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11 April 2011

Dear Pete

Thank you for taking part in the Children's Services Safeguarding Peer Review. The team received a really good welcome and excellent co-operation and support throughout the process. It was evident to us that all those we met were interested in learning and continued development.

We agreed to send you a letter confirming our findings and summarising the action you will be taking. As you know the safeguarding review focused on six key areas. This letter sets out our findings on these areas and in addition Looked After Children. It includes the good practice we noted and areas which you might want to consider further. Some of the points raised during the feedback workshop held on 11 February 2011 are also included. Finally, I have noted the action agreed at the workshop.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people. Your self assessment via the questionnaire was strong and we saw nothing to contradict that view and the focus of our feedback was on assisting you to both sustain and improve your current levels of performance.

## **Overall strengths**

- Committed and outstanding strategic leadership – safeguarding is a priority for the council and its partners
- Strong and effective performance and prioritisation
- Excellent lead member
- Committed and loyal staff – trusting and open relationships at all levels
- Very good partnership working
- Research based developments
- Leading edge projects and pilots
- Sound financial management

## **Areas for Consideration**

- Systems to routinely evidence the good outcomes achieved for children and young people
- Strengthen communication with staff during periods of change
- Interface with health including commissioning during a time of national change
- Need to strengthen responses when some children go missing
- A potential to further improve overview and scrutiny processes

The table below highlights the good practice noted by the peer review team.

<p><b>Legislation and policy</b></p>	<ul style="list-style-type: none"> <li>• Evidence of a clear, focused and prioritised Children and Young People’s Plan that is driving forward the improvement agenda and is both aspirational and ambitious for the children of York. The plan sets a very clear path and framework for the service.</li> <li>• Strong policy and strategic planning function particularly around the health agenda with a transition board in place jointly chaired by the council and PCT chief executives. This is a precursor to the Health and Wellbeing Board.</li> <li>• Strong and coherent focus on early intervention and prevention strategies which underpin the successful approach. Despite significant financial pressures the resource commitment in this area remains a priority.</li> <li>• Supervision policies reflect commitment to developing the workforce and supporting frontline staff. Safeguarding children and supervision policies are in place across social care and health services.</li> <li>• The ‘YorOK’ website is innovative, well regarded by users and partners and the peer team thought it was very effective.</li> <li>• Ofsted annual assessments rate York for consecutive years as performing excellently, evidencing ability of the authority to sustain improvement over time.</li> </ul>
<p><b>Leadership, accountability and culture</b></p>	<ul style="list-style-type: none"> <li>• Safeguarding is a priority for the council and partners led by committed and outstanding strategic leadership. Clear political will and operational imperative across all political parties to safeguard children with an outstanding lead member to drive the agenda forward.</li> <li>• Strategic leaders are very accessible which results in trusting and open working relationships at all levels. This was greatly appreciated by the workforce and service user groups.</li> <li>• Evidence of very good partnership working across all agencies. As an example, the designated nurse for safeguarding post sits within commissioning (NHS North Yorkshire and York) and is able to provide oversight and monitoring of all safeguarding processes in provider</li> </ul>

	<p>organisations including independent contractors such as GPs and dentists.</p>
<p><b>Capacity and capability</b></p>	<ul style="list-style-type: none"> <li>• We found clear evidence of loyal staff who are enthusiastic and committed to the safeguarding agenda. In addition we discovered a talented and skilled workforce with social care managers highly respected.</li> <li>• The team were impressed with the multi-agency commitment to training.</li> <li>• A suite of reviews is underway to pull out best practice and ensure a new way of operating to fit the current climate, such as review of youth provision and children’s centres.</li> <li>• Innovative approach to bringing services together in new ways that are more meaningful to the user, such as the new wing on a special school and the co-location of social workers in a children’s centre. This in turn optimises use of buildings from an assets perspective.</li> <li>• There is sound budget management in place with clear priorities for resourcing key services, for example, the innovative reorganisation of the ‘new front door’.</li> </ul>
<p><b>Effective practice</b></p>	<ul style="list-style-type: none"> <li>• Outstanding approach to integrated services for disabled children and transition, for example Moving Into Adult Life (MIAL) and Choose 2. The disability agenda in York is exemplary with significant innovation.</li> <li>• We evidenced many highly effective examples of practice such as CAMHS and TaMHS, list of vulnerable children for schools, service for Traveller families and good management oversight in Referral and Assessment. The thread running through much of this was the focus on sharing information and working together to best meet the needs of children and families.</li> <li>• Overall evidence of effective multi-agency working in particular approach to domestic abuse, example being the ‘Making Safe’ project which has evidenced positive outcomes for children suffering domestic abuse in the family.</li> <li>• Innovative work around domestic abuse with two forums to progress work and effective action planning. Reflected good use of best practice and detailed research leading to</li> </ul>

	<p>relevant training.</p> <ul style="list-style-type: none"> <li>• CAF is well embedded across agencies.</li> <li>• Key focus on research based practice by working with Universities such as Bedfordshire, Lincoln and York. The authority appears to be a learning council.</li> <li>• Good examples of user involvement in developing services and practice through forums such as 'Show Me that I Matter' and CANDI. Evidence that users are informing planning and service provision.</li> <li>• Innovative and effective approach in health with North Yorkshire Ambulance service notifying frequent callers and non conveyance of children under 2 years to the safeguarding designated nurse for further follow up.</li> </ul>
<p><b>Performance, evaluation and monitoring</b></p>	<ul style="list-style-type: none"> <li>• Overall performance scorecard for Children and Young People is good and there is a sharing of information with elected members on a regular basis. In addition there is a robust performance management framework for social care.</li> <li>• The Youth Offending team inspection was outstanding and they should be commended.</li> <li>• Equality Impact Assessments were used extensively during the budget setting and challenge process.</li> <li>• Evidence of early integrated commissioning arrangements being explored. This will be progressed at a pace that will be fully inclusive to all current providers, particularly from the voluntary sector, to ensure a fair and transparent process in commissioning new, and re-commissioning existing, service arrangements.</li> <li>• The NHS North Yorkshire and York Safeguarding Children assurance competency framework is in place.</li> <li>• The team found evidence of an improving picture around 'narrowing the gap' in educational attainment, particularly at KS2.</li> </ul>
<p><b>LSCB and working</b></p>	<ul style="list-style-type: none"> <li>• The LSCB is clearly working well as a partnership and safeguarding is a real priority across York. The LSCB</li> </ul>

<p><b>together</b></p>	<p>provides clear leadership and has a well developed business plan and operates with a pooled budget.</p> <ul style="list-style-type: none"> <li>• Chair of the Local Safeguarding Children Board is well regarded and partners have confidence in the chair who is demonstrating further challenge at pace. Health professionals feel the LSCB is effective.</li> <li>• Meetings are well attended with the appropriate level of representation from across partners to inform decision making.</li> <li>• LSCB objectives are well researched and inform the training and development plan.</li> <li>• Good example of a school forum funding a specialist safeguarding post for schools but based in the partnership's Safeguarding Unit.</li> <li>• Good at promoting the creation of 'Arenas of Safety' across many childcare and school settings.</li> </ul>
<p><b>Looked After Children (additional line of enquiry)</b></p>	<ul style="list-style-type: none"> <li>• The arrangements for looked after children in York are well managed and have good strategic oversight.</li> <li>• The number of children placed outside of the authority is low and reflects the success of recruitment and retention practice in the fostering service and the strength of the joint resources panel in securing local services to meet need.</li> <li>• The lead member and senior officers are champions for LAC.</li> <li>• The foster carer group agreed that there is a wide range of training available to them with a range of other on-going support in terms of designated workers and phone help lines.</li> <li>• Good partnerships in the multi-disciplinary pathway team. Good practice example around helping young parents (LAC) to keep their child and helping to keep younger LAC in York. Evidence of good links with the police and the Youth Offending team.</li> <li>• The quality of initial health assessments is good.</li> <li>• Participative development of The Pledge is commended.</li> </ul>

	<p>Thirty-five young people had contributed to the development of the pledge and the Pathway team also articulated this process and its benefits.</p>
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The table below highlights areas the Peer Review Team felt would benefit from further consideration.

<p><b>Legislation and policy</b></p>	<ul style="list-style-type: none"> <li>• Need to ensure LSCB procedures are updated and in place by 1 April 2011.</li> <li>• The Joint Strategic Needs Assessment (JSNA) requires specific reference to child protection.</li> <li>• To ensure that the introduction of the new front door arrangements support an effective and appropriate referral and assessment process across all levels if need for service users and partners.</li> <li>• Policies, and in particular the workforce strategy and service plans, need to take into account the requirement to meet the needs of the changing demographics including the growing BME population.</li> <li>• The employment strategy in development for the city needs to ensure a sharp focus on vulnerable groups of young people such as care leavers, young disabled adults and NEETs to sustain the trend of reducing numbers not engaged.</li> <li>• The implementation of the supervision, training and organisational safeguarding policies should be continually evaluated to ensure they support the organisational change and re-alignment.</li> </ul>
<p><b>Leadership, accountability and culture</b></p>	<ul style="list-style-type: none"> <li>• Following interviews with a number of councillors and senior officers, the team consider that scrutiny is an under-developed area and has potential for improvement.</li> <li>• More elected members should actively demonstrate their commitment to the corporate parenting agenda. There was a suggestion that the Pledge DVD could be shown before a future council meeting.</li> <li>• The transfer of the health visiting services to the Acute Trust in York is a significant change and all partner agencies should have a clear understanding of the transition plan in order to monitor the impact of these changes. Any concerns</li> </ul>

	<p>can be moderated through the effective Trust and Safeguarding Boards.</p> <ul style="list-style-type: none"> <li>• From interviews, some staff couldn't easily describe what impact or difference their work was having for children and families. Officers could be assisted by developing a methodology which includes benchmarks, evaluations and evidence of outcomes. 'The Pledge' and the 'New Front Door' are both at an ideal stage to trial this type of approach.</li> <li>• To improve staff morale during periods of change, re-organisation and uncertainty the council need to further strengthen communications to all staff in an inclusive manner.</li> <li>• City of York has done some outstanding work in the safeguarding area but needs to better celebrate success. Foster carers and health visitors told us they would welcome opportunities for more involvement in such events.</li> </ul>
<p><b>Capacity and capability</b></p>	<ul style="list-style-type: none"> <li>• Health colleagues need to be involved in planning their contribution to the 'New Front Door' as this remains unclear at present.</li> <li>• There was a lack of clear nursing leadership for the Looked After Children service. The Designated Nurse for LAC needs to be clarified with an appointment in place as soon as is practicably possible.</li> <li>• The team acknowledge that the practice manager role is new; however, there was some evidence of the inconsistency of those involved in this role and some further work is needed to give consistent and transparent direction to staff reporting to these practice managers.</li> <li>• Variable caseloads were evidenced by the team. There is a caseload weighting system in place and this should be extended to include caseload weighting across the Pathway team and IRO service. The Referral and Assessment Team appear to have higher than average caseloads with some backlog of write up to be completed.</li> <li>• Further embedding of the supervision policy into operational practice is required as some practitioners reported that it is not always used consistently across the teams. The new</li> </ul>

	<p>policies, however, are seen as a strength.</p> <ul style="list-style-type: none"> <li>• Consideration should be given as to how a consistent level of support and professional supervision can be made available to all those who act as Lead practitioner for CAF. This will strengthen the current arrangements in York and create a more resilient approach. However, it is noted that there is good support for Lead Practitioners working with the under fives, through the children's centres.</li> <li>• Linked to the re-organisation the team wondered if the authority had built in sufficient resilience within their change management process in terms of capacity and succession planning. This is more important in a smaller authority such as York where things get done by contacts and working relationships built up with key officers which can sometimes outweigh policies and strategies.</li> <li>• The team evidenced some small pockets of low morale across frontline staff due largely to the re-organisation and uncertainty that goes with that, however, no-one we spoke to criticised the new structure and many acknowledged the need to change and had a belief in the new model.</li> <li>• Some staff confirmed it was difficult to access training due to workload pressures.</li> </ul>
<p><b>Effective practice</b></p>	<ul style="list-style-type: none"> <li>• Missing children is an area of potential risk for York and through the LSCB you need to reassure yourselves that the response to children who go missing meets expected requirements and is joined up at both a strategic and operational level. Prioritisation by the LSCB to ensure the protocol is robust is recommended with some focus needed on high risk LAC who are repeatedly missing and potentially at risk of significant harm or exploitation. Requirement for an overarching multi-agency care plan for such individuals. (this point also relates to LSCB and Working Together signpost).</li> <li>• Three separate groups raised the issue of accommodation for 16 to 18 year olds. There was a shortage of options for quality supported accommodation in which young people would not be told to leave even if they broke the rules. The groups doubted whether the 19 unit Foyer project would, by itself, solve the problems. It is recommended that other options are pursued to avoid exclusivity of the Foyer project.</li> <li>• The step up/step down process is experienced by most professionals on an individual case basis. York could</li> </ul>

	<p>consider developing protocols to support a consistent and clear communication at this critical practice point of transition. This could be linked to the 'New Front Door' development.</p> <ul style="list-style-type: none"> <li>• Unclear whether midwives and health visitors reliably receive information about Tier 2 vulnerability, for example they may be working with pregnant women where domestic violence is an issue but has not yet reached Tier 3 or MARAC threshold. Involving the health professional in Tier 2 work as part of the 'New Front Door' may overcome difficulties in information sharing at this level i.e. receiving some police notifications about children at risk and oversight of health input into referrals that do not meet Tier 3 threshold.</li> <li>• Not clear to the team how joined up health services are with partner agencies in relation to areas such as sexual exploitation and homeless young people. It was difficult to find evidence of clear systems and protocols for interagency information sharing and planning.</li> <li>• Concern over the functionality of the information technology (ICS) to support effective joint working. This is a problem for many authorities and the team acknowledged the effective use of the Child Index at York. Staff informed us that the RAISE database creates more work rather than facilitating more productive working.</li> </ul>
<p><b>Performance, evaluation and monitoring</b></p>	<ul style="list-style-type: none"> <li>• Need to develop an evaluation framework for the 'New Front Door' to measure the impact of outcomes on children and families of the intervention.</li> <li>• The current approach to performance is largely about quantitative measures and national indicator reporting. The introduction of more qualitative standards and measures would help in describing the impact of services and outcomes achieved. Better use could be made of QA systems that cross services, for example the fostering &amp; adoption panels could QA the panel papers.</li> <li>• Some partners felt that the communication from social care professionals back to them needs further improvement in the form of a feedback loop with a rationale for the decision taken. This was particularly around outcomes of referrals and key events/transition points on 'open' cases.</li> <li>• It was unclear to the peer review team how multi agency audits in performance management are used to improve</li> </ul>

	<p>practice. In addition, the council could further develop the dataset of the LSCB to include more data from partners. As an example health services in partnership with LSCB/children's trust members could develop some multiagency outcome measures such as outcomes for LAC.</p>
<p><b>LSCB and working together</b></p>	<ul style="list-style-type: none"> <li>• Health representation will need regular review in light of the development of GP consortia through the NHS Reform.</li> <li>• Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) training needs to be prioritised by the Board for frontline police officers. DASH is a comprehensive risk assessment checklist to be completed by first responders and is regarded as national best practice.</li> <li>• The LSCB should adopt a multi-agency peer case audit system to maximise partnership analysis and learning and to inform practice. The team felt that the case mapping exercise was not as conclusive as it could have been around partnership working and processes/procedures.</li> <li>• Some frontline staff told us that they do not feel engaged in the work of the LSCB. Task and Finish groups would be one approach to resolving this issue. Such groups could progress key priorities such as missing children or Think Family concept. The LSCB could also consider distribution of some form of newsletter to all staff on a periodic basis alongside task and finish groups.</li> <li>• LSCB needs to consider appointment of lay members to the Board.</li> </ul>
<p><b>Looked After Children (additional line of enquiry)</b></p>	<ul style="list-style-type: none"> <li>• It was evident from interviews that only a minority of councillors understood the role of Corporate Parenting and took an active interest in it. The strong championing of LAC by the lead member has allowed many other elected members to be less focused on their responsibilities in this area. More elected members should be actively involved in this area through structured training and development.</li> <li>• The Pledge only refers to the council giving LAC an interview if they meet the specification for a job. This is a weak stance which some other councils and their partners are overcoming by developing and adopting a 'family firm' approach which gives LAC preferential treatment in work experience, job opportunities and apprenticeships. This should be considered by York to foster employment opportunities for LAC across the Trust and in turn strengthen the Pledge.</li> </ul>

	<ul style="list-style-type: none"> <li>• Nursing leadership roles should be clarified as a matter of priority. A Designated Nurse for LAC must be appointed.</li> <li>• Review health assessments need to be undertaken in a timely manner and be of a sufficient quality and this should be a matter of priority for the authority. The appointment of a LAC designated nurse and a strategic approach from health should strengthen this area.</li> <li>• The development of the Foyer project is welcomed but there needs to be a strategic partnership approach to developing a broader menu of accommodation options for care leavers and other vulnerable young people. Some groups that we spoke to were frustrated at the slow progress to developing suitable supported accommodation in small units.</li> <li>• Equality and diversity approaches are not robust due largely to the small numbers. Both planning and practice can be improved and this increased focus to E&amp;D should be reflected in placement planning and recruitment strategies and in the services available to meet LAC's identified cultural needs.</li> </ul>
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At the feedback workshop on 11 February 2011 we discussed the feedback presented on behalf of the Peer Review Team and following group discussions you agreed on the following key priorities:

### **1. Vulnerable Groups – Missing Children**

There was an acknowledgement of a gap regarding missing children.

Following a detailed dialogue across partners around the current situation in York there was clear concern for some people with limited experience acting as Lead Practitioner and completing CAF assessments. Some headteachers need re-assurance and more information about who is the Lead Practitioner for some children. Further work to provide professional support for lead practitioners was identified. It was generally agreed that further clarification around some of the CAF processes would be helpful and would strengthen trust between agencies. It was recognised that the new Front Door will contribute greatly towards addressing these issues.

### **2. Performance Management – Evidencing Outcomes**

It was agreed that there is a piece of work for the Safeguarding Board to undertake on collecting the qualitative information and learning from across agencies. This could result in a quarterly report to the Board and will underpin the impact of intervention and outcomes for children and families.

### **3. Learning Organisation - Celebrating Success**

Learning from existing examples of good practice needs to be shared widely and built upon across the partnership. Good practice needs to be collated and analysed as to why it is good. A programme can then be created to disseminate this understanding with follow up built in to evaluate any subsequent changes and determine what has made that learning successful.

### **4. LSCB - Task and Finish Groups**

It was acknowledged that the thematic/portfolio lead approach adopted by the Board could serve to reduce some opportunities for direct communication between agencies and if not carefully monitored could serve to reduce opportunities for frontline staff to engage directly in the work of the Board. Review and establishment of 'task and finish' style groups could target some specific quick wins such as role of practice managers to ensure consistency of approach and variable caseloads.

### **5. Scrutiny and Challenge**

LG Improvement and Development have agreed to research different models of scrutiny and successful outcomes that can be achieved from other authorities to improve performance in this area. Relevant signposting will be forwarded to City of York.

The interface with health and future commissioning arrangements was discussed but the work currently on-going in both areas was deemed sufficient and robust and would benefit from a review in six to 12 months. You confirmed that these priorities can inform the review of the Children and Young People's Plan and that the timing for this was ideal.

We wish you well with taking these priorities forward. LG Improvement and Development is offering a follow up visit nine months to a year after the peer review. This would give us both an opportunity to evaluate the process and assess impact.

Thank you again for agreeing to receive a review and everyone involved for their participation. In particular please pass on thanks from the peer review team to Carolyn Ford for her sterling support in preparing for and organising the on-site review.

**Paul Curran**  
**Head of Safeguarding Programme, LG Improvement and Development**