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Care and Social Services Inspectorate Wales

Report on the Inspection of Children's and Family Services – Newport City Council

February 2013

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Purpose and background to the inspection:

Newport City Council and the Care and Social Services Inspectorate Wales (CSSIW) identified a number of areas for inspection based on the Directors Annual Report, the recent Children in Need thematic review , and discussions held between the two agencies. Three areas were identified for inspection:

The effectiveness of preventative and early intervention services.

Decision making.

Workforce and capacity issues.

Approach and information considered:

Front line services and outcomes for children were the focus of this inspection, looking at practice as evidenced by case file reading, information from the Council and the findings of a recent CSSIW review of Children in Need services in Newport City Council. All the case files were in respect of re-referrals and re-registration of children on the child protection register from specific time periods in autumn 2012. Individual and staff group interviews and presentations took place, with an emphasis on meeting front line staff and team managers. Two Service Managers and the Head of Children and Family Services were also interviewed. The inspectors were encouraged by the honesty and commitment of the staff and managers met during the course of the inspection and appreciated the work they did in completing their presentations.

Summary of key findings:

The introduction of the Integrated Family Support Team in 2010, along with more recent Integrated Family Support Services, is showing evidence of delivering improved outcomes for some vulnerable children and families. It is too early for such services to have had a discernible impact on reducing the number of children on the Child Protection Register or the number of children looked after by the Council.

During the eighteen months up until November 2012, service delivery changes and workforce pressures contributed to staff turnover for frontline services of up to 33%. This included social worker, senior practitioner and team manager vacancies, and resulted in unsustainably high caseloads, inconsistency of practice and management oversight and decision making, and low staff morale.

At the end of November 2012 the Council put in place actions to recruit and retain frontline staff through salary increases. This has already impacted on recent recruitment, and staff stability is beginning to improve. The recent service changes are beginning to settle into place and staff morale has markedly improved over the last three months.

The Council's Threshold Audit action plan has recently been reviewed and updated and work was underway on improving the decision making process in the Duty and Assessment Teams to ensure consistency of practice.

The proportion of newly qualified staff, and staff in their second year in the frontline teams, was very high, with experience predominantly concentrated in the senior practitioners and similar posts.

Supervision had improved markedly though the quality and consistency of supervision needs continued attention. Staff spoke highly of the support and mentoring that was given to newly qualified staff.

There was good leadership and a sound management culture at various levels in Children and Family Services, with Corporate and Elected Member support for Children and Family Services in delivering the whole Council safeguarding agenda.

Overall, while there was evidence of some effective case work practice and decision making, there were also cases that raised considerable concern for the inspectors. Further improvement is needed if safe practice, better outcomes and management oversight for vulnerable children and those at risk of harm is to be consistently achieved.

Recommendations:

Improve the consistency of applying threshold and eligibility criteria, achieved in part by implementing recommendations set out in the Council's own Threshold Review action plan from 2011 and January 2013. This includes ending the practice of sending out "No Further Action" letters to vulnerable service users, and carrying out a range of checks with other agencies.

Continue to sustain and improve staff recruitment and retention with a view to building a more skilled and experienced workforce. This is essential to reduce case loads numbers and make best use of staff skills and commitment in delivering integrated and effective case management.

As part of staff retention measures, improved training and development for more experienced staff including senior practitioners is needed, along with staff development opportunities across Children and Family Services and with partner agencies.

Improve consistency of the management decision making and oversight, and continue to improve and sustain the quality of supervision, mentoring and support.

Managers should consider collating and reviewing the staff group presentations given to CSSIW inspectors to assist practice, service innovation and development.

Risks identified:

Inconsistency of thresholds and decision making, coupled with the high volume of contacts and referrals, has left some children in situations of potential vulnerability and danger. This may in part, have been reflected in the high levels of re-referrals and the number of children re-registered on to the Child Protection Register.

Recruiting and retaining staff, and the development of an increasingly experienced workforce, is required if caseloads and the quality of social work and preventative practice are to be of the required high standard.

Capacity and eligibility criteria are limiting timely access of children and families to support services, both in terms of specific intervention services within the IFSS and services for children and young people with mental health problems.

Lack of effective working practices with adult services risked poor outcomes for children where their parents had a learning disability and/ or mental health problems.

Good practice and innovation identified:

An effective range of innovative and evolving preventative and early intervention family support services, involving parents in owning and understanding their responsibilities in improving and providing safe and good enough parenting, using the “distance travelled” system to identify positive change made by parents.

Effective multiagency relationships at fieldwork level, bringing together practitioners from a range of statutory and voluntary organisations, with an improving child care focus in what are, at times, some difficult, challenging and dangerous situations for children, parents and staff alike. This includes a more consistent use of the “Signs of Safety” process to assist analysis, planning and decision making for children in need and those at risk of harm.

Areas for future follow up work by CSSIW:

Reviewing progress in delivering the Recommendations as set out above.

Evidencing the impact of integrating referral processes, particularly on the reduction of re-referrals, and the impact of Integrated Family

Support Services on the numbers of children on the child protection register and children looked after by the Council.

The effectiveness of early intervention and preventative services:

The Children and Families (Wales) Measure 2009 made provision for implementing an Integrated Family Support Team (IFTS) model, with three pioneer IFST's launched across Wales in Spring 2010, one of which was Newport City Council. The programme is to go Wales wide during 2013 – 2015 with the Newport service covering an additional four Council's from Spring 2013. Along with Newport City Council, the Aneurin Bevan Health Board and Barnardo's are the principal IFSS partners in Newport.

The Council has developed an Integrated Family Support Service (IFSS), of which the IFST was the core element in driving change and improvement in support services in Newport. The involvement of Barnardo's as a preferred partner in the IFSS has contributed both expertise and funding to assist service development across the city.

The IFSS underpins the Council's Commissioning Strategy for Children in Need that seeks to: *"develop a continuum of integrated family and carer support services for children and young people in need that is evidenced in protecting them from harm and promotes wellbeing".* Part of this strategic intention is to achieve, as far as it is safe to do so, a reduction of up to 20% in the numbers of children on the child protection register and children looked after by the Council. All of the IFSS work was integrated with front line duty and assessment, child protection, looked after children and youth offending teams and services, with good links to community based partners such as schools, health, Police and voluntary agencies and services.

For the purposes of this inspection, the effectiveness of the following services within the IFSS were considered:

The Prevention Service/Team around the Family (TAF) service. This was developed during 2012 following the merger of the Early Intervention and Prevention Team (managed by Children and Family Services) and the Preventative Service Group (managed by the Education Department). The Prevention Service has provision for a team manager, two senior practitioners and up to 14 support workers that includes experience of working in Women's Aid, education, youth offending work, social work, nursery and residential services and disabled children and young people. The Prevention Service aims to provide an early intervention and prevention service for vulnerable children and their families but for whom a social work service is not deemed necessary.

The Family Support Team (FST) provides a range of family interventions that support parents on all aspects of parenting and safeguarding their children. This is within the context of child protection and children in need plans delivered by the frontline Duty and Assessment teams and Child Protection teams. The FST has provision for 14 staff, including a Barnardo's team manager, a senior family support worker, and a range of practitioners with experience in health and social care, nursery nursing, youth and community work and counselling.

The Integrated Family Support Team (IFST) was introduced by children's services in 2010. The IFST works with families where parental substance misuse presents the main risk to the safety and wellbeing of a child. The work focuses on children in need, those at risk of harm and in need of child protection, and children looked after by the Council for whom rehabilitation with their parents is part of the plan. The IFST has provision for a service manager, business manager, team manager, administration support, consultant social workers, community psychiatric nurses and health visitor, with the Gwent Probation Service and Barnardo's each seconding a staff member into the team. A significant partner in providing input and expertise to the IFST is the Kaleidoscope service which specialises in working with people with drug and alcohol problems. There are a total of 8 intervention workers in the IFST.

The Family Assessment and Support Service (FASS) is hosted by Barnardo's and works with families with complex needs and for whom there was a risk of imminent family breakdown with the potential of children being received into the care of the Council. The FASS has provision for a Barnardo's Service Development Manager, consultant social worker and 3 intervention workers from a range of professions.

The Domestic Abuse coordinator is funded through the Community Safety Partnership and the IFSS, and employed by Barnardo's. She brings a range of invaluable expertise to the service and provides a daily review/assessment process with the Police in respect of all domestic abuse referrals.

Other elements of the IFSS include the Children with Additional Needs (CANs) team as part of the Families First programme, that provides assistance to families who have additional needs. The team work closely with the Prevention Service. The Family Contact Service, B@1 for young people with substance misuse problems, Young Carers, Young Families support service, and the Debt Advice service all work to assist and support children, young people and parents.

For those cases where there are significant concerns about the child, including where they are seen as children in need or are on the child protection register, input is based upon delivering key parts of the children in need, child protection or looked after child plan. Such plans are informed in part using the Council's "Signs of Safety" model, which provides a framework for assessing and managing risk. These were evident in case files and were used in child protection conferences and reviews.

When working with families, staff in IFSS and parents recognised what strengths parents have, identify those behaviours which are unacceptable, and agree a range of services and support needed to assist parents in providing a safer home for their children. Evidence of change and risk reducing behaviour used a "distance travelled" evaluation tool. This allowed parents to assess where they are at the start of service input, what good enough parenting looks like for them and their children, and to know if or when they achieved such change.

There is a single referral route to the Prevention Service, for children and families who are deemed to be vulnerable but who do not require the specialist input from children's services. Since April 2012 the service has received 434 referrals, with the majority of referrals coming from schools (35%), the Police (22%) and self referrals from families. While the majority of referrals, 63%, are for children aged 9 – 17 years, 36% are for children aged 0-8 years. The main referrals are for a broad preventative service at 37%, anger management/challenging behaviour at 19%, and restorative justice at 13%.

The "distance travelled" evaluation of the change by parents using the Preventative Service for the period April – December 2012 showed an average reduction in risk of around 30%. This included improvement in their parenting skills and anger management, and overall there was a reduction of risk in 91% of families who received a service from the Prevention Team. Of the 160 families receiving a service during this period, 23 families (14%) were referred to Social Services for further intervention. As noted in the IFSS Overview Report for April – December 2012, the level of assessed risk within families for this period was higher than previous quarters. The Council will need to keep this under review to ensure appropriate eligibility criteria and thresholds for service access to the range of IFSS's are in place.

The Family Support Team (FST), Integrated Family Support Team (IFST) and Family Assessment and Support Service (FASS) team have a single point of referral to their services.

For the Family Support Team (FST), of the 205 referrals made in the period April – December 2012, fifty six percent of referrals came from the Duty and Assessment teams, 24% from the Child Protection teams, with 8% coming from the Children Disabilities team and 5% from the Looked After Children team. Nearly three quarters of the work relates to children and families in need, with 18% supporting children on the Child Protection Register and their families. The service intervention objective was to achieve and sustain safe parenting. Just over 71% of work of the FST is with pre-birth to 11 year old children.

Evaluation by the local authority at the end of service support from the FST to families showed significant improvements in the quality of parenting, keeping safe and improved self esteem.

The Integrated Family Support Team (IFST) has a primary role in undertaking work with a parent who has a substance misuse problem, and where a skilled, multi-agency approach is needed to address a range of complex parental and family issues. The IFST received 47 referrals for the period April – December 2012. Of these, 27 out of 30 were accepted to receive a service, 8 out of 9 were for consultation only and 6 out of 8 were re-referrals that received a service. The main substances misused by parents during this same period were alcohol at 45%, heroin 32%, followed by cannabis at 10%, amphetamine 7% and cocaine at 6%. It should be noted that the IFST, as one of the pioneer funded Welsh Government services, was required to deliver a range of training and development opportunities for staff in respect of its' service intervention and practice models.

The Family Assessment and Support Service (FASS) has a primary focus of responding to potential family breakdown and preventing the possibility of children coming into the care of the Council. At times this service works with a similar range of complex and challenging family situations as those of the IFST, though does not have the same primary focus of working with parents with chronic substance misuse. The FASS received 36 referrals during the period April – December 2012. Of these, 26 out of 29 referrals were accepted to receive a service, all 6 cases referred for advice were accepted, and 1 re-referral case was accepted. The FASS has recognised the increasing number of troubled young people who don't meet the high eligibility criteria of the specialist Children and Adolescent Mental Health Services (CAMHS) and has used a vacant post to recruit a CAMHS worker to the team.

Of children and families who received a service from the IFST and FASS, sixty three percent were deemed to be children in need cases, 24% were on the child protection register or subject to child protection proceedings and 13% were subject to voluntary care orders or Interim Care Orders. There was

an age spread of children using both services, with 30% being pre-birth to 2 years, 17% aged 3 – 5 years and 29% aged 6 – 11 years old. Evaluation by the local authority of families who received support and intervention from the IFST and FASS found that after a six month period most families (95%) behaviour was deemed to have improved to being "good enough", with most children in need remaining at home with their parents.

Parent surveys indicated the success of IFSS's, including the use of the "distance travelled" tool, welcoming the honesty of staff in making clear what is and is not acceptable in terms of their parenting and or associated behaviours that may potentially threaten or harm their child. Evidence from the small sample of cases looked at as part of the CSSIW Children in Need review carried out in November 2012 was that a number of parents felt they were able to mis-lead some social workers as to what was actually happening in their lives and those of their children. More consistent use of the "distance travelled" tool, with an effective challenge process by social work staff and those within the IFSS teams, should assist a more honest relationship between some families and Children and Family Services.

The Overview Report of the IFSS April – December 2012 sets out a number of informative case studies detailing the range of work carried out by the service with children and their families. This provides some detail on the complexity of the range of tasks they carry out with an honest appraisal of progress made by families and how this impacts on delivering better and safer outcomes for their children.

The arrangements by the FST, IFST and FASS, set up to receive referrals of children in need, those on the child protection register, and children looked after by the Council where rehabilitation is part of the service plan, appear to the inspectors to be working reasonably effectively. There is, however, evidence that there are delays for frontline staff in accessing some services within IFSS. In some instances the difficulty caused by such delay, or not getting a service at all, had undermined service plans for children and families. Service access criteria and the capacity of IFSS need to be reviewed by the Council to address this problem.

An area of difficulty for staff in the IFSS is that of accessing timely assessment and case management support from adult services to assist parents who have learning disabilities and/or those with mental health difficulties. While the scale of the difficulty was unclear to the inspectors it is an area for review and improvement by the Council. In addition, and notwithstanding the recruitment of a CAMHS worker to the FASS, there is an ongoing and significant need for greater access to CAMHS provision for children and young people with mental health problems.

The effectiveness of the IFST, and its' success in delivering improved outcomes for children where one or more parents has a significant substance abuse problem, has been reviewed and evaluated by the University of Wales in Newport. This is part of Welsh Government overall evaluation of the effectiveness of the three pioneer IFST's, and will help inform the programme of rolling out the Newport IFST service across the other four Council's that made up the old Gwent area. The review may also indicate any real and/or predictable savings as a result of IFSS using the "Family Savings" calculator model. The outcome of the review will be published in Spring 2013 and so was not available to CSSIW at the time of this inspection.

Areas of progress

Range of effective early intervention and preventative and support services assisting improved outcomes for children.

Use of the "Signs of Safety" risk management assessment tool and the evaluation methods of "Distance travelled" system to assess the effectiveness of support and intervention services.

Effective interagency working across IFSS.

Innovative approach to service development.

Priorities for improvement

Reducing waiting list for services in IFSS.

Timely access to and input from adult services.

Risks

Staff confidence in accessing key services in a timely way in IFSS.

Impact of IFST being developed across Gwent and the potential for this to impact on service levels in Newport.

Decision Making

The small sample study undertaken as part of the Children in Need review undertaken by CSSIW in November 2012 raised concern about the quality of decision making, particularly at the early stages of a family's involvement with Children and Family Services. The review indicated that the quality of information gathered and analysis of this information in initial assessment was inconsistent and at times poor. Similarly, core assessments, with the exception of those undertaken as part of child protection conference reports, were overly focussed presenting evidence without sufficient regard being given to the family's previous history. An audit of the front door decision making commissioned by the Council had shown that the number of contacts is high and a high percentage of initial assessments were not leading to a

service being delivered. An action plan from this audit was being implemented.

This current inspection was able to consider a wider sample of the council's work in respect of decision making in the frontline teams with particular reference to re-referrals and re-registrations.

Public access to Children and Family Services is now located in the Information Centre. This provides not only a "one stop shop" for Local Authority services, but also a range of other public and voluntary agencies' services including the Public Protection Unit and the Domestic Violence Unit, Job Centre Plus, Healthy Living, and Victim Support. Other organisations such as the Fire and Ambulance Services and smaller voluntary groups were using the facilities, offering a service to the public and consultation with Children and Family Services on a regular basis. Interview rooms are available including a secure room but these have to be booked. Only interview booths were available otherwise. It had taken time for staff to adapt to the new arrangements.

Staff in the Duty and Assessment Teams (DATs) and Child Protection Teams worked in the same open plan office where they were expected to 'hot desk'. The office computer and telephone systems facilitated this method of working and the DATs had a dedicated e-mail box for referrals including a secure e-mail box. Laptops were available for home working.

Initial telephone calls are taken by the main duty desk and transferred to the DAT. At any one time, there were two duty social work assistants supported by a social worker and a senior practitioner (currently on a one in three week rota) on office duty. The senior practitioner, in consultation with the team manager when required, made decisions on all contacts and referrals, and cases were allocated on a daily basis. The duty desk system was still developing and the team manager was reviewing the current decision making processes and current thresholds, including domestic violence referrals.

It had previously been recognised that there needed to be closer working relationships with other agencies. Weekly domestic abuse meetings involving all relevant agencies were held. The DAT team manager was visiting schools, which was said to be leading to more appropriate referrals. A system of responding to education referrals and updating the referrer on progress was also being piloted. This included informing schools when Children and Family Services were not intending to work with the family but asking them to continue to monitor the situation.

It was acknowledged by staff that there had been inconsistency of thresholds and decision making in the two duty and assessment teams but they believed that this had improved considerably since the two teams began to be managed by the same team manager some three months ago. There was more consistent use of Signs of Safety at the initial assessment stage which was improving the analysis of risk. As part of the plan to reduce the number of referrals to the DATs, arrangements were being considered to route all first time referrals to the Prevention Service, unless they were clearly child protection cases. To more effectively manage referrals, from January 2013, a social worker had been placed within the Prevention Service to liaise between the DATs and the Prevention team.

Staff described decision-making as:
'Not an autonomous approach but rather a sharing of the weight and responsibilities of making decisions which influence children's lives and/or safety'.
'In my experience, decision making has been a joint process that is discussed in supervision.'

On a day-to-day basis, team members offered advice and support and senior practitioners and the team manager were also available. Regular case based supervision was being provided. Some good supervision and shared decision making was seen though this was not yet consistent across all teams in terms of the quality and regularity of supervision and its overall impact in improving the quality of decision making.

Other managers and the Independent Reviewing Officers were involved in child protection and LAC reviews. Senior managers chaired a number of decision making forums including placement panels and legal meetings. While staff appreciated the sharing of decision making responsibilities, it was felt that there was too much duplication with an excessive range of decision making panels which felt like hoops to jump through, particularly as different reports were needed at each stage for different panels. This process needs to be reviewed and rationalised to avoid duplication and speed up decision making.

Re-referrals
The Directors' report for 2011/2012 made reference to the rising rates of re-referrals. An examination of thresholds in the DATs had been undertaken by the Council and concluded that thresholds were sound and that the increase was due to an overall increase of 86% in referrals. Re-referrals were also a feature of the Child in Need review in November 2012.

A desk top analysis was carried out before this current inspection which showed that the rate of re-referrals had increased from 25% in 2010-2011 to 44% in 2011-2012, with the projected figure for 2012-2013 of 40%. Up until 2009-2010, Newport's figures had compared favourably with the All Wales averages but the figure for Wales in 2011-2012 was 30%. There has been some discussion by the authority on the requirements to report referrals but not contacts and that their practice of progressing most contacts to referrals potentially skews Newport's figures.

This inspection looked at a random sample of re-referrals for a period in September – October 2012 and followed two of the cases by talking to the social workers involved. The purpose was to examine the response of the authority for the specified and earlier referrals (and any subsequent) referrals in terms of the decision making and the actions taken. It was only possible to examine a small number of cases but even so a number of themes were identified.

The responses to referrals were timely, with, in nearly all the cases, decision making taking place within 24 working hours. With most of the referrals seen, there had been at least two earlier referrals (in one five previous referrals) and in more than half the cases subsequent referrals. File reading indicated a mixed picture of practice. Some good examples of effective decision making and legal planning were seen but in others a lack of such input and/or urgency in contingency planning left children at potential risk. The following themes were identified:

In a number of cases, the response to earlier referrals might have left children at potential risk.

Decision making for re-referrals indicated events were too often seen in isolation rather than aggregating concerns. Some of the families had a considerable history with Children and Family Services but little consideration was given to this.

There was inconsistency in carrying out "lateral checks" with other agencies and, at times, it caused delays in decision making.

Children were not always seen when staff completed initial assessments.

More consistent use of Signs of Safety was already impacting on more recent referrals.

Where appropriate, decisions were made in terms of the action that was needed, but in a number of cases the response was often inappropriate where a decision was reached that no further action was needed by Children and Family Services. A blanket approach was adopted with letters sent out saying that no further action would be taken and advice was given including contact information for appropriate services. This included letters sent to vulnerable people who were unlikely to take a proactive step to contact potential support

services and agencies. Letters were also sent to victims of domestic abuse where the woman may still be in the same house as her partner/abuser with all the potentially negative repercussions for the woman and her children. There was no monitoring of the impact of these letters or of the subsequent take up of preventative services.

Re-registrations on the Child Protection Register

The Newport Safeguarding Children Board (NSCB) Annual Review 2010 - 2012 provided a review of child protection work in Newport, including reference to re-registration rates on the child protection register (CPR). There was a fuller consideration and analysis of this in the report from Children and Family Services to the Learning, Caring and Leisure Scrutiny Committee meeting of 28 November 2012.

During 2011/12, over ninety six percent of initial child protection case conferences were held on time, with 99% of child protection review conferences held on time. Meetings to review the child protection plans by the core group within 15 days of the initial conference by the core group had happened in 56% of cases.

Since 2007/08, Newport City Council has recorded a decreasing trend in the number of children at risk as indicated by being on the CPR: during 2009/10, while the numbers on the CPR in Newport continued to fall, the Wales average rose. For 2011/12, the number on the CPR in Newport was around 110, nearly 25% below the Wales average. Overall the rate of re-registrations on the CPR in Newport is broadly in line with the Wales average figures, though it is around 20% above the average when considering re-registrations for 2011/12.

This inspection looked at a random sample of re-registration cases that were on the CPR over the period September – October 2012 and followed two of the cases by talking with the social worker case managers and associated support staff and managers where appropriate. This was in order to review decision making and actions taken, and to get a clearer perspective on the child's narrative, outcome and experience of service intervention. It was only possible to examine a small number of CPR re-registration cases but even so a number of themes were identified. Consideration was also given as to whether there was any causal link between the numbers on the CPR, re-registrations, and the introduction of the IFST and wider range of support services via the IFSS.

File reading indicated a mixed picture of practice, management input and oversight. There was evidence of some good practice, decision making and legal planning input, but this was inconsistent with, at times, a lack of urgency

in contingency planning that left children at potential risk. The following themes were identified:

Consistent use of “Signs of Safety” at child protection conferences to inform decision making, though being on the CPR did not necessarily lead to reduction of risk.

Some good quality, effective social work practice with good parental engagement, with sound interventions within context of child protection plan from IFSS staff.

An indication of over optimistic assessment of reduction of risk, along with changes in circumstances in some cases, leading to de-registration followed by re-registration between 12 and 24 months.

Inconsistent management oversight, action and lack of urgency in legal and contingency planning in some cases where risk, associated with chronic substance misuse and accompanying domestic abuse, has been well known to the department yet opportunities to take effective safeguarding had been missed. Integral to this has been ineffective engagement of some parents who kept staff at “arms length” while appearing to engage with the services.

Very recent good quality Court reports that clearly reflect the voice, needs and experience of children.

The direct impact of the IFSS in reducing the number of children on the CPR and those children looked after by the Council is not clear as it is too early in the life of the project for this to be assessed. However, there has been a reduction of numbers of both measures since 2006/7: this trend puts Newport’s performance as running counter to the majority of other Councils in Wales. Areas for future consideration by the Council and CSSIW is to evidence potential correlation between the effectiveness of IFSS, and the impact in safely reducing numbers of children looked after by the Council and those on the Child Protection Register.

Case studies:

A number of the cases examined by the inspectors indicated significant challenges faced social workers and other service staff across the city in what were some very complex and potentially dangerous family situations. Many children lived in families where parents experienced elements of chronic substance misuse such as drug and/or alcohol problems, along with domestic abuse and/or mental health difficulties. Such difficulties, generally accompanied by increased levels of poverty and deprivation, were described by a number of practitioners and managers as “the toxic trio” of factors: these presented the potential for vulnerability and risk for many children and young people in the city as well as for staff working with families.

Inspectors examined cases where re-referrals had been made and also a sample of cases where children had been re-registered on the child protection register. The case studies undertaken set out key aspects of case management, practice and decision making. Aspects of good social work practice were identified, but there were also indications that opportunities to identify needs and to provide a service had been missed with the potential for young people to be at risk.

A small number of cases were referred back to senior management for review and to consider the lessons that might be learned for current and future practice.

Areas of progress

Some sound social work practice and support service interventions with a good child focus delivering better outcomes for children in a clear planning context.

Good multi-agency working in complex and challenging cases.

Increasingly effective use of the Signs of Safety tool to inform decision making.

Some sound initial and core assessments.

Priorities for improvement

Consistency of thresholds and decision making while streamlining the referral process across Children and Family Services.

Review high level of assessments undertaken that then lead to no further action.

Implement DATs carrying out checks with other agencies and urgently review the practice of sending out “No Further Action” letters to vulnerable individuals.

Consistency in legal planning and contingency arrangements.

Risks

Inconsistent and inappropriate “No Further Action” letters leave children and some parents in vulnerable and potentially harmful situations.

Missed opportunities to take appropriate actions placed children in potentially harmful situations.

Workforce and Capacity

In November 2012, when the CSSIW Child In Need review was undertaken, the service was experiencing considerable staff turnover at all levels. Staff

appeared to be dispirited and a number were planning to leave in the near future. The vacancy level in November 2012 was 20%. The staff turnover had been 33% in the 15 months up to August 2012, with the highest proportion being senior practitioners. Added to this number were gaps arising from staff who were re-deployed because of disciplinary matters and several were off on long term sickness leave. In fact, sickness levels were substantial,in the year up to August 2012, mounting to four fulltime staff absent in the complement of frontline teams.

Some teams had had inconsistency in their managers; one team had four managers over a two and a half year period, and there were team manager vacancies in the IFSS. The experience of staff in most teams was limited. Caseloads, even for newly qualified staff were unacceptably high, further exacerbated by vacancy levels and the protected caseloads of newly qualified staff. In July 2012, average caseloads were over 20, ranging from 17-28 across frontline teams. Senior practitioners had full caseloads instead of 50% that would have allowed them to mentor and support inexperienced staff. Some staff reported infrequent supervision during this time.

Staff in the frontline teams were moving into new office accommodation and were expected to work in an agile way, including working from home, and while some staff embraced the changes others did not. There was particular concern about team managers not having their own rooms to ensure privacy for supervision and booking rooms was often problematic. Parking was also a real problem, particularly for staff that were in and out of the office, sometimes transporting families. There was also concern over the pay scales in Newport comparative to some neighbouring authorities and it was believed that this was affecting recruitment and retention. Service changes in the Preventative Service saw changes in culture and practice, with uncertainty amongst staff in IFSS in terms of funding with some seconded staff having to re-apply for their jobs.

At the time of this inspection in February 2013, there had been significant improvement in a number of areas. Team and service managers interviewed believed that staff morale has improved generally. A range of social work and support staff were interviewed and they had consulted with and represented their team's views. The teams reported a better but still a mixed picture:
'*My morale is OK and I feel happy working in Newport, though generally I feel morale is low within the team.'*
'Morale is good and the team are very supportive.'
'Felt really welcome – never felt alone, always felt supported.'
'Most people believe they are doing a good job and are valued'.

While there were still a considerable number of vacancies in the frontline teams and support services, the situation was improving. In the Duty and Assessment Teams (DATs):

One of the managers was on long term sick and both teams were managed by the other manager.

Three of the four senior practitioners were in post, the other was vacant and was covered by an agency worker and one of the four was leaving due to an internal promotion.

Of the twelve social worker posts, nine were in post, two were vacant and were being covered by an agency worker and one was on long term sick.

In the two Child Protection teams:

Two out of the four senior practitioner posts were vacant and only one was covered by an agency worker.

Of the seventeen social work posts, eleven were filled, four were vacant with two being covered by agency workers. A further two were off on long term sickness leave. Two social workers were due to leave, although one was transferring to one of the DATs.

In the IFSS:

There was a team manager vacancy in the IFST and FST, with cover provided.

Sickness in the IFST with turnover of staff and pressure to deliver the training programme, with uncertainty for staff as to the impact on the team as the service changes to cover Gwent.

Vacancies in the Prevention and FASS teams.

In terms of experience:

In the DATs, of the nine social workers currently in post, five were newly qualified and four were in their second year of practice.

In the child protection teams, of the eleven social workers in post, six were newly qualified, two were in their second year and three had more than two years experience.

In the IFSS's, there was a good degree of experience and skills for in-house staff, those from Barnardo's and other partner agencies.

This does not include the agency staff who were covering some of the vacancies.

A recent staff recruitment campaign has resulted in 11 new appointments, with approximately a third of these having some experience. Although there were still concerns about the staffing situation, particularly the considerable numbers of newly qualified staff, there was more confidence that it was an improving situation. The successful recruitment campaign was believed to be because of the Market Supplement that Newport had agreed at the end of

November 2012, bringing terms and conditions more in line with neighbouring authorities. Some aspects of IFSS are grant funded, with some seconded staff having to apply for posts, and they also had concerns about the ending of grant funding. Positive steps had also been taken to address capability issues. Further work is needed on having an appropriate and proportionate approach to sickness management, as some staff feel current arrangements have led to staff being in work when they were clearly unwell but felt unable to take time off sick.

Caseloads remained high. In the DATs, the average caseload was 20, with current highs of 35 and a low of 12. The situation was similar in the child protection teams with an average caseload of 20, although there was more evidence in these teams of newly qualified staff having protected caseloads. One member of staff said:
'Caseloads seem high and this comes from agency staff leaving and being replaced by newly qualified staff on protected caseloads; while newly qualified staff need this support it means a disproportionate number of complex and challenging cases coming to people with only slightly more experience'.
Another said:
'I have been in the team for a month and have 9 cases at the moment. I feel this is very manageable and I have been eased into case management very well.'

Caseloads in teams with the IFSS are at times high though staff felt these were manageable. However, there is some concern within the DAT's and child protection teams about the delay in accessing services, and infrequently just not being able to receive a service even though eligibility criteria are met.

Senior practitioners' caseloads in the DATs were between12 and 17, while in the child protection teams they were all over 20 cases. Such high caseloads compromised and diminished the senior practitioners supervisory and staff development role.

Team managers, social workers and support staff agreed that case allocation was mostly carefully done with the complexity of the case, capacity, experience and interest being taken into account. Staff said that:
'Newly qualified staff are consulted before allocation, with capacity and interest being taken into account but this was not always the case with more qualified staff'.

All staff reported having supervision. The four frontline teams and IFSS staff had regular formal supervision on a four weekly basis, mostly with their team manager, although senior practitioners also shared some of this. In addition, there were a range of opportunities to receive support including:

In the DATs, child protection teams and IFSS staff had four weekly case discussions with their team manager, senior practitioner or consultant social worker.

Senior practitioners and consultant social workers provided support and coaching particularly to newly qualified staff.

A mentor for newly qualified staff who provided individual sessions, group support and training opportunities.

IFST/FASS staff have a buddy system to reflect on cases and health and safety issues, with weekly "pod" meetings discuss cases and share practice with their peers.

Secondees from health, probation and Kaleidoscope staff have regular supervision with their own agencies as well as with managers in the IFSS.

A range of comments from staff were:
'*I am currently receiving supervision once a month from my team manager and weekly meetings with a senior practitioner to discuss my cases'*
'Supervision has improved with the appointment of a new manager and it is now monthly, before it was not always so regular.'
'Supervision is scheduled, prioritised and happens.'
"There needs to be commitment to improving everyone's supervision experience in terms of supportive and reflective practice".

Staff also spoke about regular team meetings and of the more informal support they receive from colleagues and from senior management. Social workers and support staff said:
'*Colleagues are very supportive, senior practitioners and team managers are very approachable at any time for support and advice.'*
"I have found senior managers to be unusually approachable and keen to understand and help when they are needed. There is good leadership from managers and senior staff".

There was a regular meeting for some senior practitioners: this was seen by them as a very positive and constructive meeting, though full inclusion of all senior practitioners, and consultant social workers at the same level, would be beneficial to assist staff support and service quality.

A range of training opportunities were available for staff and they were notified via e-mails and/or during team meetings. Staff felt that having time available to attend training was challenging given workloads. There was often short notice of acceptance on training, which staff may have booked into months ahead, which added to the difficulties in attending. Teams held regular team training days; personal development plans were completed and fed into the

training needs audit though this needs to more consistently used to inform the development of the staff training programme. More experienced staff would benefit from a wider range of training opportunities at a different level, along with improved training for staff undertaking supervision. The mentor provided training opportunities to newly qualified staff which was also available to staff in their second year.

In terms of wider development opportunities, staff said that, while the division of work across teams gives the opportunity to concentrate on their area of responsibility, it limits the development of their skills and experience in other areas and necessitates moving between teams (or changing authority) when there are available vacancies. Opportunities to work in other parts of Children and Family Services, and in other partner agencies, including time limited secondment opportunities, were an area staff would like to see developed between Children and Family Services and partner agencies.

The changes to working practices were generally welcomed and staff have mostly adjusted to agile working and the Work Life Balance. Some teams were taking positive steps to deal with colleagues who were 'staking a claim to a certain desk'. Not all had settled in the Information Centre and parking remained a real issue. Re-organisation of support staff has added to the perceived workload of front-line staff and there were serious concerns about the scope and efficiency of ICS. Comments from staff included:
'There is good equipment for agile working and working from home.'
'The office base at the Information Centre is cold and undermines team coherence'

Some changes were being considered in the frontline teams, including the division of the two DATs and two Child Protection Teams into three each. Currently, the two DATs are managed by one manager and staff commented that it seemed to be working much better with more consistent decision making. Changes to the arrangements for the IFST remains uncertain for staff, and new shared team managements for the FASS and FST come into place in April 2013 with a new team manager coming into post. Strengthening the role of senior practitioners was also being considered.

Areas of Progress

Staff morale had improved, new working practices were being accepted and were impacting on practice. Managers and senior staff were approachable and provided good leadership.

The stability of the workforce was increasing and a recent recruitment campaign had been successful in recruiting some more experienced staff.

Supervision was being regularly delivered and a range of support was available. There were a range of training opportunities.

Newly qualified staff received additional support and coaching, had a mentor and some protection in their caseloads.

The Market Supplement had been achieved via reports to Council and was supported by other corporate directorates and Elected Members, showing ownership across the Council for the safeguarding of children and young people in Newport .

Priorities for improvement

Continue to retain staff and ensure their continued development via good supervision and support, appropriate training and development and opportunities for more experienced staff including senior practitioners.

Recruit more experienced staff.

Review capacity in order to reduce caseloads for DAT and child protection teams.

Risks

The current improvement in recruitment and retention of staff may not be maintained.

If the critical mass of experience within the team continues to be low, this will increase the fragility and potential danger of the organisation and could leave vulnerable children and young people at risk.

Continued high caseloads for staff and senior practitioners will reduce the provision of a quality service and will affect staff recruitment and retention.