Management Service, the continued use of daily performance dashboards for team managers and the scrutiny of weekly performance boards.

PI7- There have been small decrease in the percentage of Children with an updated Child Protection Plan within the last six months from 95.7% to 92.5% although this performance is 1.3% above position on 1 April 2018. **The trend in Quarter 3 is a slight decrease 95.7% to 92.5%.** Improvement in this area of work will be seen with improved compliance in the recording of Core Group Meetings, where children’s plans are updated as a matter of course. This is a key priority of the new Interim Head of Service for Care Management.

PI8 - At the end of December 2018, there had been a decrease in the percentage of children on CP plans with a case supervision held within the previous 4 weeks. This has decreased from 69.9% to 44.3% over the last three months. **The trend in Quarter 3 is a decrease of 25.6%.**

Weekly performance board meetings have driven improvements in some of the Care Management Teams, but there remain a number of underperforming teams who will continue to be scrutinised to ensure efficient and timely improvements. Operations Managers are holding weekly performance meetings with their own Team Managers to drive performance improvements across the service area, which will be further strengthened by the new Head of Service in this area. The key issues for December were as follows:

- One Team Manager (Team 8) was off sick during the month of December. Workers were only just re-allocated to other Team Manager in January to allow them to have supervision
- Team 6, Team 11 and Team 1 – Team Managers undertook supervision but these were not recorded on time due to competing demands i.e. Pre-proceedings and urgent court work.

The Care Management Service have devised a plan of action to ensure the issues above do not occur in future:

- Team Managers will use daily performance dashboards to plan their Supervision sessions in a timely way.
- Where they have planned absence or annual leave, Team Managers will be expected to ensure that their Social Worker supervision is not affected by utilising their “buddy” team manager support with supervision.

PI9 - The percentage of young people returning from a missing episode who have had a return interview within 72 hours increased by 10.6% in comparison to September 2018. This figure is 6.4% better than it was on 1st April 2018 (54.2%). **The trend in at end Quarter 3 is steady at around 60.6% with a spike to 91.3% in November 2018.** A review of the Service Level

Agreement and commitment of return home interviews has taken place as part of the Improvement Plan, amendments to the EHM system have been actioned and Barnardo's are now robustly monitoring and performance managing this process; which has seen significant improvements within this measure. It has been identified with Barnardo's, via deep dive and audit activity, that there have been some recording issues with one worker, and Barnardo's have taken pro-active action to resolve this. Of the Return Home Interviews required, 8 children that have been missing did not receive this offer. 58 children were offered a return interview and 33 accepted of which 20 were completed within the 72-hour timescale. Prior to 14th December 2018, our data collection did not include this level of activity. It is expected that performance will improve as we are now better able to interrogate this particular service area.

Actions going forward are:

- Review whole of RHI processes to ensure that the performance information is improved i.e. out of area commissioned services.
- Performance data has been revised to allow for the appropriate picklists which will provide more qualitative information to be gathered in terms of the attempts made to engage children.
- The missing team functionality is under review and will be included within the Exploitation Hub.
- A new interim Team Manager has been in post from 17th December 2018. This Team Manager has not had enough time to make an impact in December 2018 but this is expected to improve in January 2019.
- The history for Looked After Children Team Two performance is a concern as a result of not having a Team Manager to monitor and drive performance. This Team was underperforming significantly. One of the struggling workers has been moved to Looked After Team Four to be managed more effectively.

PI10 - Children in Need visits completed within 28 days has increased from 64.3% to 71.8% in Quarter 3. This area of work is a huge priority for the Trust, and with the new Interim Head of Service in place there will be a drive to further improve performance in this area. As with all of our key areas of performance, we hold individual Team Managers and Operations Managers to account in Weekly Performance Boards. We have also sought to reduce the number of Children in Need we have open by swiftly closing cases where appropriate. Performance is variable throughout the Care Management Teams, which is discussed and addressed at regular performance boards (which has helped improve the figure further)

PI11 - There continues to be a downward trajectory in percentage of Looked After Children visited in accordance with statutory requirements as at the end of September the performance is now 85.7% which is a 1.6% decrease on 1 April 2018 (PI11). **The trend for Quarter 3 is a decrease of 4.8%.** The key issues in December 2018 are as follows:

- Visits have been completed and written up but visit recordings have not been 'finalised' in LCS – this impacts on the performance report and reporting on timeliness of visit.
- Children have been seen on within timescales but visit records have not been written up in a timely way and at times finalised after the reporting date.

- Where there have been significant delays in recording visits, these performance concerns are being addressed with individual workers.
- A new interim Team Manager has been in post from 17th December 2018. This Team Manager has not had enough time to make an impact in December 2018 but this is expected to improve in January 2019.
- The history for Looked After Children Team Two performance is a concern as a result of not having a Team Manager to monitor and drive performance. This Team was underperforming significantly. One of the struggling workers has been moved to Looked After Team Four to be managed more effectively.

Further scrutiny at weekly performance boards, weekly internal team meetings are now being held with head of service, Operational Manager and Team Managers to impact and improve performance in teams. Daily performance dashboards use within supervision with social workers will help to drive improvements across the Care Management and Looked After Childrens Service.

PI12 - The percentage of Looked After Children's Reviews held within statutory timescales (recorded on LCS) has reduced to 73%. There is a dependency on Social Workers to finalise any open Care Plans before IRO's can record their LAC Reviews on the LCS system. . The Looked After Childrens and Care Management Service have a plan to resolve this at which point it is expected that this measure will increase to 89%. Care Plans updated within six months have improved from 67.9% to 81.4% although there are still 138 plans outstanding to update across the service impacting on 60 reviews. The IRO service have also reported the following since 1st April 2018:

- Reviews for 23 children across 18 families have not been recorded due to IRO sickness / leaving the service.
- Reviews for 10 children across three families did not take place as the child or family were not available
- Reviews for 62 children across 39 families have not taken place as the Social Worker was unavailable.

This has reduced from 79% to 73% over Quarter 3.

PI13 - The vacancy rate of permanent front line Social Workers has decreased from 34.1% to 31.3% in Quarter 3 representing a 2.8% improvement. (please note this includes vacancies that are covered by Agency workers). This equates to 63.31 posts, 62 of which are covered by agency workers. The number of real vacancies equates to 1.31 posts that are unfilled by either a permanent or agency worker and 14 workers are on long term sickness/maternity leave, which represents 15.31 (7%) "unfilled vacancies". The total number of permanent social workers is at 71.6% across the service with 28.4% agency. In contrast to 1st April 2018 there has been a net increase of 2.1% permanent social workers

PI14 - Average caseloads across the service have decreased slightly by 0.04 cases per worker since September 2018 (18.87 from 18.83), which is a reduction of 1.05 cases since 1st April 2018. Caseloads across the whole service are therefore becoming more manageable. Since the Trust has been live there has been a reduction of 186 cases (600 removed but 414 added), the

reduction of cases per worker. Please note this is calculated on the following caseholder staffing levels.

There are 218.69 social workers within the service at present and increase of 8.8 workers since March 2018 although:

- 8.8 of those staff are within the Single Point of Contact Service and Multi Agency Safeguarding Hub and are non case holder Social Workers
- 6.6 are within Family Solutions Team who are also non case holders
- 14 workers are on long term sickness and maternity leave and currently not holding cases
- There are 7.3 non Social Worker qualified Care Leavers Personal Advisors who carry cases and are included as case holders
- With the above calculation this equates to 196.59 case holders for month of December

** If 14 members of staff on sickness and maternity leave returned from absence and 1.31 real vacancies within the service were filled Social Workers case holding would increase to 211.9 (including 7.3 non-qualified personal advisors) and caseloads would be at 17.4 cases. There are currently 1.31 real vacancies within the service (and a further 62 of these posts are covered by agency staff) which is below the local and national average. **The trend for Quarter 3 is a reduction from 18.87 to 18.83.**

PI15 - The percentage of case file audits that are rated Requires Improvement or better has decreased at the end of the quarter by 5.9% (from 54.8% to 48.9%), and decreased by 6.7% since 1st April 2018 Audits continue to be moderated in line with our Quality Assurance Framework; a clear focus has been to improve our closing the loop activity and embed Quality Assurance framework across the whole of the Trust including incorporating Ofsted requirements and recommendations for auditing cases. The current audit process has been refined in order that the audit is more evaluative and a truer reflection of practice with a strong focus on ensuring a shared understanding of what "good" looks like. 23 out of the 47 Audits returned in December had a rating of RI and above following moderation. It is important to acknowledge that whilst this measure will give a sense of qualitative improvement over time, the themes (and service areas) of the audits change monthly. **The Quarter 3 trend is a reduction from 54.8% to 48.9%. It is important to consider the nuance in comparing thematic audit outcomes month by month. This is outlined in detail in later sections of the report.**

3. For each Monthly Performance Indicator, the actual performance achieved over the relevant Service Period, including a red, amber or green status, with a commentary by the Trust on significant variances

Please refer to Sections 2 and 3 (page 2 – 5) of this report for the performance against the 15 proxy KPIs currently contained within the contract. **Appendix 1** details the full suite of management indicators. This includes commentary.

4. Details of any Performance Failure that has arisen in the relevant service period

There has been no performance failure within this service period as the contract KPI's have not yet been agreed.

5. The status of all Action Plans, including progress made

There are no action plans.

6. The status of all Rectification Plans, including progress made;

There are no rectification plans.

7. The findings of any Audit carried out by the Trust in accordance with Paragraph 4.9 (which shall include the thematic results of such Audit, identification of areas of good practice or areas where improvement is required and performance trends)

Introduction

This report provides a summary of the findings of the quality assurance activity undertaken during Quarter 3 2018 and outlines the key findings and themes. During Quarter 3 2018, the Quality Assurance Service undertook the following activities aimed at better understanding the quality of practice:

- Overall Audit activity themes were:
 - October - **Thresholds at the front door, Step-Up and Step-Down.**
 - November - **Pre-Birth Assessments.**
 - December - **Child in Need Planning.**
- Adoption - IFA and VAA audits – Themes were:
 - October - **Voice of Child.**
 - November - **Matching and Placement planning process to strengthen outcomes for children.**
 - December - **Partnership working with IFA and VAA to achieve best outcomes for children.**
- Key updates from Learning and development
- Work undertaken by the Beyond Auditing Team.
- Continuous oversight, support and challenge from the safeguarding unit.
- Performance monitoring following scrutiny of data from the performance dashboard.
- Learning from compliments and complaints.
- LSCB Quality Assurance Update

Summary of Key Findings from Monthly Case File Audit Activity during Quarter 3

Service	October Audits		G	RI	I
	Target	Actual			
Quality Assurance Children's Audit Activity	68	53 77.9%	9 16.9%	23 43.4%	20 37.7%
Moderations	27	29 107.4%	1 3.4%	17 58.6%	11 37.9%

Service	Nov Audits		G	RI	I
	Target	Actual			
Quality Assurance Children's Audit Activity	61	44 72.1%	6 13.7%	14 31.8%	24 54.5%
Moderations	22	27 122.7%	0 0%	12 44.4%	15 55.6%

Service	Dec Audits		G	RI	I
	Target	Actual			
Quality Assurance Children's Audit Activity	55	47 85.5%	6 12.7%	17 36.2%	24 51.1%
Moderations	47	37 78.7%	0 0%	20 54.1%	17 45.9%

Service	Quarter 3		G	RI	I
	Target	Actual			
Quality Assurance Children's Audit Activity	184	143 77.7%	21 14.7%	54 37.7%	68 47.6%
Moderations	96	93 96.8%	1 1.1%	49 52.7%	43 46.2%

As can be seen, the number of case file audits completed this quarter represented 77.7% of all audits we expected our managers to complete, which is significantly higher than the target within the contract (90 audits per quarter).

The data indicates that on average our moderated audits are downgrading the majority of cases that were originally rated as Good. It also indicates that where we have rated cases as Requires Improvement or Inadequate, this has been a correct judgement. We are moving towards knowing what good looks like, although in some cases we are over optimistic.

Quality of Audits:

The quality of audits submitted continues to improve, as do the ratings this quarter. During this quarter, all the audits with a rating of 'Good' were moderated. Although these were mostly downgraded to RI following moderation, some strong and improving examples of good practice were noted in these audits. The impact and outcomes for children were also noted to be good. The case file rating for these audits were downgraded to RI due to shortfalls around purposeful chronologies/genograms and supervisions and reviews not always being timely. It must be noted that this is a clear shift in the right direction, as it demonstrates that managers are able to identify (and therefore aspire for) good practice across their cases.

Some audits identified that practitioners are not following processes and agreed practice standards. This shows that clarity around processes at all levels needs to be improved and is arguably explains in part why practice is not lifting fast enough across the board.

Managers have been supported and will continue to receive support from the QA team as and when required with a view to enabling them to complete good quality audits independently. The data demonstrates that all the work in terms of training and support that has been provided has made a positive impact in raising the quality of audits being completed across the service.

Summary of findings from audits:

Good practice has been noted within the audit document and positive communication sent to individuals across the service in order that there is a shared understanding of what good practice looks like.

Good practice examples have been mainly around timeliness in following process, children being seen and spoken to, and a positive impact being made because of assessment/intervention. Some good examples of positive Early Help intervention have also been noted which have assisted in lifting the overall rating of intervention from Inadequate to RI in some cases.

Quality and impact of earlier intervention is an area which includes work undertaken prior to the most recent referral, and the journey of child at the front door in MASH. As the October theme was pre-birth, this is an important area where risks needed to be identified early and threshold decisions made swiftly to prevent any delay. The trends demonstrate that we need to raise quality and tighten timeliness of conversion from contact to referral, and threshold decision making at the front door.

Pre-Birth Assessments, Plans and Reviews

Assessment and analysis of risk includes any child protection investigation (section 47) and single and/or pre-birth assessments being undertaken to inform future care planning. Improvement in this area appears to be too slow. It is disappointing that managers continue to sign off weak assessments, in this case primarily at the front door in SAAT service (but not excluding CM team). Assessments being completed are often detailed and include detailed chronologies in many cases, however most of the information is historic and repetitive from MASH discussion and not always relevant and child specific, lacks information sharing with relevant partner agencies and largely self-reported. They lack reflection around areas like understanding what life may be like for a baby entering into the family, corroborating self-reporting with evidence, learning from past history and parent's ability to sustain any changes, impact of culture, diversity power and control etc. There are some examples of good assessments being completed (1 pre-birth assessment identified), however, the delays in completing these assessments and planning thereafter impacts on overall plan and outcomes for the unborn/new born.

In this cohort, the review of cases for unborn seems to have shown some improvement partly because the unborn has come in light due to older siblings, who are more likely to be subject to CPP or care proceedings.

Although the review mechanism (supervision and/or CIN/CP/LAC review) seems to be aware of the unborn, too often professionals fail to understand the impact of a baby on a family who is already struggling to parents their current children alongside a lack of clarity in pre-birth process, timely and decisive decision making, where too often there is a focus being on process rather than robust and timely pre-birth planning.

Management Oversight

Strong and purposeful supervision/management footprint continues to be a weaker area of practice. Many records are generally well written and track progress of a plan; however, supervision too often fails to demonstrate strong management grip with an unwavering focus on the initial plan and desired outcomes. This is critical as it has the potential for building undue delay in permanency planning going forward.

The quality of our plans, voice of child, management oversight at front door, and the impact on the life of the child appears to be moving in a positive direction. We are following all the processes; we now need to improve the quality behind these processes at the front door to improve the practice.

Assessments

In a few cases reviewed, although it is evident there are contemporaneous assessments on file which identify concerns about parenting capacity, due to weak assessment and analysis alongside risk averse decision making, cases are often presented with a triple track plan at the first LAC review, often requiring further assessment/specialist assessment which builds further delay and uncertainty. Evidence was seen of new case with no history being referred into the Trust where there was an over-reliance on independent assessments when it can be argued that if a robust assessment alongside strong management oversight and direction existed then this could have averted the need for expensive assessments and delays in permanency planning.

Children in Need Planning and Intervention

The theme for December audits was Child in Need Plans and intervention. A robust assessment is essential to inform good planning. Overall, the cohort of assessments rated and Good/RI for this cohort was more than those rated as inadequate. This is an improving trend, compared to previous months. We also need to get better at assessing at regular intervals, and not just at the start of our intervention.

Better assessment should result in robust planning, and this is reflected in our CIN plans. On closer scrutiny, the quality of CIN plans when the case is stepped down from child protection plans (CPP) and CIN plans which start in SAAT are of better quality, and more usually SMART in their design. Unfortunately, there is a high proportion of CIN plans which are not yet at an acceptable standard.

Most of the poor CIN plans identified correlate with a weak assessment leading to insufficient planning. Plans rarely progress to a dynamic plan which focusses on sustainable outcomes linking in to the needs of the child. Therefore, over time, the plan may cease to be relevant to the needs

of the child and due in part to weaknesses in undertaking progressing continuous assessments and robust review of the family's situation.

There is an improving picture of work being undertaken across the service – there is improving supervision with efforts being made to review and secure the voice of child. This is noted as a move in the right direction across the service. The service, however needs to ensure that whilst these 'processes' are being followed, there needs to be ongoing professional curiosity and a need to fully understand the lived experience of the child. There is a need to map out any progress made and its sustainability by the family once services recede.

The service needs to continually address the inadequate areas of practice be relentless in striving to make efforts to improve practice, there is a need to make time to celebrate the good practice, which has also been noted within these audits.

Findings around the theme of audit – Threshold application at Front Door – Step up and Step down:

What is working well:

1. Largely, timescales for conversion from contact to referral and following processes seem to be good. There are some cases where there are delays for unexplained reasons. The service is aware of these issues and are working to streamline the process further.
2. Where required, children are being seen within 24 hours to support decision making in terms of thresholds. These visits are clearly recorded, are detailed, and offer the necessary information/evidence to justify threshold decision making.
3. Section 47 investigations and assessments are well written, and offer detail. Usually a chronology of events is available within the Single assessments completed in SAAT team (although not available as a standalone chronology).
4. Aspects of good practice have been observed in conducting section 47 investigations and single assessments. These are more based on capability of workers, rather than the standard of overall service as a whole.
5. Although there are no supervision records in SAAT, management oversight is fairly regular, and with little effort can be further enhanced.
6. Threshold decision making for new cases (i.e. not open to any other service) is good. MASH discussion is well documented and meaningful.
7. Early Help support is good where plans at step down stage is clear and EH thresholds are clearly met.

What we need to improve:

This section has been broken down into three sections – findings which relate to the front door – MASH and SAAT team, and specific findings for Early Help and IRO Service.

Front door - MASH and SAAT:

1. Information received via contact is processed swiftly, however due diligence needs to be applied on thresholds, especially when cases are open to Early Help Service. Currently there seems an over-reliance on services to establish thresholds on open cases. This becomes

complicated when cases are open to Early Help Service as many examples have been found where thresholds of section 47 have been missed only because due diligence was not applied at the point of contact.

2. MASH information sharing is good in terms of getting all agency information together. However, it has been raised previously that this information is usually not contextualised appropriately. Information shared needs to be analysed, rather than just being treated as a process, which leads to missed opportunities.
3. Not all relevant agencies are consulted when determining thresholds at the front door – MASH and single assessments.
4. For re-referrals, previous reasons for closure must be understood. We seem to be reassessing for similar reasons that have been addressed in the past, leading for single assessments being closed with NFA.
5. Issues around thresholds for section 47 have been discussed in the last report, which came to light in this cohort as well. Information sharing needs to be made more relevant to support threshold decision making.
6. Every Section 47 investigation requires a single assessment to be completed to ensure holistic needs of a child are fully considered. Currently, in most cases, the single assessment does not add any value to the case. This needs to be strengthened and the impact of new risks appropriately considered.
7. A high proportion of cases in Sandwell seem to have DV as the main cause. The understanding of our staff in identifying the complexities associated with this abuse needs strengthening. Currently, we do not use any tools to evidence DV, nor do we seem to have a good grip of the issue. As a result, thresholds are missed in many cases, resulting in children and families being left in unsafe situations.
8. Needs relating to cultural diversity and disabilities remain unrecognised in most assessments.
9. In many cases where there is active joint investigation, cases have been closed without giving weight to investigations open to police.
10. Our Single assessments are increasingly detailed and well written. However, there is a concern where information is not triangulated appropriately (with information from relevant partners, past chronology, and research), or even considered when making threshold decisions. There is an area for development of our social work staff and managers on identifying risks and abuse.
11. The issue of views of missing fathers, perpetrators of violence and a view about wider family support continues to remain a concern.
12. Thresholds are being compromised in single assessments because they are often adult centred, self-reported, with little triangulation of the presenting information and solid evidence. Management oversight too often lacks professional curiosity leading to a simplistic conclusion of a rather complex situation which can lead to missed or unidentified issues. Child's views are usually gathered, but not used to inform assessments in any meaningful way. Consequently, the child's lived experience is largely missed which can contribute to a lack of understanding of risks/needs.
13. Whilst stepping down of cases to early help appears to be progressing well, the step-up process needs to be strengthened. Where cases are stepped up by EH service, it appears that cases are refused by social care without any clear explanations around thresholds. Services must work to support each other and the families, and where there are disagreements, that the reasons for it are clearly noted.

Specific learning for Early Help:

1. Early Help offer a good service where there is a clear plan in place. All cases which are stepped down, must have a clear plan with expected outcomes. Currently, cases are stepped down

after single assessment, with no detailed outline plan. Such cases end up getting muddled, especially where single assessments have failed to identify risks clearly.

2. It is essential that thresholds are clearly established for cases in Early Help service. EH seems to work on a supportive model, and appear to lack critical abilities in establishing risks early. As a result, it is likely if risks/thresholds are missed in the first place, that the children will continue to live in unsafe environments for a long period of time. The concerns with step-up process further adds to the issues when social care show reluctance in accepting cases.
3. It seems that there is too much industry without impact. Early Help workers demonstrate commitment to support families by the work that they do. However, due to poor outcomes focussed plans or a complete lack of it makes it difficult to quantify the impact of all the work that is done. Sometimes it appears directionless.
4. Assessments completed within EH service offer need to be strengthened. They need to be informative, and serve the purpose rather than fulfilling a process. Some training may be essential to lift standards.
5. Management oversight is fairly regular with clear supervision notes of the system. This can be further strengthened by regular revision of risks and thresholds. Management oversight needs to offer clear direction.
6. There needs to be clarity how often EH assessments need to be reviewed. It may assist in having a clear process map and practice standards for EH service.

Specific learning for IRO service – Although the IRO input was not predominant in the current cohort as it focussed mainly on front door, there were some cases which provided essential insight into IRO activity.

1. In some cases which stepped down after a period of CPP where child had been placed with family friend resulting in child moving out of area – there was evidence of missed/insufficient oversight on unregulated placement, and in a couple of cases - closure of CPP following a paper review where due diligence has not been applied.
2. Where assessments are weak and do not identify all concerns, CPP plans continue to remain weak as they follow social work plans. Independent challenge needs to be of a high standard.
3. Where CPP has been ended after a long period without any meaningful change, clear reasons to be recorded on case file with a contingency plan about the course of action in future referrals. It is well known that there will always be some families which will not meet thresholds for court processes, however, where all risks may not be mitigated by CPP. Such cases when are re-referred back in the service need to have direction to support decision making at the front door so that families are directed to appropriate support service in timely manner.

Findings around the theme of audit – Pre-Birth Assessments and intervention

What is working well:

1. Timescales for conversion from contact to referral and following processes seem to be reasonable. There are some cases where there are delays for unexplained reasons.
2. Where risks are known due to previous/continued involvement with family, swift action is taken and due process of strategy discussion and section 47 is followed.
3. If the unborn is related to an open case, transfer of case from front door to care management is seamless and timely.
4. Single are usually assessments are completed in a timely manner in SAAT.

5. Largely 3 visits are being made to complete an assessment, unless it is completed earlier than 45 days.
6. There is a Pre-birth assessment albeit in word document, and there are some good practice examples observed which is an indicator that the work being undertaken on pre-birth is having some impact.
7. Early Help support is good where plans at step down stage is clear and EH thresholds are clearly met.

What we need to improve:

1. There is some unnecessary delay in progressing information from contact to referral and thereafter for new unborn cases. Although standards are often good, high quality referral document needs to be maintained consistently.
2. For cases where history is known (previous children have been on CPP or removed after proceedings), there is over-reliance on past history rather than completing a rich evidence-based assessment which is specific to child/unborn and presenting circumstances. Any assessment for a new child/unborn not only needs to use information from chronology, but also capture the journey of parents from when the chronology ends till present day. In this way, the assessment will be pertinent to the needs of the child in concern, and provide parents a fair chance to evidence if they have indeed developed their parenting abilities in any way to be allowed to care for the new born.
3. Standards of pre-birth assessments are not yet good with some poor examples. Many demonstrate a lack of understanding of difference and purpose of pre-birth assessment against a regular single assessment. Pre-birth assessments by their nature are more challenging because the child is still not born, and sometimes parents caring experience is untested. Any assessment therefore needs to assess, with a high degree of accuracy (considering the vulnerability/dependence of new born on caregiver), what parent's caring abilities/capacity are based on their profile and understanding of what the needs of a child is, learning from theories and research, and evidencing their risks and support mechanisms.
4. Current Practice standards for pre-birth are not clear and need to be re-launched in order to avoid ambiguity and delay.
5. A tracking system needs to be set up for pre-birth cases to ensure the time before birth is well utilised. Currently there is lot of drift and delay. A process map with appropriate alerts may be useful.
6. IRO service needs be at the forefront of raising the right issues and drive decisive results in permanency planning. Currently, IRO service is raising concerns about lack of pre-birth assessments, however, are often complicit by accepting substandard assessment and plans from service. This can create delays in planning without the expected outcomes.
7. All efforts need to focus on reducing unviable permanency options decisively and before the baby is born. This will increase opportunity for achieving permanency swiftly and in the child's timeline. The pre-birth tracker, and IRO service can support this process.
8. Manager's need to support decisive decision making based on good evidence-based assessment. Current management oversight and supervisions are weak and fail to generate professional curiosity or point social workers in the right direction to strengthen evidence base decision making.

9. Focus at the front door seems to be moving cases swiftly rather than moving them swiftly and appropriately. There are cases where assessment process should have invested time in challenging and assessing parents thoroughly. Instead, there is evidence that cases were stepped down or moved to CM team with a weak assessment and analysis. This is a short-sighted approach and leads to long term delays and poor planning.
10. The issue of lack of reflection on impact of culture and diversity along with DV, parental mental health issues still remains. This reflects in plans – CPP/CIN or LAC, which continue to remain weak and fail to generate the required impact.

Actions taken to impact change:

1. Findings from all QA activity is shared with Beyond Audit team so that whilst they are investing time in coaching and mentoring, these learnings can be shared with managers and workers across the board.
2. Our management needs strengthening. When managers do not understand practice standards and what good practice looks like, there is little hope that they will challenge and support staff in the right way. This need has been discussed with L&D. Through November and December Management Impact Workshops have delivered key learning themes to all managers across the service. These have been well received and manager's feedback is encouraging.
3. In future, similar training workshops need to be developed and delivered by the managers from the service. L&D service will consider offering support to train the trainers, and also look at the quality of training material developed within service.
4. Training needs at the front door have been discussed by the BA and QA team with L&D service. Training offer at front door has been discussed with priority areas agreed, and the plans are as follows:
 - i. Training on Strengthening Assessments/s.47/Strats – is being delivered internally to the Front Door by BA Team. L&D to support BA team to deliver this. Timescale is Dec'18/Jan'19.
 - ii. Exploitation – training is being delivered internally via the Exploitation Team. L&D to support with this deliver this. (Dec'18/Jan'19)
5. PSW is currently working on updating process map and practice standards, which should assist in informing our basic expectations to all staff. This work needs to include pre-birth as well.
6. Considering DV has been identified as an area that affects most of our cases, Domestic Abuse Tool for practitioners has been strengthened and will be rolled out in the new year. In addition to this Domestic Abuse workshops for 100 practitioners were run at the Trust Conference, and Multi-agency training is available through the LSCB. Management Impact workshops have included a case study that had domestic abuse as one of the concerns and linking this to intervention with the family, and likely barriers such as disguised compliance, non-cooperation, wall of denial.
7. All moderated audits have been shared with auditing manager, and the social work team in order for learnings to be made.
8. Learning from the audit activity is shared with all OMs and GHs in a meeting chaired by the Director of performance and QA on a monthly basis.

9. Closing the loop process has been reviewed and updated. It has been agreed that closing the loop is an operational responsibility, the compliance to which will be monitored via performance board. This has been done with a view to embed audits as part of manager's role and responsibility. With closing the loop responsibility resting with operational service, it is expected that there will be ownership to progress learning from audits.
10. Learning from these audits have informed the TM training workshops which are being organised in November. Some workshops have already been delivered, where findings from these audits have been included.
11. Learning from these audits are included in the bite-size trainings for TMs, aspiring TM training which is also open to IROs, and in ASYE support sessions. This is with a view widen the scope of learning and reflection in the service.

Findings around the theme of audit – Child in Need Plans

What is working well:

1. There is evidence of good practice where social workers have remained consistent and have invested time to build relationship with children and their families. Good working relationships appear to be resulting in progress being made and positive impact being noted in the lives of children.
2. There is evidence of some good quality risk assessments being completed using Signs of Safety methodology.
3. Good practice has been noted when social workers have made timely referrals whilst completing their assessments, thereby reducing any chance of drift and delay. Timely support helps in strengthening the working relationship between social worker and families, which results in better, more meaningful cooperation by the family.
4. There is some evidence of direct work being completed with children, and Voice of child being recorded on case file. This needs to be done in a more planned manner and regularly across the board.

What we need to improve

1. Overall assessments need to be strengthened by ensuring they are evidence based and not self-reported by parents. All information from history and partner agencies along with current evidence and voice of child needs to be triangulated to understand the root cause of presenting issues. There is a demonstrable correlation between weak assessments leading to weak planning thereby limiting the delivery of timely outcomes.
2. Children and families need to be better supported to understand the concerns which have led to intervention which should be explicit in the plan. When families do not understand the risks and concerns and expectations asked of them, their cooperation is often limited resulting insufficient or delayed progress being made.
3. Cases where neglect is the main concern appear to remain on CIN plan for prolonged periods, often leading to untimely and unplanned accommodation or the need to issue emergency care proceedings.
4. There is a need for timely assessments at regular intervals to acknowledge progress made, or intervene swiftly when progress is not being made resulting in the child's wellbeing being compromised.

5. Many cases scrutinised, evidenced a lack of professional curiosity resulting in poor evidence gathering.
6. The child's lived experience requires to be better understood in a number of cases examined, rather than focussing on how they feel 'here and now'.
7. Audits demonstrate that workers need to improve how they better engage with resistant families. Sometimes, families may appear resistant because they do not understand the concerns of the Trust. In such cases time needs to be invested to complete some direct work with the family using simple jargon free language.
8. The majority of cases on CIN plans appear to have DV and neglect as a theme. These issues become more complex when considering migrant population who may not have access to public funds and services, coupled with language barriers and lack of support from family and friends. It is important to understand the impact of these situations when assessing risks and needs.
9. Father's participation in assessment needs to be further improved and considered within the planning process.
10. CIN plans need to be focussed, specific, time bound, written in plain English and easily understand. There is evidence of families becoming disengaged or potentially because they may have not understood the plan and expectations within it.
11. Management oversight and direction needs to better identify potential risks, drift and delay and address it in a more timely manner. It appears that supervision is less frequent within CIN cases which needs to be reviewed to better address cases at risk of drift.
12. Transfer of cases from front door to care management require a timely and seamless transfer. Some CIN cases remained within SAAT for prolonged periods which delayed progress.
13. Audits identified that CIN reviews were not always held regularly with gaps in partnership attendance who are critical to the plan. Too many CIN meetings appear to be a discussion based between SW and family. Participation at CIN reviews from partner agencies needs to be better facilitated and issues around non-attendance addressed expediently.
14. Direct work with children, and family's needs to better capture children voices and lived experience and translate into the child's plan.
15. Lack of timely focussed work, particularly edge of care work, FGC etc seems to have resulted in escalation of concerns to CPP and CLA in a few cases.
16. A few cases highlighted a lack of urgency when cases are stepped down from CP and progress the CIN plan. This can often lead to unnecessary drift and delay and result in delayed closures or cases being closed without all of the actions being achieved.

Actions taken to impact change and improve practice: –

Support from BA in L&D at the front door:

The BA team are currently focussing on working with workers and managers at the front door and provide training and support to lift practice in line with audit outcomes. They have planned workshops with support from our L&D service on following themes – Domestic Abuse, Threshold application and safe decision making, completing good quality Section 47 investigations, and assessments including CIN planning. BA will also be using the 7-minute briefing developed by LCSB following multi-agency discussion held on TJ case (issues around missing/gangs/county lines). This will be used to raise awareness at the front door, with a view to creating an impact on decision making and intervention.

Response from L&D to QA findings

There has been ongoing dialogue between the QA and BA team and L&D service to ensure staff have access to relevant training informed by findings from audits. A draft Training Needs Analysis Matrix is being populated with information collated from OMs of each service area. The top five priorities as identified by OM are; *Assessments, chronologies, CP/safeguarding, DA and substance misuse and engaging with parents*. WFD team have begun the initial procurement process to research training providers and cost.

Direct work with CYP, parents and carers

Direct work tool kit sessions have been a part of ongoing fortnightly delivery within the current L&D training offer. The focus has been on raising awareness of the tool kits and how to use the resources within direct work with both CYP and their families. Audits have told us that there was little evidence of use of these toolkits to inform voice of child in assessments and plans. The training schedule will not be re-focussed to allow workers to consider creative use of these tool kits in various situations like DV, neglect, using the tool kit with children and parents with learning needs etc. It is expected that with a renewed focus, it will make it easier for workers to understand how to use these tool kits in direct work in real life situations.

Direct Work in cases of Domestic Abuse

The forward plan is to provide a renewed focus to the existing direct work sessions, ensuring that findings from audits and QA matches the approach. Practitioners and their managers require intervention via L&D opportunities to use meaningful approaches to direct work with CYP, the first re-focussed workshops will be specific to CYP and families experiencing domestic abuse. The TM Impact workshops supported and challenged managers to reflect on their role in providing support and challenge to practitioners regarding effective direct work with CYP and families, reflective supervision and managing intervention to ensure our response to issues around DA is balanced and effective. Learning from these sessions need to be embedded by the operational service, whilst L&D services focusses on implementation of training around DV tool in the new year.

Engagement of parents

A Signs of Safety (SoS) response to working collaboratively with parents aims to, in part, address this audit and QA finding. Creation of danger statements, safety goals and safety developed with parents can assist parents to take ownership of plans and acknowledge safety issues for CYP. Two days in house training held on 8 & 9th February 2019 and Phase Two SoS implementation plan (relaunch) will support this need. Outcome Star inhouse training is held monthly. This approach is aimed specifically at engagement of parents in their intervention and change process. Graded Care Profile (GCP) will also address this identified training need, train the trainer commences in late Feb and March.

Research findings document *Coercive Control: impacts on CYP and family environment* will also be disseminated electronically across service to increase knowledge of diversity of domestic abuse.

In addition to all the above, there is currently work being done to consolidate our learning and processes around MARAC/MAPPA and PREVENT, which will be disseminated to all practitioners

before the Ofsted monitoring visit. The L&D Bulletin has been a regular feature and is used as another avenue to disseminate learning from QA activity across the board. Discussions have been held with our regional partners and 'Contextual Safeguarding' is a priority amongst our regional partners. Creative ways of delivering training across the region to create parity in response and awareness is being planned and will soon be delivered.

Fostering and Adoption Audit activity

Managers in Fostering and Adoption Service started auditing cases from their own service for the first time in October 2018. This decision was taken to support improvement activity with this part of service which will assist in Ofsted preparations as well. A part-time QA auditor has also started in October 2018 to support all the QA activity in the service, which has oversight from Director of Strategy and is managed within the 12-week plan for the service. Initial QA activity has highlighted that whilst there is evidence of some very good and timely work being completed in both services, most of this work is not evidenced on case file due to issues with recording and appropriate use of LCS.

Areas for improvement from these audits are as follows:

- Improve direct work with children – little or no evidence of direct work being undertaken with children from a fostering perspective
- Significant improvements needed in Life story work or later life letters in Adoption cases
- Work needs to be done to improve placement stability from a fostering and adoption perspective. 3 cases had multiple placement moves with little explanation whether this was due to poor matching, lack of placement choice or lack of support to the placements (Needs further investigation).
- Permanency planning and drift and delay in making permanent placements need to be dealt with. This was evident in several cases resulting in lack of progress in achieving permanency for the child and consequent attachment issues.
- IRO footprint on the file needs to be strengthened for children. IRO has an important role in terms of case oversight and driving pace and momentum of achieving permanency for the child.
- Support for carers needs to be defined and strengthened e.g. some references to behavioural issues of children in placement but no exploration of how carers responded to this, i.e. behavioural rewards/sanctions, morning routines etc.
- Matching of children with foster carers is essential at all stages.
- For foster carers to be supported to care for the children they foster. This support should also be in the child's best interest, and not focussed on carers needs only.
- Importance of meaningful placement planning meeting and delegated authority needs to be firmly embedded.
- Importance of disruption meetings to ensure future stability needs to be understood.
- Training needs of foster carers need to be clearly recorded on LCS.
- An escalation process needs to be in place for fostering and adoption social workers where they are struggling to move plans of children.

- Supervising social workers need to engage more with children in placement and to support their carers to develop positive ambitions for children.
- Children transitioning placement and how they need to be supported by fostering service need to be clear.
- Multi agency working, especially health input, needs to become more efficient and timely to progress adoption plans in a timely manner.

Directors have been observing the Fostering and Adoption Panels and providing feedback to improve the quality of service.

Information from all QA activity will be used to improve service delivery. The QA auditor will be investing time to discuss the learning points with individual staff and managers to impact change.

Audits have previously identified the need for robust placement planning to ensure carers are best placed to stabilise a child in placement. Recent reviews have demonstrated Placement Plans are at 100% (for new placements) and all new PP have delegated authority attached to the Plan.

Work needs to be done around compliance and evidence of supervision in foster carer files. This matter was addressed in a meeting between QA Auditor and senior management in Fostering. Head of Service will issue a management directive re: file compliance and is directing managers to take urgent remedial action with SSW's at managers meeting which was held early January 2019.

Connected person assessments, placements and support needs to be streamlined and quality assured to ensure these placements are robust and where possible, can provide children permanency outside the Looked after system. Audits have identified that robust planning and support could convert many connected carers to continue to provide full time care under arrangements like SGO, and help children exit care in a planned manner.

Learning and Development Team

A refreshed L&D offer has been progressed as a result of the need for refreshed training offer for our staff in light of the emerging trends from all QA activity across the board.

In addition to this, the ASYE programme is in full swing with 28 NQSWs currently enrolled, and a further 12 NQSWs to join between Dec 2018 and Jan 2019. In terms of PQ studies, 12 social workers have enrolled in the Practice Educator Programme Stage 1 at UoB.

Training offered by L&D in October was primarily on MOMO, direct work with children using our toolkit, and RiP training around critical thinking in assessment. The 5 training workshops planned for managers are now being delivered jointly by senior management and BA/QA service. These training workshops will include the learning from these audits. It is understood that our training offer needs enhancing and Director of Performance and QA will be chairing meetings to make this work.

Management Impact workshops

Our quality assurance activity, such as monthly audits, multi-agency audits, SCRs, DHRs, has consistently identified 5 key issues in relation to our practice with children and families in Sandwell that need to be improved if we are to make a difference to children's lives. These 5 x key issues are

1. Understanding good quality intervention and impact/relationship-based practice
2. Reflective supervision
3. Understanding and learning through data and quality assurance
4. Good quality assessments (including chronologies, engaging fathers, hypothesising)
5. Good quality plans

To address the concerns, 5 x management oversight impact workshops were developed against the 5 key areas/issues. Each workshop was designed to address the issues through the use of 'lightbulb' and 'scales' principles. These principles link to practitioners and managers achieving the right balance between 'process/framework' and 'intervention/impact' for children and families.

They consider the refocussing of practice back on to relationship based social work and the intervention by the practitioner to help and support change with the family whilst protecting children and keeping them safe. The same case study has been used throughout the 5 x workshops so that there is a common golden thread linking each of the workshops.

Each of the 5 x workshops have been held and facilitated internally by Group Heads, BA Auditing manager, WFD Manager, Data Manager, QA Manager.

Each manager attending the workshops evaluates themselves at the beginning and end of the workshop, as well as making a pledge about how their practice will be different, what impact this will have on children and how they will evidence this.

To ensure that there is a measurable difference and impact from the workshops, all managers will be called back for a further 3 x workshops over the next 12 months. These will be 1 x day each and held each quarter after attendance at the original workshop (for example Feb'19, May'19, August'19). Managers are expected to bring their evidence of improved practice with them to the call-back days, and the difference that has been made to children. The aim is to evidence impact on practice over time on an individual, team and service basis.

Our L&D service in addition to working with QA and BA team to develop sessions to promote learning from audits, has continued to offer training support to the entire service including frontline social care, and foster and adoption service. The following were some of the trainings delivered across the service in December 2018

December 2018 courses
Anxiety & Depression in CYP – Foster Carers
Raising Educational Aspirations – Foster Carers

Understanding & Managing Autism spectrum – Foster Carers
Direct Work – utilising the tool kit
MOMO
TM Workshop – Managing Intervention
TM Workshop – Knowing your team through Data
TM Workshop – Managing assessments
TM Workshop – Managing Plans
TM Workshop – Reflective Supervision
SCT Induction
BAAF /Coram Beyond Together or Apart
Aspire – Induction & Probation policy
Aspire – Reflective discussion with NQSWs

Some of the challenges faced by the service are:

- DNA at training courses is an ongoing issue which is being tackled by group heads. Monthly reporting to CMT and via Comms to increase awareness across workforce.
- CPD - online resources (CC inform and RiP) not being fully utilised (response – revise implementation plan with diverse approaches to practitioner engagement – roll out of new initiatives starting in January 2019).

Beyond Auditing (BA) Activity

From October to early November, the BA Team provided support to LAC Teams 3 and 4. One to one support was provided to the Social Workers in relation to completing impact chronologies, assessments, SMART outcome focused plans. Two of the auditors attended a joint team meeting and provided some input in to undertaking s.47 enquiries. Throughout, regular discussions and meetings have been held with the TM's and GH. BA support is highly regarded by all teams, and all input and suggestions have been well received. The main highlights of what needs to improve are:

1. Evidence more focus on our children to improve their current and long term positive outcomes whilst supporting others to leave our system in a timely manner.
2. Ensure that Social Workers, Team Managers and IRO's are equipped with the necessary competencies, knowledge, and skills to provide excellent services enabling more proactive practice to be routinely evident.
3. Improve the consistency and effectiveness of care planning and decision making by the TM and IRO oversight of these cases by providing more opportunities to discuss care plans whilst also providing training, coaching and developing practice standards.

4. Care planning throughout the child's journey through our system particularly at transfer points at the Front, Door, Care Management and LAC to continue to strengthen the learning about works well and address those causing drift and delay.
5. The quality and timeliness of assessments to inform robust analysis, effective decision making, intervention and planning whilst ensuring that we streamline our processes.
6. Consistency in terms of practice (SW's TM's and IRO's), application of processes and use of documentation such as templates for visits and supervision underpinned by practice standards as appropriate.
7. Increase the opportunities for critical reflection to strengthen practice for SW's TM's, IRO's and partner agencies through mechanisms such as the use of peer and group supervision.

The above-mentioned improvement requirements were shared with the Group Head and Director of Operations in a meeting with a clear plan for the service to follow. All improvements will be reassessed when BA return to the team for a re-audit in approximately 8 weeks' time.

Beyond Audit Team provided support to care management team 6 and 8 in its second cycle. They returned to these two teams in November for a re-audit. This activity is part of BA offer when they return to the teams to evaluate the impact of their initial intervention. The re-audit in both teams registered a lift in practice with no cases identified as inadequate. Some cases maintained their RI rating since the initial audit, and there were others where work completed on case file resulted in lifting the rating from Inadequate/inadequate escalation to RI. A thorough analysis of improvements registered and further work to be done by each team has been provided to them by the BA team. It will be the responsibility of operational management team to progress the learning culture through the improvement journey. The highlights of recommendations are:

Team Manager

1. Supervision to be held monthly for CP, using the template with the frequency of CIN/LAC cases to be informed by an updated assessment risks to the child and their needs with actions and timescales to drive timely case progression. Management oversight records to include the child's voice, evidence critical reflection and professional challenge.

Team Manager and Operational Manager

2. TM and OM to ensure that monthly supervision occurs moving forward and any outstanding records are updated. Should there be any continued gaps, a management oversight record to be placed on the file.
3. Team Manager and Operational Manager to use performance management data, dip sampling audits and supervision to ensure that children are seen regularly, chronologies, case summaries, genograms and plans are both updated and meaningful.
4. TM and OM to devise a plan alongside the LDU to consider how to uplift practice in the relation to direct work with children (use of MOMO), strengthening the different types of assessments that need to be undertaken, use of tools, SOS and ways in which to consistently ensure meaningful engagement of families which considers the identity needs.
5. A meeting to be held between the TM, OM and BA Manager to review and update the action plan in light of the re-audit findings.

Care Management Service Actions

6. OM's to ensure that a management decision case note to be recorded on the child's file at the point of transfer and allocation of all cases with clear case direction to the social worker including a summary of the case and actions with timescales.
7. As part of the case transfer guidance currently being reviewed and strengthened ensure that reference is made to the process when cases are being transferred in between teams to provide a handover for children and families and prevent any drift and delay.
8. Supervision policy to be reviewed to ensure that the frequency of CIN and LAC cases (currently every 8 weeks) is informed by based a robust assessment and understanding of the child's current circumstances.
processes and use of documentation such as templates for visits.
9. OM's and TM's to ensure that learning through audit is evidenced through social work practice to improve outcomes for children.

BA Work at the Front Door

The BA team has been supporting the front door i.e. SPOC, MASH and SAAT since October 2018. The team has focussed on analysing areas of development and delivering tools and focussed workshops to strengthen practice. The team worked with SPOC to analyse the process of decision making and thresholds and audited MASH documents to evaluate accuracy in decision making. Audits established that threshold decisions were largely sound. The team met with partner agencies and a follow up meeting was held in January to discuss findings and areas of improvement.

Support has been provided to GH and OM to support them track live S47 enquiries to ensure quality and timeliness. The team has delivered three focussed workshops to SAAT TMs to embed strategy meeting agendas and improve effectiveness of S47 investigations. A discussion was also held on what good S47 looks like. These were identified as areas needing development.

A plan has been developed with OMs in the front door around an internal audit mechanism. Learning from this audit activity will be shared by OMs on a regular basis with the team with a view to lift practice. A risk and vulnerability log has been developed by BA team in discussion with the GH, and has been incorporated within the front door 12-week plan. This log has been shared with managers in MASH and SAAT to ensure the service is aware of the direction of travel and increase ownership.

In December 2018, the BA Team continued to provide support as identified within the Front Door Action plan (MASH & SAAT) in preparation for the OFSTED monitoring visit at the end of January 2019. The nature of the support provided by BA was refocused and dip samples were undertaken on children who are missing and cases that were stepped down to Early Help. It was identified that improvements were needed in timely response to missing in terms of offering return interviews, and completing follow up actions like Strategy Discussions and Section 47 investigations. Visiting children and YP to engage and understand their lived experience is crucial,

as is management grip on a case for timely actions and oversight. Step down to Early Help needs to ensure that thresholds were accurately evidenced, and cases have a clear plan of action.

The team has shared detailed findings with managers and staff, and used coaching and mentoring strategies to improve learning across the service. The team will continue to dip sample children's cases across the MASH & SAAT Service and provide bite-size workshops for Social Workers within SAAT focusing on "what a good Section 47 Investigation looks like" and work will be undertaken with the TM and OM. A meeting with the MASH partners is proposed to provide an update with a further session in February 2019 focusing on threshold application and partner agency contributions. Further actions have been agreed where Group Head from Front Door and Early Help will be working together to plan a series of trainings for staff around threshold decision making and will also be developing process maps which guide front door and Early Help activities. This will ensure standardisation of practise and provide clarity to workforce on processes to be followed within respectable timescales.

Audit Activity in Children with Disabilities Team.

The improvement consultant working with CWD team has completed their final report which has been submitted to the Director of Operations. This report highlights the current strengths and vulnerabilities, and some swift actions needed to be taken to support the service. The overall recommendations of this report are:

1. The recommendations of the BA audit report and the actions from the BA audits need to be evidenced that they have been completed and that service has implemented the learning into practise
2. Given that some of the recent re-audits have not evidenced the implementation of the actions a further audit of sample of cases should be completed within the timescales proposed for actions to measure the effectiveness of implementation.
3. All CWD staff to have bespoke training as identified in this report to address the gaps in safeguarding Knowledge.
4. Multiagency Team meetings to be arranged to engage partner agencies in the planning for children.
5. Given that the team have not had the benefits of the seniors in the team performing their duties additional support to be considered for the current manager e.g. an additional senior Practitioner to realistically achieve the extensive amount to work that will need to be completed to progress practise improvement.
6. Consideration could be given to staff shadowing more experienced staff on child protection e.g. front door
7. Partner agencies e.g. Schools to have closer links with the Team to share concerns re cases and to have a clearer understanding of the threshold for services.
It has been agreed by Team Manager that invites to Team Meeting will include significant agencies on a regular basis
8. In order to make further improvements there needs to be a combination of QA work focussed on performance management data as well as regular auditing of cases and evidencing implementation through the supervision process.

9. Incorporate service user feedback in any further reviews of the service and include what young people's views are about the service.

Key themes from compliments and complaints

Compliments/complaint received	Compliments	Complaints	% of complaints responded to in timescales
May	10	22	56.52%
June	6	18	72.22%
July	10	29	65%
August	4	27	37%
September	15	18	66.6%
October	13	29	72.4%
November	9	26	76%
December	16	10	40%

This quarter a significant amount of the complaints received were directly related to the social worker allocated to the case. Themes are:

- Too many social workers allocated,
- Perceived behaviour of the social worker,
- Clarity of the information given to the child and/or family by the social worker,
- Feeling frustrated, unhappy, hopeless and ignored and lack of feedback on incidents.
- Social Worker failing to do agreed actions with the parents
- The honesty and the competency of the social worker being questioned
- A disagreement with the decision of the social worker
- Not receiving updates from the allocated social worker.

Other themes are:

- Finance disputes
- Process not being followed

In many instances, the complaints are derived from a lack of knowledge from the client's viewpoint on process or decision making. In addition, many complaints have not been upheld.

Complaint returns in previous months have achieved a success rate of mid 70%'s however, in December a temporary irregularity was observed when only 40% complaints were responded to in time. It appears that this was due to the Christmas Closedown, Ofsted in January and staffing issues that are expected to remain until the end of January 2019

Most complaints received are against Care Management (38.2%), Leaving Care (18.2%), SAT (12.7%) and LAC (9.1%), the remaining 21.8% are split across the rest of the organisation.

The Interim Director of Operations operates a Complaints Panel whereby the Group Heads are held to account for delays in response times. This has had an immediate positive impact on the overall figures and is proposed to continue.

As each complaint is signed off by the relevant Operation's Manager or Group Head, immediate learning for the incident is known to the service area and would be expected to be taken up as part of the social workers supervision meetings. Where there is cross organisational learning, this is, admittedly, in its infancy. The Trust's Business Services Manager attends the fortnightly Care Management Performance Board, where complaints are discussed. Discussions are ongoing with Learning and Development to develop a training regime covering Complaints that both re-enforces the need to respond to complaints in a timely manner as well the need to better understand the complaint so that repeats are not made. The Business Services Manager is in the process of preparing Trust wide communications for the new year highlighting individual cases / learning that will further re-enforce learning points across the organisation.

The primary organisational learning from this Quarter's complaints is the need for Social Workers to realise the impact they have on the perceptions of clients. These are clients who are already in a potential conflict scenario with the Trust perhaps due to their children being on CPP or CLA, and the slightest perceived wrongdoing on behalf of the Trust can have a larger detrimental impact in the form of complaints.

Compliments:

Below are some examples of the compliments received this quarter.

- Birmingham University to YOS: "You are doing an absolutely amazing job and we were totally inspired by your energy, enthusiasm and commitment to young people"
- Primary School to COG: "Please can I say a huge thank you to you and your team. I have been in post for two terms at my present school and I feel extremely well supported by all the early help workers that have supported our families. Your team are so on the ball."
- Primary School to SAAT – "Just a quick email to say thank you to xxxx for the sterling work she has put in to escalate to the ICPC I attended yesterday. I just wish I had her on all the cases I deal with. It was the first time I saw her interact with 'mum', and I must say she was marvellous. She empathised, but was firm with what mum needs to do in relation to the plan. I just thought you should know."

Learning from LSCB

Quality Assurance work conducted by Sandwell Safeguarding Children's Board published in October 2018 was:

- Multi-Agency Audit conducted on 24th September, examining the role of the Lead Professionals and Targeted Services – 7 Minute Briefing on SSCB Website - https://sandwellscb.org.uk/wp-content/uploads/2018/10/2018_10_22-7-Minute-Briefing-Early-Help-and-Lead-Professional-KT.pdf
- Serious Case Review and Learning for the case of HS was published on 25th October and is available on the SSCB Website - <https://sandwellscb.org.uk/case-reviews/learning-from-local-reviews/scr-publications/>

The LSCB published learning from 3 serious case reviews – HS, JS, and KS in November 2018. These learning documents will be published in the PSW bulletin in December 2018. In addition to this, the LSCB also conducted a Multi-Agency table top review of a case (TJ) on request of the

improvement board. As part of Q 3 of LSCB audit cycle, Multi-Agency audit and discussion was held based on the theme CSE/Missing. The findings of these audits and 7-minute briefing will be published shortly.

Sandwell Safeguarding Children's Board conducted a Multi-Agency Table Top Review into case of 'TJ' on 12th November at request of the Improvement Board. The report and 7 Minute Briefing was presented to Sandwell Improvement Board 4th December, and has now been published and included on website.

Final Summary

Learning from all QA activity serves as constructive challenge and support in our improvement journey and provides the necessary checks and balance not only to the 12 week plans for Ofsted preparations, but also the overall improvement plan. The Audit teams work tirelessly to triangulate their findings and report to all parts of the service through various meetings and forums with a common goal of raising practice standards. Support from the Beyond Auditing team is highly regarded by managers which is evident in the close down meetings. Now with the extension of this support in terms of Targeted BA intervention, essential parts of service will receive necessary assistance at short notice without impacting on planned BA cycles.

As the service moves ahead through the change process, every small improvement needs to be celebrated, with eyes firmly set on the end goal of improving the outcomes for children in Sandwell. The current leadership is committed to achieving this end goal, and have understood and supported the QA process. The various aspects of performance management and quality assurance are starting to come together and work in tandem to support the improvement journey. Once our L&D core offer is finalised, it will work alongside the QA process to support improvements.

November was a time when the service observed some big changes in management structure. The three Group Heads for Care Management and LAC service left the service, to be duly replaced by new management. Whilst the direction of travel has been clearly identified, it was acknowledged that the pace of change needed to be managed and improvements needed to continue in terms of performance and quality.

With new management team being put in place, it was felt to be essential to ensure support for our existing managers continued in line with the identified areas – a need for operational service to take account of expectations, and deliver responsibly.

In December, the changes to senior management structure continued with a new Director of Operations and Head of Service for LAC and Care management joining us. December audits registered some improvements in practice in most areas. Whilst there is still a long way to go, these small improvements in practice need to be celebrated and consolidated. However, we need to see more pace in the activities and focussed training being delivered across the service.

8. The findings of any Survey carried out by the Trust in accordance with Paragraph 4.15 in the relevant Service Period (if applicable), which shall include the title of the Survey, the results of the Survey, analysis of those results, performance trends, key messages and outcomes;

There have been no surveys carried out since 1st April 2018.

9. Inspection outcomes, including the outcomes of any Ofsted monitoring visits, any Ofsted Action Plans and the outcomes of any inspections relating to youth justice, adoption and fostering, or any further Direction from the Secretary of State

The Youth Offending Service also underwent an inspection from HMI Probation during the week commencing 20th August 2018. The report was published on 29th October 2018 with the judgement 'Good'.

An Inspection took place of SCT's Voluntary Adoption Agency in early January 2019. The outcome of this inspection is to be determined but is expected to show good progress.

The last Ofsted Monitoring Visit to Trust to Sandwell Children's Trust took place on 29th and 20th January 2019. The focus on this visit was 'The Front door'. The letter will be published imminently.

The Annual Conversation with Ofsted took place on 5th February 2019 in conjunction with the Council's DCS.

For information: Monitoring Visit and forthcoming inspection dates

The next Ofsted Monitoring Visit to Sandwell Children's Trust is due to take place in April 2019, the focus of this visit is yet to be determined.

The Independent Fostering Agency is due to be inspected before 31st March 2019.

Improvement Partners: Doncaster Children's Services Trust

Our improvement partner is due to undertake follow up work in February 2019 with the Local Authority Designated Officer.

Appendix 1 - Performance Dataset

Sandwell Childrens Trust Social Care Monthly Performance Statistics																									
Jan-19																									
SANDWELL CHILDRENS TRUST KEY PERFORMANCE INDICATORS		Frequency Calculated	Service Area	Better Performance 3?	Statistical Neighbour Average (where available)	England Average (where available)	West Midlands Average (where available)	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Change From November	Previous Three Month Average	Direction vs SN	Direction vs Eng	Direction vs Wmids	
PLNO	DESCRIPTION OF KPI																								
1.00	Percentage of contacts to MASH referral timeliness	Monthly	Front Door	High	No available comparator data	No available comparator data	No available comparator data	83.0%	74.0%	78.9%	81.7%	70.1%	82.8%	69.4%	57.5%	73.5%	73.8%	75.4%	66.6%	▼	▼	N/A	NA	NA	
2.00	Rate of Children on a Child Protection Plan per 10,000 CYP population	As at Month End	Front Door	Low	57.9	43.3	45.3	106.7	107.1	103.8	99.9	99.3	89.2	83	80.9	77.8	71.8	68	69.2	▲	▼	▲	▲	▲	
3.00	Percentage of Initial Child Protection Conference (ICPC) in 15 working days	Monthly	Child Protection	High	81.5%	76.9%	77.0%	85.8%	88.9%	87.9%	92.3%	83.1%	80.6%	67.6%	71.7%	59.6%	75.7%	86.1%	82.1%	▼	▲	▲	▲	▲	
4.00	Out of the total number of open Single Assessments, the percentage of assessments completed within 45 working days	Monthly	Single Assessment Service	High	82.30%	82.70%	84.60%	86.8%	93.2%	86.9%	86.2%	80.3%	86.7%	89.6%	84.5%	72.0%	71.9%	84.5%	85.9%	▲	▲	▲	▲	◄	
5.00	Number of Children in need, including LAC & Children on Child Protection plan who have been unallocated for longer than five working days	As at Month End	Children in Need	Low	No available comparator data	No available comparator data	No available comparator data	46	45	61	17	12	7	38	8	13	26	25	17	▼	▼	N/A	NA	NA	
6.00	Percentage of young people with Child Protection Plans where 2 weekly visits have taken place	As at Month End	Child Protection	High	No available comparator data	No available comparator data	No available comparator data	66.8%	73.8%	75.4%	78.1%	78.8%	76.6%	73.5%	69.3%	82.3%	77.8%	85.3%	88.8%	▲	▲	N/A	NA	NA	
7.00	% CP Plans in place and completed within six monthly intervals	As at Month End	Child Protection	High	No available comparator data	No available comparator data	No available comparator data	86.7%	90.6%	91.2%	94.3%	96.1%	95.3%	95.8%	96.9%	95.7%	92.0%	92.5%	92.5%	◄	◄	N/A	NA	NA	
8.00	Percentage of 4 weekly supervisions on Child Protection cases	As at Month End	Child Protection	High	No available comparator data	No available comparator data	No available comparator data	53.5%	67.2%	60.8%	69.2%	61.5%	59.8%	36.0%	58.6%	69.9%	69.6%	58.4%	44.3%	▼	▼	N/A	NA	NA	
9.00	% of Missing children return interviews within 72 hours	Monthly	Missing Children	High	No available comparator data	No available comparator data	No available comparator data	42.4%	39.1%	54.2%	92.3%	71.0%	57.9%	51.9%	71.4%	50.0%	76.2%	91.3%	60.6%	▼	▲	N/A	NA	NA	
10.00	% Children in Need Visited in the last 20 working days	As at Month End	Children in Need	High	No available comparator data	No available comparator data	No available comparator data	63.4%	57.8%	62.7%	64.0%	71.1%	65.9%	47.4%	55.7%	64.3%	75.6%	77.7%	71.8%	▼	▼	N/A	NA	NA	
11.00	Percentage Looked After Children visited in timescale according to statutory requirements.	As at Month End	Looked After Children	High	No available comparator data	No available comparator data	No available comparator data	87.8%	88.3%	87.1%	92.3%	87.6%	88.5%	89.0%	88.6%	90.5%	88.8%	89.9%	85.7%	▼	▼	N/A	NA	NA	
12.00	% LAC reviews within timescales -	Cumulative	Looked After Children	High	No available comparator data	No available comparator data	No available comparator data	66.70%	68.40%	77.90%	70.00%	76.70%	74.70%	83.90%	78.70%	79.00%	79.10%	81.5%	73.5%	▼	▼	N/A	NA	NA	
13.00	Vacancy rate of social workers **	As at Month End	Workforce	Low	20%	17%	19.20%	16.1%	26.8%	32.3%	30.3%	29.0%	32.1%	32.6%	30.1%	34.4%	32.8%	31.3%	28.8%	▼	▼	▲	▲	▲	
14.00	Average overall caseloads across Children's Services	As at Month End	Caseloads	Low	19.1	17.8	18.7	18.93	19.15	19.89	20.04	19.96	20.90	20.19	19.40	18.80	19.07	19.20	18.80	◄	◄	◄	▲	◄	
15.00	Number of random monthly case file audits rated RI and above	Monthly	Quality Assurance	High	No available comparator data	No available comparator data	No available comparator data	50.9%	64.7%	55.6%	66.0%	40.0%	44.1%	61.7%	46.4%	54.8%	59.3%	42.9%	48.9%	▲	▼	N/A	NA	NA	
** PI 13 PLEASE NOTE ESTABLISHMENT WAS INCREASED IN FEBRUARY 2018 TO 220 STAFF FROM 184																									

Nadhim Zahawi MP
Parliamentary Under- Secretary of State for Children and Families
Department for Education
Sanctuary Buildings
LONDON

11 February 2019

Dear Minister

I am pleased to submit my fifth report since being appointed as Chair of Sandwell Children's Trust.

We have received two OFSTED visits in January, both of which suggest that we continue to make progress.

The most recent OFSTED monitoring visit took place on 29th and 30th January. During this visit, inspectors reviewed the progress made in the front door response to concerns raised by the public and other agencies. They considered the operation of thresholds for services, judgements and actions in relation to child protection enquiries and further assessments of need. They also looked at decisions to refer to early help services or step up from these services.

The overview concluded that the Trust knows itself well and has a robust performance framework. Progress has been made in ensuring that the first response to families and children in need is both timely and, in most cases, recognises risk and the scale of intervention required. Thresholds for service are mostly understood by other agencies and staff within the Trust. However, in all these areas senior staff understand that considerable improvements still need to be made to ensure consistent practice; to clarify the allocation of cases between early help and other services; and to ensure that uncertainty about thresholds does not lead to delay.

Responses to contacts and referrals are timely with risk recognised correctly in most cases. Processes in the multi-agency safeguarding hub ensure that concerns are triaged and responded to quickly and strategy meetings are largely timely. Further child protection enquiries happen quickly and result in mostly accurate decision making about further action. A recommendation to ensure that a wider range of people attend the strategy meetings has already been actioned.

Pleasingly the inspectors concluded that evidence of management oversight has improved since the inception of the Trust. The workforce is increasingly stable and there have been further reductions in the use of agency staff with some electing to work permanently for Sandwell.

We also had an inspection of our adoption services between 8-11 January. The service was judged 'requires improvement' overall. It had previously been judged inadequate in the 2017 OFSTED visit. We are pleased with the progress recognised in both these visits, but also very clear that there is a need for stronger management grip and greater consistency in practice. These are key priorities for the Trust.

In particular, improving our overall OFSTED rating when we have the next full inspection will require further focus on the quality and consistency of our audit activity and how this then reflects back into improved practice. Compliance with the audit process is much improved with 85.5% of audits being returned. The Board have made clear that they expect 100%. All audit activity is tracked robustly, any managers failing to submit their audits in a timely manner without an approved exemption have been asked to meet with Frances Craven, Chief Executive of the Trust to explain their non-compliance.

The quality of audits continues to improve as do the ratings. However, whilst moderation shows an improvement in consistency, there are still too many revisions downwards of audits following moderation and an insufficient number which are securely in the good or requires improvement category.

This was a clear theme of the recent Annual conversation with OFSTED and is a clear focus for the Leadership team. Progress is reported monthly to the Trust Board.

We continue to make good progress with our staffing. As of 12 February, we are recruited at just over our establishment of 220 with case holding social workers. This includes both permanent and agency workers. Total case holding social workers is now at its highest rate since the start of the Trust and we have more permanent staff than at any point since the start of the Trust. Our current rate of agency is 29% which remains above our target of 20%, but has significantly reduced as a proportion since the beginning of the Trust.

The increased levels of staff coupled with work to close cases more appropriately and quickly mean that we now have the lowest caseloads in recent years. Average caseloads across the service have decreased this month by 0.44 cases per worker (18.83 from 19.21), which is a reduction of 1.05 cases since 1st April 2018. This is well on the way to delivering the pledge that we made in our '12 reasons to work in Sandwell' of average caseloads of 15-18 per worker.

I have previously outlined the work we have done to reorganise our senior leadership. We now have a permanent substantive executive management team with Pauline Turner, our new Director of Operations starting with us from Doncaster just before Christmas. This permanent team is already making a real impact on the stability and consistency of what we are delivering. It sends an important message to our staff that we are fully committed to the Trust and here to stay.

We are completing the reorganisation of the next level down – Heads of Service. Having reduced the establishment from 7 to 5, we effectively removed 6 of the previous 7 individuals who had previously held these roles in December. This was a temporary risk for the Trust, but we all felt that we did not have the quality of leadership necessary to take the Trust to the next stage. We now have two permanent and three interims in place and

expect to be fully recruited by April. Pauline Turner is now working on improving the quality and stability of our next layer down – the Operational Managers.

We continue to face a big challenge in the growth of our Looked After Children cohort. The number of Looked After Children per 10,000 of our child population has very slightly increased this month to 110.6 (897 children) from 109.8 (890 children) which is an increase of 14.5 (130 children) since 1st April 2018. This is above our Statistical Neighbour average of 89 per 10,000.

This is now a key focus for the new Director of Operations, Pauline Turner and the Board.

Frances Craven and I have personally reviewed the most expensive placements. Furthermore, Frances has established a Project group to focus on how we ensure that we tackle the increase in numbers and costs; begin to move towards an edge of care service that supports earlier intervention and prevents children and young people entering the care system.

The growth in Looked After Children coupled with the cost of placements particularly expensive external placements are a key determinant of the financial pressure that the Trust is facing. The Trust is currently predicting a £5.6m overspend for this financial year. Approximately £3.9m of this represents an underprovision for the levels of Looked After Children and associated placement costs; and Care Leaver costs at the 'Crossing the Line' Point when the Trust went live. This is broadly recognised by Sandwell Council too.

We have also identified the resources particularly devoted to Improvement work at approximately £2m. From this we can see that without the growth in LAC and the resources devoted to Improvement, the Trust would be running a broadly balanced budget.

The biggest risk, therefore, to both the improvements being made for children by, and the operational independence of, the Trust, are the financial mechanisms within the contract. The services we manage are 'demand led' services but the contract we hold is a fixed sum contract. While there are mechanisms in the contract where we can apply to Sandwell MBC for increased funding, there is no guarantee that SMBC will consent. As the Trust has no other source of funding, this creates a deficit position. The Trust is a limited company and is governed by legislation applicable to companies and not local government. This in turn places potential insolvency burdens on the directors of the company. The year on year uncertainty of this situation will create legal complexities and therefore significant risk to the improvement journey. Where Children's Services remain part of a local authority, the local authority has wider options to manage a broader range of services and historical reserves accumulated to support variations in demand. The Trust simply does not have that.

The Trust will continue to work with Sandwell MBC to identify support within the contractual arrangements for short term pressures and to build a financial model which is sustainable in the medium term. With ten years of inadequate services to address and fluctuations in demand, it is highly likely that there will be significant financial pressures and risk in the short term. I believe that there is good will on both sides with the Trust and

Sandwell MBC and a shared commitment to improve the lives of our most vulnerable children.

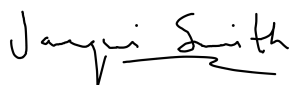
We are also in discussion with your officials about our approach to the negotiations and the potential for greater DfE support particularly for our Improvement work.

We have continued to receive good support from Doncaster Trust – our Improvement Partners. As the contract for their support comes to an end, we have discussed with your officials our need for ongoing support. It would be helpful to have some flexibility in being able to pick expertise and capacity from different partners depending on our needs and I hope that this can be accommodated in ongoing arrangements. We are also in the process of finding a new Chair for our Improvement Board with useful suggestions made by your officials. We are keen to reinvigorate this Board to focus particularly on ensuring real pace in developing our partnership work.

Finally I am delighted that we will be holding our first Staff Awards on Thursday 21st March. This is the latest example of our efforts to celebrate the progress being made by our hard-working staff; to demonstrate the culture and can-do attitude of the Trust and to recognise the importance of high quality work whether in our front line or support staff. You would be extremely welcome to come and present an award – or to visit the Trust at any other time that fits with your diary.

Thank you for the opportunity to continue this enormously enjoyable and rewarding role and, in particular, for the ongoing support of your officials particularly Gail Emmerson.

Best wishes

A handwritten signature in black ink that reads "Jacqui Smith". The signature is written in a cursive style with a horizontal line underlining the name.

Rt Hon Jacqui Smith
Chair
Sandwell Children's Trust