REPORT FOR: Strategic Group *The Child's Journey: How much? How well? What difference?*

| Date of Meeting: | 13 March 2013 |
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| Subject: | Improvement and Impact Assessment Framework: What does 'good' look like? |
| Responsible Officer: | Leora Cruddas |
| Enclosures: | CIB Discussion Document |

Summary and Recommendations

This covering report references the Children's Improvement Board discussion paper: 'What does "good" look like? As part of or improvement journey (which we have called *The Child's Journey: How much? How well? What difference?*), we need to build a shared understanding of what good and outstanding look like. This will also help us in our preparation for the next inspection, which we anticipate will take place under the new inspection framework.

Recommendations:

- 1. That the Strategic Group give consideration to the professional practice, regulatory and outcome view of good through discussion and with a view to calling in the evidence that is required to ensure the views reached by the group are secure;
- 2. That the corporate director and divisional director for quality assurance, commissioning and schools work with the Chief Executive, Lead Member and Scrutiny Leads to test that the local political view of good and corporate and organisational view of good is secure.

C.I.B. DISCUSSION PAPER

WHAT DOES "GOOD" LOOK LIKE?

Introduction

This paper arises from a request to provide a tool by which Lead Members, Chief Executives and Directors of Children's Services can discuss and establish a shared definition of good. From this analysis, reflection and discussion it is anticipated that the wider partnerships delivering children's services can be positively engaged in establishing a coherent forward vision for improvement, including the key outcomes we would want to see for children and young people.

The context of "good"

1. The national ambition of the sector is that all services for children, irrespective of the commissioner or provider, should be good. In the context of constrained resources and variable demand individual councils may prioritise activities or policy areas in a manner that creates areas of "accepted" adequacy whilst achieving good or excellent aspects of others. Some services will be delivered in a way that for an extended period of time may be regarded as outstanding or setting a new benchmark for excellence. That may remain the case but in some instances this outstanding practice may evolve through normalisation and change in expectations to be seen as simply good or even adequate. Perversely what used to be seen as simply adequate practice can become less widespread as contexts change and finances diminish, such that it can be seen as good to be continuing investment in this area.

2. Experience shows that perceptions of good constantly change and evolve. The Greek Cratylus is quoted as saying "You cannot step into the same river once" and this remains true as the pace of change and innovation struggle to keep abreast of rising public and political expectations around public services. Too many councils have been caught out by failing to recognise that standards of practice previously deemed good, have over the course of a few years become inadequate. Even where standards have not changed, it is easy to forget that remaining good needs constant attention, and it is easy, without external reference, to become complacent about previously good aspects of work.

3. For the term good to have meaning it requires a shared understanding. Increasingly that is not a matter just for individual service organisations but across the wider sector partnerships which deliver services for children as well as through sector led improvement arrangements that provide appropriate challenge and support.

Who defines "good"?

4. The Children's Improvement Board is firm in its view that it is for the sector itself to define good. It does, however, need to be informed of the expectations placed upon children's services by other key influencers, not least the interest of children and young people themselves This paper examines five models in that respect:

A. **The local and community based political view of good.** This draws upon the experience of lead members for children's services in defining and articulating their aspirations for children's services in the wider landscape of local partnerships and strategic needs assessment. It includes reference to the role of LSCB's, relationships with Health and Police, the casework of ward members, corporate parenting and building effective relationships with an increasingly autonomous schools sector.

B. **The corporate and organisational view of good.** This draws upon the experience of Chief Executives in defining the role of children's services within the changing dynamic of resource constraint and modernisation within councils. It includes reference to whole systems change including risk and change management, corporate team roles and relationships, system leadership models, approaches to workforce, structures and systems development.

C. **The professional practice view of good.** This draws upon the views of Director's of Children's Services working towards enhancing the life chances and opportunities for all children, the implementation of Munro, the understanding of the child's journey, the recognition of effective social work practice, operational accountability and building an effective and empowered voice for children in service delivery. The role of the DCS is increasingly about systems leadership with a critical role on enabling partnerships, quality assurance and innovation in service design, delivery and commissioning as well as advising Members. They have a key role in workforce leadership, inspiration, professional development and oversight.

D. **The regulatory view of good.** This draws upon the expectations set either through the inspection process or by the enactment of policy and regulation by central government or other relevant agencies. It examines definitions of good under the new inspection framework, the top quartile levels of performance across a range of national statistical measures, DFE policy performance thresholds and floor targets.

E. **The outcomes view of good**. This draws upon the experience and expectations of children, young people and their families. It includes reference to what can and is being achieved by children across the country and seeks an understanding of comparable performance across a range of indicators. It enables a discussion of what good looks like for all children across wider partnerships including, health, police and the voluntary sector

What key characteristics of good are prompted by bringing these views together ?

5. This is neither a check list nor a comprehensive description of each view of good. It poses characteristics as the basis of a discussion which might be reflected against what is currently tested in self- assessment or peer challenge approaches. It is important to emphasise that this is the starting point for an open dialogue between Executive Lead Members, Chief Executives and DCS colleagues as a precursor to a wider exchange of views between key partners, service users and their families and across the sector.

It is not meant to imply a sectioning of interest or question the validity of views held by any individual in any of these roles about any of the aspects raised.

6. Indeed one of the features of good is the measure of understanding by all involved of policy, practice and experience across the full range of issues raised by each model. As a starting point the list also requires reflection through the discussion as to whether other characteristics should be defined and included or existing ones excluded.

The local and community based political view of good.

- The Lead Member is able to articulate a clear vision for children in their community and has a clear mandate from their Leader/Mayor/Cabinet.
- The Lead Member has a clear and shared understanding with the Leader/Mayor/Cabinet/Chief Executive and DCS of the corporate risk arising from inadequate children's services.
- Strategic policy is agreed across wider partnerships and is based on the intelligent analysis of information. There is a sense of shared endeavour and common interest in supporting the successful improvement of partner organisations, notably health, police and the voluntary sector.
- The Lead Member has a clear and shared understanding with the Chief Executive, DCS and LSCB chair of their respective roles and statutory responsibilities.
- The Lead Member has an honest and open relationship with the Chief Executive and DCS which offers challenge and support in both directions.
- Priorities are known an understood within the community and service users have clear information about levels of provision, entitlements where applicable and the process of assessment.
- The Lead Member is an active champion for children, promotes the work around corporate parenting, has a good grasp of current issues including fostering a positive relationship with schools and a strong understanding of the impact of the work carried out across the wider partnership.
- Children and key stakeholders including carers and parents are appropriately engaged in service planning, commissioning and the quality assurance of delivery across the partnership.
- The Lead Member is proactive in creating linkages between the Children's Trust (where it exists, or else just read children's issues), Local Strategic Partnerships and Health and Well-Being Boards.
- Partners have an explicit commitment to and understanding of their responsibilities and accountability in respect of safeguarding which is embedded through their supervision and workforce development practice.
- The Lead Member is in touch with front line practice, utilises complaints and ward member casework to test assumptions and processes and participates in and encourages external sector validation of self assessment.
- The Lead Member has a clear understanding of the role of the LSCB and in particular encourages and supports its work as a strategic body, in learning from case reviews and in enabling the Chair and other members to have the information and insight necessary to evaluate the effectiveness of social work practice in safeguarding.
- The Lead Member works well with wider partnerships fostering a climate of trust and co-operation whilst being prepared to challenge and scrutinise in order to uphold the interest of children and the quality of services delivered.
- The Lead Member is a champion of the community delivery of services and seeks to build capacity and resilience in the voluntary sector.

The corporate and organisational view of good.

- The Chief Executive understands and promotes the role which children's services play in the wider corporate agenda and in supporting the political ambition and vision of elected members.
- The Chief Executive, Chief Financial Officer and DCS have a clear and shared understanding with the political leadership of the resource planning, constraints and implications arising from budget decisions in respect of children's services.
- The Chief Executive has a clear and shared understanding with the Lead Member, DCS and LSCB chair of their respective roles and statutory responsibilities.
- The Council has 'System leadership' at all levels, promoting a 'self-aware' learning culture and an open environment in which there is an appropriate balance of accountability, risk and innovation to common goals.
- The Chief Executive scrutinises all major transformational and structural change programmes to assess impact on key risk areas such as safeguarding and children in care. Areas determined as "maintenance" during periods of change are still subject to the rigour of leadership scrutiny in order to avoid drift or be rendered inert through the unintended consequences of change programmes elsewhere.
- There is a priority around the effective determination of corporate establishment, recruitment and retention in safeguarding in order to minimise the impact of interim and transition periods in key posts.
- The Chief Executive is scrupulous in challenging and assuring all audit processes in respect of information about service delivery including follow up on lessons learned, actions taken on recommendations and progress on agreed improvements or performance levels.
- The Chief Executive participates in and encourages external sector validation of self assessment and encourages key commissioning and delivery partners to adopt the same approach. There is an explicit focus on using self assessment to drive continuous improvement.

The professional practice view of good

- The DCS has the experience, resilience and current training to discharge their role as a system leader
- Where the DCS has a wider portfolio of responsibilities there is a rigorous process of assurance to ensure that their capability and capacity is sufficient to enable them to do a good job
- The DCS has a clear and shared understanding with the Lead Member, Chief Executive and LSCB chair of their respective roles and statutory responsibilities.
- The DCS exercises a proactive lead in ensuring the wider partnership adopts a systemic approach to multi-agency service design and delivery based on 'child's journey', with a coherent 'early help' offer.
- Work across the full spectrum of services is based on robust and timely information, strong analytical assessment and outcome-focused planning.
- The DCS is rigorous in assuring the effective use of evidence-based interventions and challenging duplicated, ineffective and inefficient practice.
- The DCS leads and supports the workforce and corporate body and partners in preparing for and responding to regulatory visits and inspection.
- Children's Services employ rigorous audit processes to inform service improvement, learning and development which are exposed to external peer validation. There is a proactive approach to sector led work which is fostered across partnerships and promoted positively as an effective investment of time and resources.
- There is effective use of data and other performance information to inform discussions across partnerships around thresholds, changes in social work practice, engagement with service users and the professional development of the workforce.
- The DCS is seen as the credible champion of a comprehensive workforce development programme linked to practice and meeting the aspirations highlighted in the work around Social Work Reform and the Integrated Children's Workforce.
- The DCS rigorously monitors workforce recruitment, retention and supervisory practice to ensure caseloads are appropriate, systems are not bottle-necked and succession planning is clear.
- The central importance of the views of children and families to inform care plans and wider service commissioning is embedded across the partnership.
- Care planning is proactive and clearly driven by the best interests of children rather than in response to the pattern of existing provision.

The regulatory view of good

- There is clearly recorded evidence to reflect the experiences of children and young people from the time they first need help, the effectiveness of help and protection provided (including early help) and the quality of practice and management at the frontline. That evidence is used consistently to inform policy and practice.
- Those children and young people who may be at risk are identified and appropriate referrals are made to children's social care where those concerns reach agreed multi-agency thresholds.
- The quality, effectiveness and timeliness of assessments and risk management are demonstrable and regularly reviewed alongside the effectiveness and impact of the help given to children, young people and their families.
- The help and protection given to children and young people is equally accessible, responsive and robust, irrespective of the age, ethnicity, culture, faith, gender, gender identity, religion, sexual orientation, language or disability of the child, young person and family
- The quality and effectiveness of inter-agency working and help for children, young people and families, including direct work with families, the interface with adult social care, information sharing, and referral and assessment arrangements is clearly evident. There should be the active promotion of examples of the effectiveness with which agencies work together to help and protect children used for workforce development. These should include good practice in exercising shared professional responsibility for strategy meetings, review meetings, case conferences, core group meetings and child protection planning.
- Social workers and other professionals working with the child or young person and their family have meaningful, consistent and direct contact with them. There is a clear and consistent record of this which corresponds with the views of the children, young person and their family and the professional staff involved. This triangulation is a consistent feature of practice assurance and self assessment processes. It features as part of supervision and the regular management oversight of practice and decision-making.
- The Local Safeguarding Children Board is effective in securing the contribution of all partners to it and in its oversight of the effectiveness of operational practice. That includes monitoring and assessing the effectiveness of multi-agency responses to risks to children and young people such as multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC). The LSCB works consistently to ensure a learning culture including learning from serious case reviews.
- Individual agencies can clearly evidence their partnership contribution to safeguarding and early support as well as work in identifying and referring children. This includes health visitors and school nurses; youth offending teams; probation trusts; police; adult social care; schools; primary, community, acute and mental health services; and children's centres
- Early help is widely understood, accessible and reflects the needs of the local population. This includes the effectiveness of maternity services to vulnerable parents and families, particularly pre-birth planning for vulnerable or at-risk infants. The response of unscheduled care facilities, for example accident and emergency departments and walk-in centres, to children and young people at risk

of harm is consistent and in accordance with the protocols established to underpin effective local practice.

- Case tracking, practice observations and discussions about casework with practitioners are not the preserve of inspections but are built into processes for the oversight, assurance and supervision of professional practice.
- The views and experiences of children, young people and families of the effectiveness of the help and protection they receive are regularly assessed to inform planning and influence practice. They are generally positive and criticisms are used as a basis for learning and appropriately dealt with.
- Outcomes for young people are good and in particular outcomes for young people in care are demonstrably improved as a result of the intervention arrangements, decision making and provision established to support them.
- Care planning is strong and timescales are appropriate without unnecessary constraints arising from ineffective relationships with CAFCASS or the Courts or poor social work practice including the presentation of inadequate reports. There are high levels of placement stability and permanency as appropriate in comparison with similar cohorts of children and young people.
- National and local performance data, the learning from serious case reviews and local partnership intelligence reflects strong and effective service delivery. There is a commitment to continuous improvement based upon an analysis of published performance information.

The outcomes view of good

Children achieve good outcomes across a range of aspects important to their health, well-being and life chances.

The outcomes for children in early years provide a secure foundation for their future development.

Measure:

 Percentage of children with 78+ points achieved across Foundation Stage with at least 6 points in each scale

There are low levels of young people not in education, training or employment between 16-18 years of age

Measure:

• Percentage of 16-18 year olds who are NEET

There are low levels of criminal behaviour amongst young people.

Measure:

• Percentage of young people aged 10-17 entering the Youth Justice system for the first time.

Children and young people with Special Educational Needs and Disabilities are identified at an early stage and receive appropriate support and provision which is regularly reviewed.

Measures:

- Percentage of school pupils who have statements of SEN,
- Percentage of SEN without statements,
- Percentage at School Action and
- Percentage at School Action Plus.
- Attainment of SEN pupils at KS2 at 11 and GCSE or equivalent at 16

Children are active and healthy.

Measures:

- Percentage of children in Reception who are overweight or obese
- Percentage of children in Year 6 who are overweight or obese
- Incidence of STI in young people
- Incidence of young people with chronic health conditions related to smoking, alcohol or drugs

There are few teenage pregnancies.

Measures:

• Number and percentage of teenage pregnancies (terminated and full term)

Safeguarding is timely and effective

Measures:

- % of Initial Assessments completed within 10 working days.
- % of CPPs lasting two years or more
- % of children having a second CPP within two years
- % of ICPC held within 15 days of the start of a section 47 enquiry which led to a conference.
- Rate of CIN per 10,000
- Rate of Initial Assessments per 10,000
- Hospital admissions caused by unintentional and injuries to children.
- Number of children in households with reported domestic Violence.
- Number of children reported missing and not found within 24 Hours

Children in care are placed appropriately and speedily and offered stability until such time as they may be taken out of care.

Measures:

- Rate of LAC per 10,000
- % LACs for more than 30 months who have been in one placement or placed for adoption
- % LAC adopted during the year who were placed for adoption within 12 months of the decision
- Average time between a child entering care and moving in with their adoptive family for children who have been adopted
- % Children who wait less than 21 months between entering care and moving in with their adopting family
- Average time between a local authority receiving court authority to place a child and the local authority deciding to match to an adoptive family (days) (including fostering where they are subsequently adopted)
- % LAC at 31st March with three or more placements in that year
- % LAC at 31st March placed outside LA and more than 20 miles from where they used to live

Outcomes for children in care are good.

Measures:

- The proportion of young people aged 19 who were LAC at 16 who are in suitable accommodation
- The proportion of young people aged 19 who were LAC at 16 who are in employment, education or training