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Mr Julian Wooster
Director of Children's Services
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Dear Mr Wooster

Monitoring visit of Somerset County Council Children's Services

This letter summarises the findings of the monitoring visit to Somerset County Council children's services on 2 and 3 November 2016. This was the first monitoring visit since the local authority was judged inadequate in February 2015. The inspectors were Emmy Tomsett and Margaret Burke, HMI.

The overall findings from this monitoring visit show that the local authority is making adequate progress in improving services for children and young people in need of help and protection in Somerset.

Areas covered by the visit

During the visit, inspectors reviewed the progress made by the local authority to ensure that services to help and protect children are effective.

Inspectors focused on the contact, referral and assessment arrangements, the understanding and application of thresholds for statutory intervention to help and protect children, the quality and timeliness of management oversight and decision making and the support provided to social workers. The inspectors considered a range of evidence, including the local authority's post-inspection improvement plan, electronic case records, supervision files and notes, observation of social workers and experienced social workers undertaking referral and assessment duties and other information provided by staff and managers. In addition, the inspectors spoke to a range of staff, including managers, social workers, other practitioners and administrative staff.

Summary of findings

- The local authority has responded well to the recommendations made following the single inspection in 2015. A stable senior management team led by the director of children's services and in collaboration with partner agencies has demonstrated its determination to improve outcomes for children and young people in need of help and protection in Somerset.
- Children and young people in need of help and protection receive a timely and effective response. Social care, police and health colleagues are co-located within the multi-agency safeguarding hub (MASH), which ensures that information sharing is timely and robust and facilitates an effective response to children's needs.
- Decision making and management oversight of contacts and referrals by team managers in the first response team are appropriate. Decisions made about contacts and referrals are supported by a clear rationale that is well evidenced. For example, managers record clearly their expectations of when social workers need to see children and the purpose and focus of the social work intervention. In addition, team managers are recording clearly the reasons for signposting cases to early help services when thresholds for social work intervention are not considered to be met.
- Partnerships are developing well with education and health, and are improving with police colleagues. This is enabling a more comprehensive understanding of local challenges and strengths within multi-agency service provision.
- In February 2016, the partnership further developed the new threshold guidance, first launched in May 2015, and now partners understand and apply, more consistently, the thresholds for intervention to help and protect children.
- The introduction of the consultation and advice service for safeguarding leads across Somerset, and more recently extended to general practitioners, has strengthened partnership working further and is helping to support improvement in the understanding and application of thresholds for services and intervention.
- The quarterly meetings with health services and the half-termly meetings with representatives from the education service to review contact and referral thresholds are contributing to a better understanding on the part of partners as to which is the most appropriate support service to direct children and their families towards.
- The number of contacts to the first response team is slowly reducing month on month, and this, together with a high conversion rate of referrals to assessments, is further evidence of a well-embedded approach to the application of thresholds for intervention.

- Repeat referrals continue to fall and are now reported to be at 19%, having been at 27% in March 2016. Repeat referrals are well scrutinised by the operations manager for the first response team, together with assessment team managers, and this ensures that children receive sustained support and effective oversight of their needs.
- Joint working across the service is well developed. The interface between Get Set (local authority early help services) and social care is developing well. Pathways to early help services and social care are clear. Further evidence of a more integrated approach to service provision is the effective links between the first response team and the assessment teams with team 8 (edge of care) and the targeted youth support service. This collaborative approach to joint working has been further strengthened by 'step in' meetings, where early help professionals can seek the advice of social workers on more complex early help cases through the team around the child model.
- The implementation of the revised and strengthened step up and step down protocol enables social workers and early help professionals to work jointly together to ensure that children are receiving the most appropriate level of support and intervention when they need it the most.
- A revised early help assessment form and associated staff guidance was introduced in July 2016 and has been effectively disseminated across the partnership. The implementation of the updated early help assessment form and guidance now provides a single form for multi-agency early help work and has resulted in a more streamlined referral process. As a result, referral information is clearer and is being shared more effectively.
- Social workers demonstrate sustained and persistent efforts to gather information about children and their families. Social workers engage parents well, including parents who are challenging and exhibit disguised compliance with professionals. Information is used effectively to assess and plan social work interventions to support and protect children.
- The transfer of referrals from the first response team to the assessment teams is effective and timely. However, some delays in transferring cases from the assessment teams to the safeguarding teams were seen by inspectors. These delays were mostly attributed to a lack of capacity within the safeguarding teams. A small number of cases were seen where the transfer of cases from the assessment teams to the safeguarding teams could not take place as a result of incomplete case recording within the assessment teams. This weakness in practice is known and is being addressed by senior managers and accounts for some of the variability in the quality of work seen by the inspectors.
- Children are seen regularly and are seen alone. Direct work with children is improving and inspectors saw examples of the effective use of 'Three Wishes' as well as, for example, the innovative use of finger puppets to encourage children

to role play their experiences at home. As a result, social workers are developing meaningful relationships with children and have a good understanding of their lived experience.

- Social workers use chronologies and genograms purposefully and these inform their understanding and work with families.
- The quality of assessments of children and families remains variable, ranging from at least adequate, with some good examples seen by inspectors. In better examples, social workers are considering both the risk and protective factors in children's lives effectively. As a result, in better assessments, subsequent planning and social work intervention is robust and comprehensive. Weaker assessments do not reflect a sufficient analysis of risk and protective factors.
- Although case records generally record the child's ethnicity, this and other indicators of equality and diversity are not routinely considered in assessments. For example, issues of deprivation, social isolation or sexuality are not reflected well in assessments.
- Consent and the voice of the child and family are clearly evidenced throughout case work. An assessment information pack, consent form and 'scaling of worries' is routinely discussed with parents by social workers at the start of the assessment. These discussions enable parents to understand the nature of concerns as well as the purpose and focus of social work intervention.
- The timeliness of assessments of children and families is routinely tracked by team managers and, although timeliness is improving, it continues to be too variable across the social work teams. In most cases, timescales for the completion of assessments are set at a standard three weeks. When assessments exceed this timescale, evidence of management oversight, challenge and intervention by managers was seen in all cases. The level of oversight and scrutiny by managers on casework means that the risk of drift and delay in children and families receiving services to meet their identified need is reduced.
- Child protection strategy meetings are generally well attended and key information from partner agencies is shared effectively. Information is analysed to ensure that risks to children are known about, understood and responded to.
- While there is some variability in the quality of action plans resulting from strategy meetings, most are good, with specific targets, and have appropriate timescales in place. Actions are reviewed regularly to ensure that they remain outcome focused and that they are completed in a timely way.
- Child protection enquiries are timely and well-coordinated. Partners are actively engaged in investigations. Team managers from the assessment team attend strategy meetings held in the multi-agency safeguarding hub to ensure that

actions are followed through so that children receive a timely response and assessment of their needs.

- Staff feel well supported and morale is good. Social workers describe an ease of access to their managers.
- Supervision is regular. Reflective supervision is developing, although the recording of supervision is still too variable across the assessment teams and the depth of the discussion is not always clearly evidenced.
- The development of an easily accessible suite of up-to-date performance data and information enables managers to track performance more closely and effectively monitor outcomes for children.
- Caseloads are described as manageable by social workers and managers. Senior managers monitor caseloads robustly and are working towards an overall aim of ensuring that caseloads do not exceed 14 children per social worker. However, the aim to reduce caseloads has not yet been consistently achieved across the service.
- Social work stability across the service has improved and an additional 40 social workers have been appointed to support the improvement in service delivery. The use of agency staff remains too high in some teams but arrangements are monitored closely by senior managers.
- Social workers value the peer group meetings as well as other learning and development opportunities, such as the continued professional development (CPD) sessions delivered by consultant social workers. The delivery of these training activities has contributed effectively to the ongoing development of the workforce. These 'bite size' sessions are well targeted and have improved social work practice in a number of key areas, for example understanding and early identification of the risks of child sexual exploitation, quality of direct work with children and improved information sharing with partners.

Evaluation of progress

Based on the evidence gathered during this monitoring visit, the inspectors identified areas of strength and improved practice, and areas where progress is much slower.

The pace of change has been appropriate, and has been managed safely by the senior leadership team.

Since the inspection in February 2015, the local authority has achieved a number of improvements in service delivery. Recommendations from the last inspection have been incorporated into action plans and the overall quality of practice has improved within the first response team, where initial contacts and referrals are considered within the assessment teams.

Outcomes for children and families are improving. Children benefit from social workers who have increased capacity, knowledge and skills. Management oversight has improved and the quality of social work practice and impact on children is more robustly tracked.

Managers provide clear and concise case directions for social workers to follow at key stages of their work with children and families. Timescales are appropriately set and reviewed. This effective management oversight of social work practice and case work is leading to better outcomes for children. Effective performance data enables managers to track and manage team and individual performance.

Senior leaders have an accurate awareness and overview of key strengths and weaknesses across the service. These are well understood and appropriately prioritised. The improvement action plan has provided a clear framework from which to deliver sustained improvements in a well targeted manner. This plan has now been replaced by the Somerset Children and Young People's Plan and ongoing planned improvements are specific, measurable and well directed.

Senior leaders are engaged in driving the improvement plan further and staff welcome the introduction of comprehensive performance information and quality assurance processes.

Staff spoken with as part of the visit describe a changing culture with increased focus on delivering consistently high quality work, together with the provision of supportive managers and improved training opportunities. Management oversight and support to staff has improved and this has enabled children and their families to enjoy improved outcomes in a timely manner.

I am copying this letter to the Department for Education.

Yours sincerely

Emmy Tomsett
Her Majesty's Inspector
South West Region