

Sandwell Children's Trust Progress During Covid 19 Pandemic

Jacqui Smith - Chair

Frances Craven – Chief Executive

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Context / approach to handling pandemic

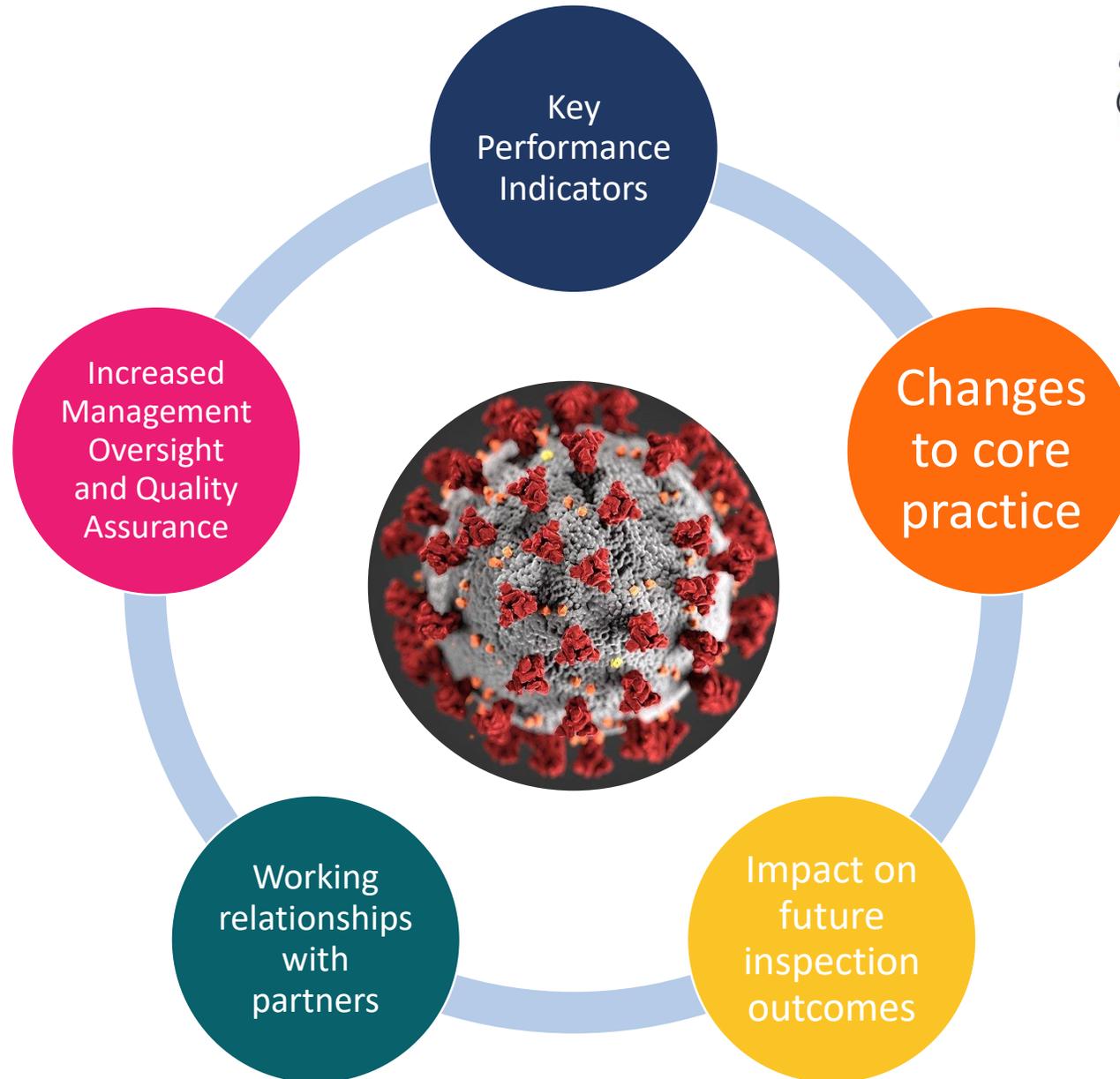
Key Principles

- Key principles have been applied to inform decision making and the Trust's Business Continuity arrangements:
 - Child-centered - promoting the best interest of children
 - Risk-based - prioritising those at greatest risk
 - Family focused - harnessing strengths
 - Evidence informed - ensuring decisions are proportionate and justified
 - Collaborative - working in partnership with parents and professionals
 - Transparent - providing clarity and maintaining professional curiosity.

Leadership and Governance

- The Trust has in place a business continuity planning framework with a clear process and system of prevention and recovery to deal with Covid 19 - overseen by a Covid 19 Resilience Group chaired by the CEO
- The Trust has in place a Corporate Business Continuity Plan, Individual Service Business Continuity Plans - supported by Plans on Page for all 24 service areas which are reviewed on a regular basis
- The 'Plan on a Page' describes each key area of business, whether it is critical, essential, desirable or could be stopped and makes an assessment of what can be delivered with 75%, 50% and 25% of staff availability
- The Trust has assessed the impact of Covid 19 (service and financial) and national changes to regulatory guidance on:
 - Standard practice
 - Statutory requirements
 - Service Delivery Contract

Impact of COVID-19



Changes to Core Practice

- Vast majority of staff are forced to home work/not in the office and have developed good keeping in touch arrangements
- Pre-visit risk assessment and guidance to help social workers and managers determine whether a visit can be undertaken
- Personal Protective Equipment available and to be used as appropriate following completion of the pre-visit risk assessment
- Virtual visiting recorded through 'COVID-19 Alternative to a Visit'
- Identifying and recording when a family is self-isolating or shielding
- Set expectation (and systems) for social workers to hold multi agency discussions and decide whether a child is safe to attend school
- Replaced face to face contact for children with their birth family with a range of virtual arrangements

Increased Management Oversight and Quality Assurance



- Expectation that managers record a COVID-19 Management Decision to explain the rationale for not visiting a child face to face.
- Managers have identified (with their social workers) which of their children are most vulnerable during COVID-19 and flagged this (which is reportable)
- Developed an automated dashboard to interrogate the new hazard flags, management oversight and alternative to visiting, in order to hold managers to account and target quality assurance activity
- Temporarily increased the frequency of performance boards to add an extra layer of assurance
- Redirection of Quality Assurance service to undertake 50-100 targeted audits per month, focussed on service delivery to vulnerable children during the crisis

Relationships with Partners



- Sharing our lists of vulnerable children to ensure 'no child is unsupported'
- Ensuring the 'practical support team' had the right information so that families who needed food in the immediate crisis had access to food parcels
- Regular meetings with SMBC colleagues 2/3 times per week to ensure service delivery is joined up
- Supporting the monitoring of attendance of children at school in Sandwell, and sharing this information regularly
- The receipt of NHS 'shielding' lists, and ensuring that there is an offer of support (and if needed a safeguarding referral) for these families not known to SCT
- Working together to determine which children have access to a government funded laptop and making arrangements for these children to receive them

Impact on future inspection outcomes

- Balancing Improvement, Business-as-Usual and responding to the pandemic has been challenging
- Recruitment / retention continues to be challenging - changes in staffing will have an impact on sustained improvement
- DfE funding for improvement activity will only last until April 2021 – there is a risk that the pace of improvement may not be sustained beyond that date

Performance

Key Data

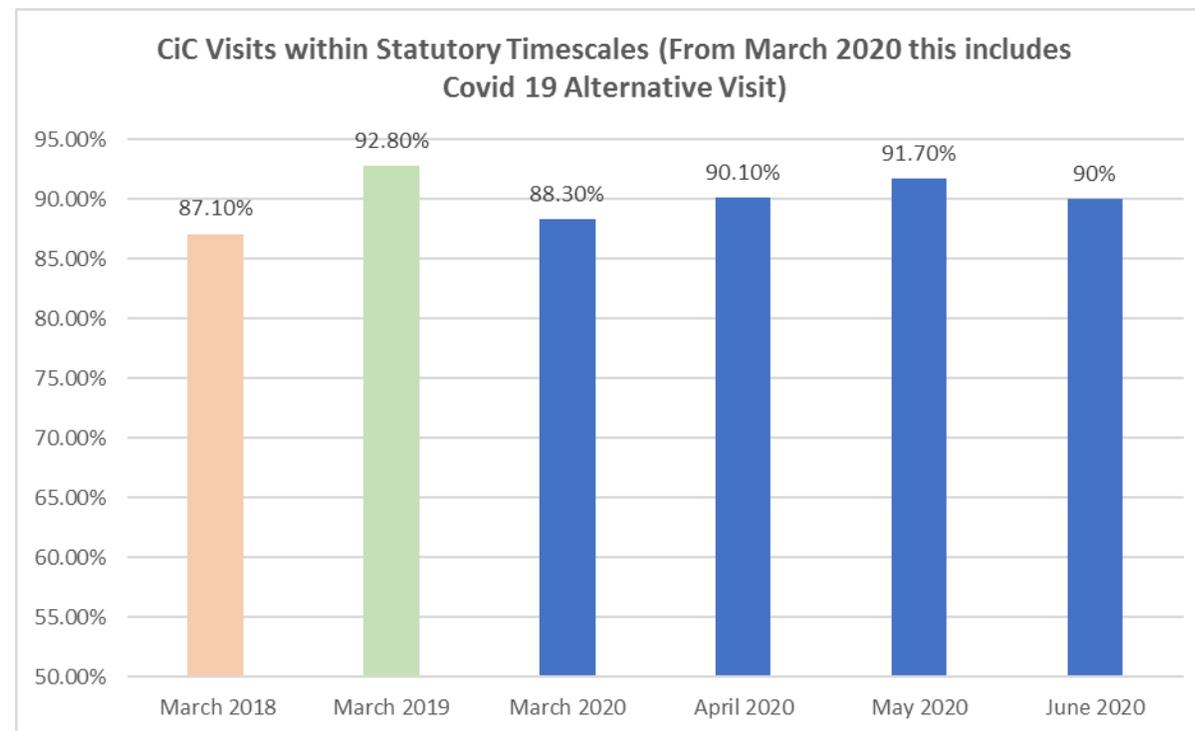
- **Contacts** – When the pandemic started the number of contacts in April and May had reduced to just over 1800 which is a decrease of 20-25% compared with the previous years, this increased slightly in June 2020.
- **Social Care Referrals** – The number of Social Care referrals reduced significantly from March to April 2020 but is now back in line with previous months.
- **Domestic Violence Notifications** – From March 2020 to June 2020 domestic violence notifications increased by 31%, and peaked in May 2020. 27% of all contacts in April, May and June 2020 were related to domestic violence - prior to the pandemic this percentage was between 16 and 20.
- **Assessments** - The number of NEW single assessments starting reduced from an average of 450 –500 per month to 330 in April and May 2020. An increase in June 2020 is now back in line with usual demand, despite the majority of children not having returned to school.
- **Visits** - We have maintained either a face to face visit or a suitable alternative (video call or doorstep visit etc..) at least the same rate as our visiting prior to the pandemic. This can be seen in the next slide.

Visiting our children

CP Visits	March 2018	March 2019	March 2020	April 2020	May 2020	June 2020
Face to Face Visits %	75.40%	74.70%	59.20%	52.30%	53.90%	76.80%
Alternative Visits %	-	-	12.70%	19.90%	20.50%	7.80%
Total %	75.40%	74.70%	71.90%	72.20%	74.40%	84.60%

CiN Visits	March 2018	March 2019	March 2020	April 2020	May 2020	June 2020
Face to Face Visits %	62.70%	73.20%	62.90%	52.20%	56.60%	72%
Alternative Visits %	-	-	9.30%	27.30%	25.30%	6.80%
Total %	62.70%	73.20%	72.20%	79.50%	81.90%	78.80%

CiC Visits	March 2018	March 2019	March 2020	April 2020	May 2020	June 2020
Face to Face Visits %	87.10%	92.80%	79.80%	64.20%	60.80%	64.10%
Alternative Visits %	-	-	8.50%	25.90%	30.90%	25.90%
Total %	87.10%	92.80%	88.30%	90.10%	91.70%	90%



Quality Assurance activities during the pandemic



- COVID 19 Response – audit activity has continued
- Focussed support for the operational service in identified areas of need. Percentage of our RI and above audits is increasing, number of RI with elements of good practice is also increasing
- Systems put in place to support practitioners for eg. PPE support response, Pre-Visit risk assessment
- Thematic dip-sample audits action plans developed and implemented.
- Reports for all audit activity has been completed in a timely manner, and members of Quality Assurance/Beyond Auditing/Workforce Development are now linked into Service meetings to ensure wider learning via discussion and offer of further support.

Other Key Information / Observations

- Increased complexity across all new referrals, and a number of families previously unknown to us have presented with significant need.
- We recognise a pressure across the partnership related to an increase in demand and complexity within family situations.
- We are relying on and promoting the continued resilience of our workforce, many of whom are tired and anxious, but are determined to do their best in difficult circumstances.
- The pandemic has further disrupted the already difficult market for social workers across the region, and we are no different to our neighbours in feeling the effects of this.
- Service has adapted and responded well to this crisis, and proven it's resilience as good as any other children's services department in the country.

Improvement Programme

Eight Improvement Priorities – a reminder



Progress Pre-COVID



- Continued focus on our Workforce Strategy (12 reasons), within the challenging context of the national and local market
- Implementation of the Practice Improvement / Practice Framework
- Ensure that we only have children in our care if necessary
- Embedded a new way of working to tackling exploitation / gang activity
- Continued to strengthen partnership working, with the creation of the Children's Strategic Commissioning Partnership
- Embedding children and young people's 'participation' throughout the organisation, especially with regard to service design and feedback
- Continued development and use of Beyond Auditing, and strengthened Quality Assurance
- New processes and clarity of roles for MARAC
- Relaunch of the Signs of Safety programme
- Stability in the top 3 layers of management
- Development of the social care academy

Progress Pre-COVID – Areas of continued development



- Promotion of education, employment or training for care leavers
- Fostering and maintaining links with adult mental health services to ensure care leavers mental health needs are met
- Ensuring commissioning intentions are clear and well monitored
- Improve the quality of plans and ensure more timely and purposeful interventions with families
- Ensure permanence plans are in place for all children
- Finalise housing and homelessness protocols
- Build on our knowledge of our children in care and foster carers to develop a clear sufficiency strategy
- Ensure lifestory work is undertaken consistently for children to understand their life history

Improvement – Inspections

- We were and are still on track for Requires Improvement whenever we are inspected – Ofsted monitoring visits indicated significant improvement in many areas.
- Ofsted will undertake an ‘assurance inspection’ in 2020 with a focus on our response to COVID-19.
- We are not expecting a full inspection until some time next year.

Recovery

Recovery and Surge Planning

- Constant review of business continuity Plans on the Page, overseen by the Executive Management Team
- There has been a reduction in contacts and referrals, and since some of the children have returned to school, we have begun to experience a spike in demand.
- Front Door and Assessment Teams, Care Management and the Safeguarding Unit have considered a 'stress test' of their services and have put in place plans to manage this safely.
- If the lost demand returns over a short period of time (i.e. 2-6 weeks) there will be a significant pressure on our services

How we will address a Surge

- We have many qualified and registered social workers from other parts of the service who can be asked to contribute to assessments, for example:
 - Peripatetic Team
 - Children in Care Service
 - Family Solutions Team
 - Quality Assurance Team
 - Beyond Auditing Team
- We are setting 'safe' limits on caseload for Social Workers within SAAT, and will begin to allocate assessments to Care Management once these limits are reached.
- An approach to managing other social work resources is in development, but will follow a similar approach to covering visits to children where social workers were off sick / self isolating at the beginning of the crisis.

Opportunities

- We have learned a lot over the last 18 weeks, and have the opportunity to 'do things differently', and more efficiently.
- We are considering the use of our buildings, where technology needs to improve and how we can capitalise on this period of 'forced home working'.
- There are many examples of children who have become more engaged during this period through the different uses of technology.