



TRAFFORD
COUNCIL

Trafford Council Self-Assessment 2021/22

Updated May 2022

Director of Children's Services

Lead Member for Children's Services

Chief Executive

A handwritten signature in purple ink, appearing to read "Gill McGowan".

A handwritten signature in black ink, appearing to read "C. H. Hynds".

Contextual information

Key personnel

Role	Name	Time in post	Role	Name	Time in post
Corporate Director of Children's Services	Jill McGregor	2 yrs 5 mths	Director Education Standards, Quality & Performance	Karen Samples	
Chief Executive	Sara Todd	3 yrs 3 mths	LSCP Chair	Maureen Noble	5 yrs, 7 mths
Deputy Chief Executive	Sara Saleh	4 yrs, 1 mth	Virtual School Head	Lynsey Burridge	8 yrs, 7 mths
Lead Member	Catherine Hynes	3 yrs, 1 mths	Designated Social Care Officer	Sharon Hawkins	0 yrs, 3 mths
Director of Early Help & Social Care	Pamela Wharton	1 yrs, 7 months	Designated Clinical Officer	Sue Thomas	0 yrs, 9 mths

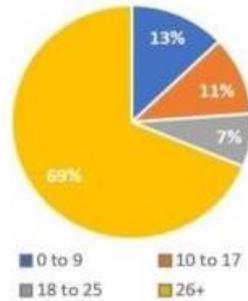
About the local area and services for children

Please see next infographic slide for a summary of Trafford, our children's population, and the 2021/22 context.

Trafford demographics and the 2022 context

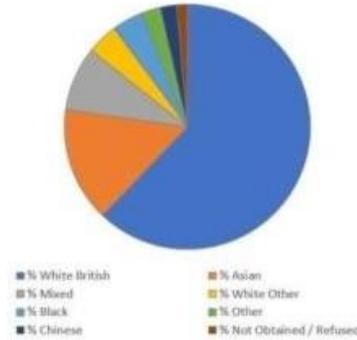
Population

The current population of Trafford is estimated at 237,579, broken down below by age. The under-18 population is estimated at 56,626.



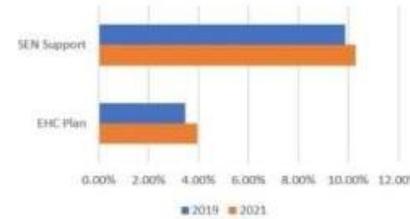
Ethnicity

The demographics of the borough are changing with an increasingly diverse population:



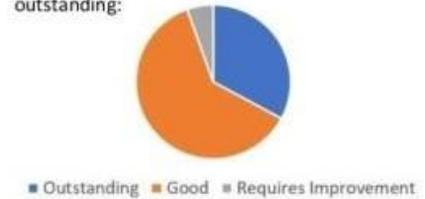
SEN support and EHC Plans

1667 children and young people require additional support through an EHCP from services across education, health and social care. 4438 children and young people require SEN support. Both areas have seen an increase from 2019 to 2020.



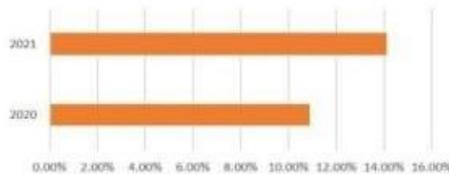
School attendance and ratings

We have seen a significant increase in the number of 'in-year' applications for school places. This has been extreme since May 2021, with c800 applications, a very high proportion of which are for pupils who are international new arrivals, predominantly from Hong Kong. The vast majority of Trafford schools continue to be good or outstanding:



Free school meals

Trafford is seeing continual term-on-term increases in the number of children eligible for FSM, due in part to both the continuing Universal Credit roll-out and the ongoing fallout of the pandemic.

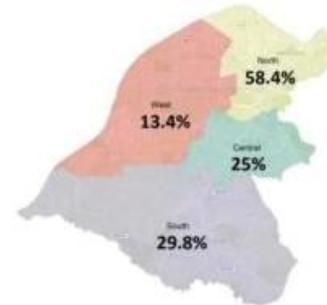


Deprivation

IMD (IDACI) 2019 gives Trafford an 'average score' of 16.088, and from that a 'rank of average score' of 118 (out of 151 upper-tier local authorities) where 1 is the most relatively deprived area. However, levels of deprivation are variable across the borough with areas of Bucklow St Martins in west, Clifford in north neighbourhoods, St Marys and Sale Moor in central containing LSOAs in the 10% most relatively deprived in the country and where there are high levels of need. These areas often sit geographically next to areas that are amongst the very least relatively deprived.

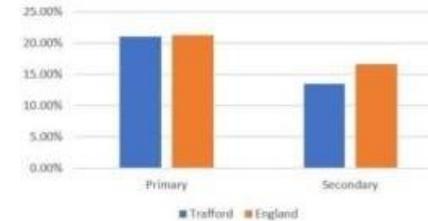
Young people with BAME heritage

The proportion of children and young people with BAME heritage varies significantly in different parts of the borough, with the highest concentration in the north.



First language other than English

The proportion of pupils with first language other than English is increasing but remains below the average for England:



Summary: Children's Social Care

What have we delivered?

- Full service redesign went live 4 October 2021. This created dedicated Practice Managers & Heads of Service roles within clearly defined service areas. The redesign has been a significant feature of our work over the last year and has involved co-designing our revised arrangements with the workforce, partner agencies underpinned by a set of practice principles. This has provided a cornerstone to our culture change
- Maintained forensic focus on our workforce and through our Investing in Our People Strategy we are starting to create the conditions & circumstances for good practice to flourish. Key aspects of this have included establishing & rolling out a 3 year programme of Strengthening Practice; having a dedicated & revised ASYE offer; a second supported year in practice programme & a bespoke leadership & management programme – 78% of managers attended the first masterclass last month
- In November 2021, engaged with 750 practitioners & partners in Practice Fortnight, with 25 separate learning and development sessions being delivered and many of the sessions being co-delivered by practitioners and front line managers. This evidences our strengthened learning culture across the whole service
- We have recruited to and established a new senior leadership team and through our fortnightly Leadership Forum we are starting to see more distributed leadership – with managers at every level starting to influence practice.
- Our revised and enhanced Quality Assurance Framework has become embedded making QA everyone's business and we are starting to see this influence practice on the ground. We have extended this to have strong multi-agency processes.
- Strengthened Children's Governance across the whole system; including strengthened TSSP & Early Help arrangements and our safeguarding effectiveness sub group is driving improvement across the partnership.
- Established an integrated front door with GMP & specialist expertise including DA advisor & specialist education role that has improved decision making & information sharing at the point of first contact.
- Continued to develop & enhance our Early Help model – rolling out Trafford Team Together and building on our community engagement work to co-design our Family Hubs. This will help and support our co-ordinated approach to helping families at an early stage, which remains a priority.
- Developed our approach to permanence planning and using our data intelligently & with a targeted approach we are reducing drift & delay for our children e.g. through our discharge project we have reduced the number of children placed with their parents by 12% - lowest number for 5 years – Currently 68 children, 85 at its highest.
- Continued to progress with our Improvement Plans delivering against our 8 Ambitions throughout the pandemic and starting to see progress

What difference have we made?

- Achieving work force stability continues to be a priority and we are starting to make progress – and have a clear management structure in place to support our practitioners and provide a clear line of sight to practice. We currently only have 1 management post that is vacant. This is supporting more consistent decision making and practice; our audits are evidencing 11% increase in “good management grip”
- 154 children have been supported through our Trafford Team Together meaning children and families are getting the help they need at an early stage.
- Our integrated front door is making a difference - timeliness of decision making remains strong. We have seen a 15% increase in the timeliness of decision-making at this point and re-referral rates have in the main stabilised between 19 -21% (although we have seen a recent spike). This is from our high of 2019 of 30%. Our live audit processes have provided assurance about the appropriateness of our decision making at this point
- The quality of assessments & interventions is improving and our use of child impact chronologies is ensuring we understand children's histories to inform plans, especially for our most vulnerable e.g. within our care proceedings 18 children's final care plans have concluded under a Supervision Order in line with the agreed plan
- We are reducing drift and delay for our children – 12% reduction in the number of children placed with parents and 22 SGO have been granted this year achieving permanence for our children.
- Our children continue to live in stable placements and educational outcomes for children in care remain strong
- Our strengthened management grip is starting to influence practice – having sustained a high volume of audits - 420 audits completed 21/22 our QA work is being applied in practice 79% of audits graded RI or better in Quarter 3, which is an increase from Q2.
- Our Improvement Plan has been refreshed as we have been able to move to the next stage of 'embedding' rather than 'developing'

Summary: Children's Social Care

What have been our challenges?

- Over the last year we have continued to experience persistently high rates of Covid. However strengthened processes and liaison with schools has helped mitigate against this
- Partner agencies have needed to operate alternative delivery models during Covid and this has resulted in fluctuations in demand and presenting need. We have adapted processes such as information sharing in respect of babies under 1 that are currently open to CSC with Health Visiting services. Our roll out of Trafford Team Together has assisted with offering a more co-ordinated offer of Early Help in and around schools.
- Our mental health service (CAMHS) and a third sector provider have needed to operate a clinical prioritisation model at a time when demand is increasing, with an increase of 23% of referrals to CAMHS in 21/22 compared with 20/21. This has been further compounded by increasing complexity e.g. 11% increase in urgent referrals that have required an immediate response.
- The volume of domestic abuse incidents continues to be a pressure but through our revised MARAC arrangements and co-located services, decision making is timely.
- Workforce instability and an over reliance on agency staffing has continued to be a challenge throughout the year and our service redesign has impacted on this further.
- Children are experiencing too many changes in social worker (33%) and this affects the quality of relationships and the impact for the child, but for some children it is clear practitioners have been creative and persistent to build trust. Our "proactive pick up" is helping to minimise disruption when case work moves across different teams
- In the earlier part of the year we needed to stabilise and support our Children with Additional Needs Service – using a dedicated project approach. We have systematically worked through challenge clinics and needing to reassess children and families in line with risk and need.

What do we still need to do?

- Continue to implement our 'Investing In Our People' Strategy and achieve workforce stability to further reduce reliance on agency staff and strengthen our staff retention to ensure children can form meaningful consistent relationships with practitioners.
- Our practice continues to be "variable" but we are seeing improvements. We have clear plans for targeted improvement & accelerating pace using a targeted approach and maximising our data tracking processes e.g. continuing to strengthen the oversight and progression of plans for children who are s.20 ; single plan approach to children who are missing.
- Continue to strength enhance our family help offer - 'right service, right time right professional' by embedding TTT across the whole borough and implement a redesign of our Hubs and IFS to ensure there is a cohesive family help strategy.
- Numbers of EHA assessment remains low and whilst we have confidence in our application of thresholds we want to ensure there is responsive multi-agency offer of help for all – we will continue to progress this through our Early Help Board and the work of TSSP.
- Continue to develop our managers as system leaders – leadership with influence programme including external training; strengthening middle management remains a key priority but our audit activity is evidencing enhanced grip. Management grip increased to Good in 41% of cases from 29% in Quarter 1.
- Implement the whole system work in respect of strength-based planning and elevate the IRO and CP Chairs and influence as system leaders to prevent drift and delay and improve outcomes for children.
- Working with our Community Safety Partnership we are developing our approach to reducing violent crime by children through a menu of prevention & targeted approaches. This is as part of a coordinated and direct response to 3 fatalities within the last 2 years.

Children's Social Care: Early Help

What have we delivered?

- Continued to develop & prototype a new approach to Early Help Services. This has included redesign of the Front Door, to be a reach out model and reconnecting to the community. This is helping us to address the low number of contacts that progress to referrals and is providing the platform for strengthening the support offered through community based help
- Implemented and tested our Team Around Model, TTT, across 8 schools in 2 localities & achieved partnership buy-in for the TTT approach with partners holding & supporting families. Its proactive and preventative approach is leading to multi-agency teams become community based & focusing on the holistic needs of families. 14 additional schools now fully engaged and have met with their TTT coordinator alongside 10 more schools who are being brought on board .
- Our third sector partners established a steering group to support the delivery of co-ordinated help & support for children and families and this is ensuring their collective buy in and ownership of our family help agenda
- Continued to deliver EH services during the pandemic & recognised where there has been greatest need e.g. delivering a targeted baby massage for parents identified as being in need/isolated by health visitors and the delivery of bespoke parenting programmes for "COVID babies"
- Continued to support vulnerable families through Trafford Assist & the provision of free school meal vouchers during school holidays & the role of our community hubs that have been inclusive of EH workers & provided specific delivery in line with need e.g. Partington Community Hub has supported to put on play sessions and mental health support groups for children. Safeguarding training was delivered to all our Hubs to support the community by being the "eyes and ears" during lockdown.
- Maintained clear line of sight on under 5s through support and tracking within Early Years Sector and we have strengthened and re- shaped our 0-5 Board (Better Beginnings Board) to strengthen ownership & respond to emerging need post pandemic.
- Rolled out Reducing Parental Conflict programme as part of our early response to couple conflict & our menu of Domestic Abuse support - 21 champions have been trained & supported across the partnership & we are moving into delivery phase, with clear ownership by the partnership through RPC Multi-Agency Steering Group; in line with the increased prevalence of couple conflict (s.7s and 37s and DA).
- Increased commissioned service offer for young people with emotional wellbeing mental health difficulties – including the extending the commissioning of our KOOTH services to young people up to the age of 25 years during the pandemic.
- Reviewed operating model & service delivery for Intensive Family Support Service – new Head of Service & dedicated action plan to ensure that those families on the edge of social care receive intervention

What difference have we made?

- 154 children have been supported through our Trafford Team Together meaning children and families are getting the help they need at an early stage. Our evaluation of this approach has been extremely positive and has been reflected in parental and partner agency feedback
- *"H is so excited to come to the activities you introduced her to that her mum says she is now like a different child... Mum is also extremely grateful to you and your service for encouraging the child to engage with you. Her confidence and self esteem is certainly growing. You're also enabling her to be a child again and forget adult troubles"*
- *"Every meeting I have attended has ended with a strong plan for families and good communication between Trafford agencies you wouldn't have been able to access otherwise."* (TTT Partner)
- We have strong grip and line of sight for those families who are receiving help and support via IFS and through a dedicated action plan we are strengthening the practice in this service. This is reducing the families that are passing between this service and CSC. This has been assisted by bringing these two parts of the service under a single leadership structure .
- Our HV teams are currently working with 968 families who are above universal level of support but below safeguarding thresholds and we are actively working with the service to ensure this is better reflected and understood through the use of EHA and within the context of TTT
- We have had strong engagement with our young people 2,723 engagements with young people by detached youth service (Jan 21–Dec 21) ensuring that they are helped and supported in line with need. This is inclusive of our young parents with 1,159 engagements from Talkshop with our young parents and pregnant teenagers.
- Our pro-active approach to tackling NEET for all young people is having success
- Young people have been supported through enhanced Kooth offer and we have responded to our young people saying this was a priority.
- Whilst our MH services have been under pressure linked to increased demand – 643 young people received an urgent response within 1-3 week target timescale.
- Our adapted delivery of parenting courses, and commissioning of online courses has enabled parents to be supported when access to support was compromised during the pandemic.

Children's Social Care: Early Help

What have been our challenges?

- Roll out of Trafford Team Together Model was impacted by COVID & children being out of school, but this has now picked up pace.
- Some partner agencies have been operating with surge plans in place resulted in varied demand and some pinch points.
- Current H/V and school nursing service has been subject to a review and new model is now being implemented – delayed due to vaccination programme. A further challenge is the lack of Electronic Patient Records for MFT services. This is impacting on performance reporting for our young children. Our OH commissioners are currently working with MFT to provide up to date assurance in respect of current delivery.
- Stakeholders completing Early Help assessments remain low (484 at end of year) but this is being picked up through the work within the TTT model & Early Help Board.
- Increase in parental conflict/relationship distress – tipping into family court processes & statutory involvement.
- Increase demand for mental health support as demonstrated through CAMHS monthly and quarterly reporting.

What do we still need to do?

- Implement a co-designed phase 2 of the redesign - Trafford Team Together will now be rolled out across the borough and this in line with the transformation of Early Help Hubs into Family Hubs and the re- shaping of our IFS will further strengthen our co-ordinated offer of family help .
- Implement an agreed partnership outcomes framework that is based on a shared ownership of demand and need including increasing the number of EHA and GP2 competed by partner agencies.
- Continue to progress MA audit and quality assurance processes to provide assurance and challenge in respect of our collective practice.
- Review our EH Commissioned offer – based on our strategic needs assessment and maximising the work of the provider collaborative to ensure sustainability.
- Our commissioned MH services have benefitted from enhanced funding e.g. 8 MH practitioners are currently being recruited. The impact of this in line with need and demand will need to be reviewed.

Children's Social Care: Front Door

What have we delivered?

- Redesigned our Front Door service (First Response) increasing the number of s/w at this critical decision making point, with 5 non case holding s/w being located in the front door to further strengthen screening and referral processes in line with our relational practice model. Social workers are actively involved in talking to our referrers to improve the quality of information and build confidence and capacity across the partnership . This is ensuring children's needs and the worries referrers have are understood and collective next steps are agreed in a timely way.
- Responded to fluctuations in demand at the contact and referral stage through the use of our contain funding to support an additional 2 social work posts in the front door. The impact of this is currently being reviewed as part of the re-design of IFS to ensure that we are making best use of use resource to meet need.
- The partnership roles within the front door have been further strengthened by integration with GMP, enabling police & social workers to make joint decisions and through dedicated specialist posts, including a dedicated schools advisor & the mainstreaming of our Domestic Abuse advisor, who assists in the screening of DA referrals alongside the police, promoting preventative practice across early help and support as well as the integration of the Reducing Parental Conflict model.
- Maintained & sustained strong working arrangements with schools and established liaison meetings with police and school leads
- The role of our schools advisor has been influential in having a clear line of sight on those pupils that schools have been worried about during the pandemic. Our schools advisor and virtual head play a key role in our cross service approach to children at risk of missing out on education and are members of the CARME group
- Continued to strengthen QA system and processes at front door – live audit programme in place and learning being cascaded across the partnership. This work has fed into a dedicated action plan and is currently being used in our locality "Level of Needs" Events that have been attended by 84 practitioners to date.
- Secured contain monies to pilot SPOA in respect of mental health referrals to ensure whole system response
- Reviewed & strengthened MARAC arrangements (increased frequency and improved partnership attendance) as well as having daily triage meetings.
- Used our JSNA of DA to align resources e.g. commissioned bespoke support for children experiencing Domestic Abuse.
- Successfully implemented DSL pilot to 8 schools to be confident in their decision making and supporting children and families, and are in the process of mainstreaming the approach and offer to more schools.

What difference have we made?

- Decision making at the point of referral and contacts is timely – meaning help and support is being offered in line with need and avoiding drift and delay. Our data shows that the timeliness of decision making on police referrals since the co-location has increased by 15%; this is despite an increase in contacts generally from all agencies and staffing challenges within First Response
- For the majority of the year there has been a stabilisation of our re-referral rate ranging between 19-21%, aligned with statistical neighbours. Our most recent data has shown a spike and increase to 23% however through our strengthened QA activity we have solid understanding of the reasons for this.
- Our strengthened QA processes are ensuring that confidence and shared understanding about issues at the front door are owned and we have assurance about decision making e.g. our live audit work has confirmed right decisions being made with regards to level of support but the quality of referral information from some partner agencies needed strengthening. A dedicated plan has been put in place and examples of partnership response to this work include Chief Nurse working with our PCN network to improve the quality of referrals from GP's and cascade of audit finding to schools through our Improvement Board schools reps and the DSL networks.
- Representatives from the service have attended forums to offer partners the opportunity to spend time at the Front Door, shadowing, looking at the referral process and how screening process happens. This has developed a stronger shared understanding and confidence in respect of decision making.
- Attendance and decision making at strategy meetings is good – Thematic S47 audit in Sept 21 evidenced that the vast majority of strategy meetings considered were timely, showed appropriate threshold application and were well attended.
- Successfully managed the fluctuations in referrals and demand through Covid – highest points of 850 referrals to lowest points (summer) of c500. This has meant that we are confident children and families' needs are being considered.
- Our schools are engaged in and attending MARAC meetings and this in conjunction with our Operation Encompass means we have strong information sharing in respect of DA in a timely way. This is helping us provide individual support for children.

Children's Social Care: Front Door

What have been our challenges?

- Increase in complexity and prevalence of Domestic Abuse incidents. MARAC is now taking place weekly with on average 20 families discussed. This is reflective of the increased complexity and severity of issues.
- High number of strategy meetings that do not require an ICPC - but we have undertaken assurance in regard of this through end to end review.
- Internal changes within Greater Manchester Police meant it took longer to realise our integrated front door and joint decision making.
- Volatility in demand at the Front Door has meant we have needed to continuously respond to changes and check our resource deployment alongside redesign of services
- Instability across the health landscape with through ICS and some localised staffing changes within community health and delivery of surge and vaccination programme has meant a gap with a health professional at the Front Door for a significant period of time.
- Collective understanding of EH activity that is not being captured through EHA numbers to ensure an effective offer of support is being provided.
- A low percentage of contacts into the Front Door convert to referral (around 23% at end of Q4).

What do we still need to do?

- Continue to embed shared understanding and application of levels of needs, the shared understanding of 'right help right time" and reduce the number of contacts & assessments that do not require social care intervention whilst ensuring a partnership response.
- Implement all aspects of our co-ordinated Family Help model – Family Hubs, roll out of TTT across the borough, revised IFS model.
- Continue to implement systematic learning across the partnership based on our QA processes e.g focus on re-referrals to understand the reason for a recent increase.
- Formally review the revised front door arrangements to measure impact, for example understand the impact that the DA post is having in terms of reducing high level domestic abuse cases being referred into First Response and a lower-level intervention across Trafford families.
- Progress our partnership in respect of system responses to babies and young children to understand whether there is an issue with late identification of issues with this cohort and inform further service transformation,

Children's Social Care: Help & Protection

What have we delivered?

- Created dedicated Families First for CIN & Support & Protection service with dedicated Heads of Service to raise the status of CIN work & maintain a focus of CP planning
- Timeliness of assessments has dipped as these arrangements have gone live with a particular drop in December following transition. More recently this figure has improved and there has been a focus on quality as new arrangements are embedding. We have undertaken audits and Head of Service moderations to test out this hypothesis – 13% increase in the number of assessment judged to be good in the last period.
- Children are routinely seen & engaged as part of the assessment (94%); this coupled with our use of Child Impact Chronologies (CimC) is ensuring that what life is like for children is influencing plans. This is starting to be reflected in the improving quality of plans for children – 41% of audited plans were judged to be good.
- Implemented a partnership action plan including use external expertise (Professor Jan Horwarth) to improve CP practice, processes & decision making. Through this work we have seen changes to the duration of CP plans (more plans over 1 year+) to ensure decision making is based on sustainable change, however the number of children subject to repeat plans continues to be an area of focus.
- Redesigned & rolled out strengthened PLO systems & processes including a toolkit to support practice; tracking & better grip is supporting plans progress to permanence e.g. since May no care proceedings concluded with full care order & placed at home.
- QA work has identified that we proportionally have high a number of recurrent care proceedings (12% of care proceedings issued in 2021) & we are progressing a different approach & way of working for these families.
- CimCs are being embedded as essential requirement for ICPCs & PLO & this is ensuring that children's histories are being considered in planning & interventions.
- Continued focus on the need to visit children and for visits to be purposeful as well as timely. Dip sample audit work is evidencing improved quality but we have seen some fluctuations in timeliness.
- Starting to have a focus on core groups as vehicle to drive forward planning for children – with a dedicated plan to raise the status and quality of core group activity including reconfiguring our electronic recording system.
- Continued focus on partnership approach to safeguarding e.g. progressing whole system approach to tackling Neglect and DA abuse under Ambitions plan & TSSP e.g. DSL are now consistently attending MARAC ensuring that children's needs are fully considered within this process. This coupled with operation Encompass continues to strengthen multi-agency working between Children Social Care and education to ensure that plans are adjusted in school setting (as evidenced through MA audit).
- Rolled the enhanced roll of the Virtual Head to Children in Need and those that have

What difference have we made?

- Evidence of better application of thresholds – balance of work has changed with an increase in CP figures and stabilisation of children in care. We have used our QA systems to tackle this issue. CP plans are now standing at 202 which is an increase from 176 in quarter 1.
- Improved working with schools led to head teachers driving forward sense check of our joint working, through a head teacher's survey & associated action plan and our DLS forums.
- Findings from MA DA Audit have been converted into action plan & led to series of roundtable events. An outcome from this work has been to secure resource and implement two perpetrator programmes across Trafford.
- Findings from MA Neglect Audit led to action plan & Neglect Conference which has raised the status of tackling neglect for all children. Neglect Conference was attended by 188 practitioners; agencies being asked to develop their "call to action" plans. Within social care our response has included all practitioners having bespoke training in working effectively where DA is an issue through our Core Skills Programme,
- Where we are using CimCs we are making a difference e.g. recent case in Court where the judge stated the Child Impact Chronology supported the evidence to demonstrate impact that helped make the best decision for the child. 87% cases presented to legal gateway in quarter 3 had a CimC
- Continue to have strong multi-agency engagement in strategy meetings
- Through our strengthened pre-proceedings we are making the right plans for children and progressing these in a more timely way. 10 children within care proceedings currently have a plan of adoption as a consequence of stronger grip and planning for permanence; previously we have seen low performance in terms of the number of adoptions.

Children's Social Care: Help & Protection

What have been our challenges?

- Roll out of new early approaches is having impact but also identifying some unmet need
- Increase in CIN work – creating potential pressures in the system. Not solely down to COVID, we needed to change plans for some children that were previously helped by our Intensive Family Support Service.
- Emerging and increased need for children and young people with MH and emotional difficulties
- Children in need are over represented in absence figures – but we are doing something about this through the work of our Virtual Head and EVC service.
- Impact of COVID on relationship distress and contested arrangements increasing court led decisions - 17% (of total number of care proceedings) where ICO was issued was as a result of private law proceedings.
- Staffing challenges including business support have impacted on the timeliness of Conferences and CP review. A service plan is in place to address these issues.
- Continue to experience a high rate of CP plans that are plans for a second and subsequent time. We have taken action to reduce this but it remains an issue - 17% of those children becoming subject of a CP plan in last 6 months (Oct – March) have had one previously, 13% had had one in the last 2 years.
- Challenges within the judicial system means we are seeing delays in securing court outcomes for our children. 54% of our care proceedings are over 26 week threshold and this is impacting on planning. However for 3 children the SHOPBA decision is now being revoked and SGOs are being sought by their foster carers as a consequence of caring for these children over an extended period.

What do we still need to do?

- Continue to respond to and manage fluctuations in demand at a time of whole system staffing challenges.
- Continue to quality assure child & family assessment in light of deteriorating performance in terms of timescales to ensure that any delay is offset by completion of a quality and meaningful assessment without gaps.
- Roll out codesign revised CP plans and processes with our children and families following the completion of our work with Jan Horwarth – this will ensure that our plans are strength based and sustainable .
- Continue with end to end review of decision making across CP system with partners to iron out anomalies – low s47 conversion rate; high repeat CP planning
- Closely monitor timescales and quality of child & family assessments through thematic audits, to ensure that the decrease in timeliness remains down to focus on quality and is not indicative of another issue.
- Review the impact of strengthened Legal Gateway and PLO processes – we are seeing positive impact from this work.
- Engage with and deliver Recurrent Care project – we have a cohort of parents that experience repeat removals (12%) & our audit work identifies that we need to strengthen this.
- Strengthen the quality of assessment and planning with the Complex Needs team - we have stabilised staffing and now need to focus on quality .

Children's Social Care: Vulnerable Adolescents

What have we delivered?

- Established dedicated service for Vulnerable Adolescents that brings together MFH team & CSE Mentor with SHINE (exploitation team) & Trafford Youth Justice for young people who are vulnerable & may be at risk of exploitation, missing or involved in youth justice services. We increased the s/w resource to our specialist exploitation team by 50%
- Refreshed Exploitation Strategy across the partnership in line with this revised approach
- Developed an integrated offer with commissioned substance misuse service in line with our JSNA. Youth Engagement workers have received training the ACT methodology – applying the approach in practice
- Secured and embedded Health resource within our multi disciplinary complex safeguarding team (Shine) and is working across YJS .
- Maintained strong governance & operation oversight for children who are missing or exploited - Monthly MFH Steering group, Complex Safeguarding Panel & DCS Performance meetings - know we have more to do to strengthen our response to those who go missing.
- Revised our referral pathway and recording for children who are OOA and missing.
- Continue to enhance our prevention offer for vulnerable adolescents through peer mentoring scheme for young people at risk of being engaged in knife crime; work with the third sector to implement a whole family mentoring programme; multi- agency allocation panel across YJ and missing services This is being further developed through a partnership Violence reduction strategy.
- Strengthened support within our schools e.g. established liaison meeting with one of special schools to respond preventatively; continued to roll out bespoke violent reduction programmes to our schools
- Continued to roll out support to all workers across the workforce e.g. offering case consultations and formulations through trusted relationships psychologist & joint supervision for case of exploitation held outside of SHINE service.
- Strengthened our Education offer in Youth Justice service – dedicated EET post that has already resulted in an improved EET rate for post 16 YP (60% in Education, Employment or Training at end of Q4).
- Continued to strengthen MFH processes (In response to high proportion of MFH reports being for young people in Children's Homes) with dedicated sessions being offered to young people in our children's homes including activity based session to support the development & engagement with workers and reduce missing episodes.
- Held dedicated training sessions for Corporate Parenting Board; members asked for this ensuring corporate ownership of the issue. Members regularly meet with GMP colleagues in area of highest crime by young people

What difference have we made?

- The new service arrangements have resulted in a more co-ordinated approach to our adolescents that have vulnerabilities. We are further strengthening this practice-led approach & information sharing to ensure risk is understood & plans reflect this.
- We have worked directly with our young people to share understanding as to why adults are concerned when they are missing. This has been supported through revised recording systems and bespoke approaches to RHI - e.g. a high number of young people reporting that they did not regard themselves as 'missing' in return interviews led to revised prevention approach as to why adults might be worried.
- Our prevention approaches within the YJS are having an impact e.g. reduction in FTE's in the criminal justice system; offences down from 118 to 92 from 19/20 to 20/21 & lowest ever custody rate of 0.08 for 2020/21.
- A strong health offer is in place for young people including dedicated speech and language support based within the YJS and working into our youth support service. Serious Youth Violence mentoring programme is helping address knife crime; 50 young people have been supported to date (and the scheme is currently working with 27 yp) 11 permanent exclusions have been avoided and only 3 participants have offended, all of which have been for non-violent offences .
- 83% of the YP involved in knife crime mentoring programme did not go on to commit a crime & 97.5% are not engaged in employment, education or training.
- Through the adoption of a dedicated partnership, disruption in one locality using multi agency briefings to address hotspot areas & plan disruption activity across police, social care, education, community safety & housing, we have achieved a reduction in ASB and crime in that locality.
- Our specialist Exploitation Team is making a difference to young people through the building of trusted relationships and interventions e.g. 100% of the young people closed to the Shine service last quarter have been reintroduced to Education and their missing episodes had reduced.
- We have mobilised a whole system approach to reducing violent crime in response to recent fatalities.

Children's Social Care: Vulnerable Adolescents

What have been our challenges?

- Single view of risk & risk management approach – more to do to be needs-led not service-led
- Securing Health resource for the Shine service has taken longer than anticipated – but it is now in place
- Moving from dedicated parenting worker to commissioned service – not quite there yet!
- Too many panels / meetings across the system – need to have better alignment
- Increase in the *number of* more young people going missing (although fewer times). A small number of young people account for a disproportionate number of our Missing from Home episodes. This is impacting on our the number of RHI being recorded as offered and accepted.
- The performance of commissioned out of area RHI has needed to be an area of focus.

What do we still need to do?

- Embed multi-agency audit & learning for children who are missing & become data intelligent. Thematic audit has taken place looking at the cohort of CP who have a disproportionate number of MFH episodes and the learning is being cascaded . Similarly we are rolling out the learning from TSSP audit in respect of missing and exploitation, utilising the quarterly learning and development bulletin, a series of “Learning in to Practice” videos/podcasts, 7 minute briefings and workforce development sessions such as lunch and learns on the SHINE service.
- Strengthen early identification & action of young people at risk of exploitation across the service
- Strengthen our joint work with Catch 22 regarding our young people placed OOB who go MFC to ensure that they receive the same quality support and intervention.
- Strengthen the quality of risk assessments and planning across different services – ‘one child one plan’ approach to risk management
- Develop and embed our strategy to knife and violent crime by children – we are developing & strengthening this as part of response to 3 fatalities within the last 2 years

Children's Social Care: Care Planning & Achieving Permanence

What have we delivered?

- Developed and are rolling out our principle-led approach to permanence supported by a comprehensive permanence action plan. This is inclusive of a dedicated training and development programme for practitioners to improve the quality and consistency of care planning to reduce drift and delay.
- Developed and implemented a permanence tracker which is being operationalised and used to support practice.
- Through the use of our permanence tracker & applying our principles in practice we are starting to reduce historic drift & delay and achieve permanence for our children and gain traction e.g. we have RAG rated all children living with connected carers in respect of likelihood of securing SGO as a permanent arrangement. Through this approach 8 SGO carers assessments are being progressed as a priority.
- Created a bespoke SGO support team & advice hub & established a dedicated support group for friends and family carers ensuring that practitioners & carers have access to timely expert advice and support. This coupled with use of placement support meetings is helping maintaining placement stability for our children living in such arrangements.
- Revised our approach to planning for permanence through adoption by relocating this work within the Support and Protection service. This means that practitioners who understand children's histories are progressing their permanence plan through to adoption. This is strengthening our early permanence work and we are seeing increased numbers of children with planned outcomes of adoption. There are currently 8 children with SHOPA decisions and 8 children with PO.
- Increased our menu of training & support to carers; Delivered PACE training to compliment Carer Training; Implemented Foster Care mentoring programme
- Created a dedicated Provider Service to focus on Placement Sufficiency for all children and have a dedicated fostering project to strengthen this work e.g. Proactive approach to increasing foster care retention with a focus on recruitment, retention & utilisation e.g. introduced digital marketing campaign; spare room project
- Entered into a partnership with Trafford Housing Trust and Coram to develop bespoke housing solutions to increase sufficiency.
- Reset our No Wrong Door (Kindle) service & secured health commitment on a permanent basis for Life Coach role and speech and language therapist aligning with our in house supported living accommodation. This will help to intervene earlier & offer a whole family approach to our teenagers on the edge of care. Numbers of teenagers entering care remains high.
- Taken a targeted approach to strengthening our care planning. pre-proceedings, discharge project for children placed with parents & those living with friends & family carers as these areas needed greatest traction.

What difference have we made?

- By having a mixed offer of support to all our carers we have sustained strong placement stability - 77% (137/178) of our cared for children have been in the same placement for 2+ years.
- The number of children living within 20 miles is 4th highest nationally. Our children are maintaining friendships and networks locally.
- Only 18 cared for children have been unable to stay at their school this year & no child moved school more than once.
- We have a high proportion of brothers and sisters living together and this is further supported through our use of bespoke family time plans when we have not been able to achieve this. Our family time plans are developed with our children and reflect their wishes and feelings.
- We have fewer children living with their parents under a care having successfully achieved a 12% reduction, the lowest number for 5 years. This means that our children have a less intrusive level of support and intervention and our parents have been supported to successfully care for their children.
- The quality and consistency of CPR has for children with a plan of adoption. This is helping support timely realisation of adoption plans as well as bringing children's stories and histories to life. This has been achieved through a strengthened QA approach, live ADM's and bespoke training.
- A number of foster carers were supported to make applications to the GM Room Makers scheme increasing the number of children they could care for without moving. This is helping support our sufficiency plans
- The number of children living with Special Guardians remains high and we continue to see this as planned outcome for exit out of care - 22 children this year have achieved permanence through this route at the conclusion of care proceedings - our principled approach in action .
- The feedback from our SGO carers about our strengthen advice and support to help decision making is positive. This is helping to ensure that our children will have permanence and addressing our legacy issue.
- Improved the number of our young who remained living with their foster carer having turned 18. 26 children have 'Stayed Put' year to date .
- Our staying close work approach is ensuring our young people exiting residential care have an ongoing offer of support e.g. one young person in secure accommodation is being visited by her key worker and the team are actively contributing to her life story work

Children's Social Care: Care Planning & Achieving Permanence

What have been our challenges?

- A number of children have not had their permanence plan formally ratified and whilst this is a legacy issue we are needing to progress this work at pace.
- Increase in number of unaccompanied asylum seekers creating additional pressure in service - currently have 8 young people, with new young people being recorded every month of 2022 to date. This in part has been linked to the national approach. We have developed expertise in our residential homes to create bespoke support for our UASC
- We have continued to face challenges in recruiting foster carers with more carers leaving the service than being recruited. Our challenge in this regard is multi faceted - national sufficiency issues, an ageing carer population; numbers of carers that are for named children only and high numbers of carers that have committed to children on a permanent basis impacting on short term placements.
- Our reset of NWD has taken longer than we had anticipated - securing health commitment to this has been a challenge.
- During the pandemic we have needed to support our carers to be confident and comfortable when making new placements.
- Placement sufficiency for children with complex trauma / mental health needs has been a challenge.

What do we still need to do?

- Continue to progress our dedicated fostering project in line with our sufficiency strategy
- Strengthen our tracking processes with regards to s.20 placements - this is our next area of focused attention aligned with our strengthened PLO processes and permanence tracking.
- Go live with our NWD reset - June
- Continue to roll out placement support meetings as routine and not only for carers and children where placement stability is an issue
- Reshape our collective offer of support for children experiencing trauma and reduce the use of external placements for these children.

Children's Social Care: Cared for Children & Care Experienced

What have we delivered?

- We have brought together our Permanence Teams with the After Care service to support the continuity of approach and embed risk based transitions and support.
- Strengthened oversight and challenge through Corporate Parenting Board – this is providing strong multi agency and corporate oversight and challenge.
- Continued to embed placement support meetings as means for ensuring wrap around approach to placements although the use is still lead by placement instability.
- Implemented a dedicated service plan to strengthen the role & influence of IRO's & whilst we still have more to do we have seen an increase in IRO visits to children in care – including face to face visits & midpoint reviews& IROs writing to children after their reviews. Named IROs link to locality Practice Mangers to support whole service approach to progressing plans.
- We are embedding a whole service approach to care planning meetings as routine and we are starting to see strengthened practice in this regards e.g. rolling out Child's Journey methodology to move plans on when needed – reflecting our multi-agency approach to progressing plans where there is a lack of traction.
- We have strengthen the quality of assessment and planning for children within care proceedings and this monitored through our QA systems and processes, including the roll out of strengthened or dispute resolution processes.
- Developed a dedicated participation plan for cared for children and care experience young people – acting and listening to their voices – areas of focus for our young people have included support for recruitment enhancing life story work.
- Enhanced our health offer to cared for children & care leavers e.g. extended the Kooth online support up to the age of 25 years old.
- Maintained a forensic focus on education and achievement with a clear strategic approach to reducing NEET for our cared children and care experienced – introduced a post 16 PEP co-ordinator; part of the national pilots for PP & introduced post 18 PEP's and a dedicated panel.
- Maximised the role of the Virtual School in supporting our children's health including developing and enhancing play therapy offer.
- Increased the ask of "Keeping in Touch" to a minimum of 8 weekly and following up where not happening taken a targeted approach to keeping in touch with HoS meeting with all After Care workers and social worker individually to agree actions and plans.
- Developed & started to implement new pathway plan within children's recording system to promote timely completion of Pathway plans.
- Continue to develop accommodation options for care experienced young people. Signed up to & progressing the House Project

What difference have we made?

- Increased the number of care proceedings finalised on Supervision Order – 18 so far to date and those in accordance with our proposed plan. No PwP at conclusion of care proceedings since May 2021. This coupled with our own QA activity evidences we are improving the quality of work in this area.
- 137 children and young people have lived in their current placement for 2+ yrs. 22 children have had 2 or more placement moves (5.8%) meaning children have been afforded stability.
- We are reducing drift and delay for our children through our enhanced understanding and dedicated approach to discharging PWP arrangements and we are achieving this – 12% reduction in the number of children placed with parents and a further 17 awaiting a statement/court date, further 15 identified for discharge.
- Our children in care are supported to achieve within education including providing bespoke led interventions e.g. 85 sessions of therapeutic play completed last academic year for 6 children; dedicated educational psychology support; 31 children within the virtual school accessing bespoke speech language and communication support provided through the virtual school.
- Post-16 PEP completion has increased from 31% in Spring Term 2020 to 94% in Spring Term 2021.
- ETE for our Year 12 and 13 students has increased from 46% in Spring Term 2020 to 85% in Spring Term 2021. This year we had four of our Year 13 pupils completing A-Level qualifications. This is twice as many as in 2020
- Through of use of support plans and understanding of need we have increased the number of our young people who remain with their foster carers – 'Staying Put' (26 for 2021/22 year to date).
- Increased contact with Care Experienced young people 90% & 82% Dec 21 & Jan 22
- Ten of our Care Leavers have undergone extensive training as Peer Mentors and five have now been matched in one-to-one peer mentoring relationships providing young person led support and guidance
- Low numbers of 16-17 year olds reside in unregulated provision (8 young people).
- 97% of 19-21 year olds are in suitable accommodation.

Children's Social Care: Cared for Children and Care Experienced

What have been our challenges?

- We needed to change the leadership of this service area, and this has now happened.
- Changing culture and thinking to embed "would this be good enough for my child"
- Delays in the court system has impacted on securing arrangements for children and young people.
- High level of unplanned moves experienced by some children –particularly those that have experienced acute trauma. Placement sufficiency in this regard has resulted in reactive planning and management of risk for a small number of children.
- Independent reviewing officers' (IRO) oversight has not always prevented delays in progressing plans for some children, and this is being addressed through the IRO Improvement Action plan.
- We are still experiencing some staffing instability in this part of the service which is affecting quality and consistency of pathway plans.
- Our electronic recording system in this area of the service has needed reconfiguring – and whilst plans are in place to address this, this has hampered progress in respect of the quality of planning.
- Number of Care Experienced young people 19- 21 who are NEET.

What do we still need to do?

- Continue to roll out our principle led permanence strategy and embed a consistent approach to care planning meetings as routine.
- Refresh and realign our entry to care arrangements and post 16 accommodation panel.
- Approximately half of our Children in Care attend their reviews, and a priority is improving this figure and strengthening the way that young people participate in their reviews by embedding different ways of holding reviews.
- Develop transition pathway planning with adult services including consistent application of Preparation for Adulthood protocol.
- Implement bespoke training programme for Advanced Practitioners to ensure high quality support to After Care workers.
- Embed and progress our EET strategy for all.
- Whilst there was an improved performance for Keeping in Touch particularly for the 19 – 21 cohort in April 22 this decreased to 81% and a thematic piece of work is taking place to understand this dip and to assure ourselves that we are keeping in touch with the most vulnerable people.

Children's Social Care: Quality Assurance

What have we delivered?

- Strong political oversight and challenge to all we do – Scrutiny; CEX and LM member assurance meeting & CPB, ensuring that children remain a priority for the Council.
- Created dedicated service for Practice Improvement & Learning under the leadership of a single Strategic Lead reporting into the DCS. This is ensuring that we have strong focus on quality of practice & making a difference to children is at the core of all work. It is enabling us to have traction in having co-produced pieces of work such as Supervision Framework & Practice Standards which are starting to become embedded & this is reflected in the audit outcomes.
- Sustained volume systematic approach to QA with 420+ being completed this year.
- Moderation is embedded into practice & starting to align judgements. All Heads of Service are now writing moderation reports to own quality of practice and service improvement. This has not only supported alignment of judgements in the audit process but also influenced practice improvement at team & service area level e.g. In one team following a thematic on the quality of visits, records are now being written to the child. This is supporting understanding of children's lived experience.
- Evidence of improvement in judgements and practice across the areas – 50% of audited case files audited in Q3 evidence “good” quality assessment, an increase from 37% the previous quarter; Planning is good in 41% of cases, Management grip increased to Good in 41% of cases an increase from 29% in Quarter 1.
- Reduction in number of inadequate judgements from 28% to 21% between quarter 2-3.
- 2 Live Audits at the front door (August and January) have taken place and conversational audits have started to take place on a quarterly basis. The findings from the live audit are being cascaded across the partnership and being woven into our threshold work to strengthen the quality and consistency of referrals and further develop our shared understanding of risk and need. An area of particular focus is changing the language of consent – to talk about “worries and does the parent / carer know you are talking to us”. This is in line with our reach out model at the front door.
- TSSP commenced their programme of multi agency audits, with the following areas being a focus: Domestic Abuse, Neglect and Complex Safeguarding. As part of the audit process held practitioner feedback sessions to share learning & develop agreed actions to improve the quality of practice and disseminate the learning.
- Two detailed supervision audits have taken place – including review of ASYE experience – this has been a key driver to embedding our revised supervision framework which has been practitioner and manager led development
- Continued “back to basics” approach but moving more to think about purpose & quality
- Delivered dedicated QA session to practitioners and managers within Practice Fortnight

What difference have we made?

- Created a position where we are able to provide a very detailed and honest description of the quality of practice within the service, making us self aware.
- Used all of our learning to build into our bespoke Strengthening Practice Programme so that we are tackling the live issues.
- Significant increase in number of audits completed and moderated and we have embedded QA as everyone's business.
- Increasingly we are seeing moderators' judgements agreement with judgement of auditors – in Quarter 2 85% (35) were agreed and in Quarter 3 72% (43) were agreed . This means we have a shared sense of what good practice looks like and are starting to see improvement.
- Supervision audits have resulted in refreshed performance reporting but more importantly a practice led improvement piece of work has been completed to develop our new supervision framework.
- MA audit activity is influencing changes in practice e.g. improvement in quality or referrals; audit of referrals aligning with agreed pathway; the quality of and consistency of recording visits to children - this is helping us understand children's lived experience and enhance the quality of assessment
- Our DA audit work has resulted in changes to our training offer, the commissioning of services e.g. commissioning offer of therapeutic support for children and 2 perpetrator programmes
- Partners wanting to be part of our learning – CImCs, Live Audits & MA Audits
- Our targeted work through gate-keeping processes and use of thematic audits is helping delay with legacy issues and reduce drift and delay for children e.g. systematically reducing the number of children who are placed with parents and the progression of SGOs for children where appropriate

Children's Social Care: Quality Assurance

What have been our challenges?

- First line managers understanding that quality assurance is not *just* about audit.
- Changes in managers has impacted on embedding the learning loop and what the impact of our quality assurance actually is on a day to day basis.
- Findings from audit not consistently shaping practice improvement and influencing the outcomes for children.
- Practice remains in 'Requires Improvement' bracket but we are starting to see shifts in some areas.
- Maintaining levels of compliance as we went live with our new service arrangements but we adopted different approaches at that time e.g. used case progression clinics to review children's cases.
- Maintaining morale throughout the change process and when the level of scrutiny had increased. Our Care and Confidence programme and re connecting with values has helped with this

What do we still need to do?

- Further enhance our Quality Assurance activity through observations of practice
- Build on the Quality Assurance Framework to maximise the use of thematic audits by Head of Service to ensure that practice improvement activity is timely and driven at team level.
- Refresh our bespoke Quality Assurance arrangements for Front Door activity.
- Strengthen our closing the loop processes to ensure that learning and improvement is being embedded at individual practitioner level and making a difference to planning and change for children.
- Continue to deliver 1 to 1 coaching support to embed self improving system.
- Create the culture where user feedback and understanding the lived experience of children and families is intrinsic to our quality assurance activity and service delivery.
- Enhance our menu of qualitative measures and distance travelled approaches to shine a light on impact for children and families

Children's Social Care: Workforce

What have we delivered?

- Recruitment and Retention Action Plan has been refreshed and developed into our 'Investing in Our People' (Recruit. Retain. Grow & Sustain) - our aim to be employer of choice, and to retaining & developing confident & competent practitioners & managers.
- This has included making structural and organisational changes to create manageable spans of control for managers and practitioners as well - Phase 1 of whole service redesign went live 4th October 2021.
- Procured an external recruitment provider to deliver targeted and innovative recruitment campaign including bespoke approaches to areas of greatest need.
- Continued to adopt a range of 'grow your own' approaches including social work apprenticeships & step up and have had our first trainee graduation and completed another two front line pods.
- Commenced 3 year programme with Strengthening Practice. Started the programme with sessions to allow the workforce to explore their own journeys with the authority, as we responded to both to the improvement process and the pandemic. Focused on the wellbeing & care of staff as they went through a restructure and continued to provide services.
- We have started our Core skills Programme to strengthen practice
- Completed a strategic analysis of staffing on a team by team basis to understand gaps/skill to inform our service redesign.
- Developed a practitioner led supervision framework – for practitioners and managers by practitioners and managers and rolled this out including 1 to 1 coaching sessions to ensure that our managers are confident and competent in delivering reflective supervision to impact on retention
- Maintained case loads at appropriate level – current average 17 children across service but we do have some pinch points.
- Commissioned & implemented practice led support for ASYEs & it is making a difference - our ASYEs are progressing & we have now developed our year 2 support offer. The impact of this is we are seeing reduction in the number of practitioners leaving at this stage.
- Implemented Market Force Supplement for posts that are hardest to recruit and retain.
- Implemented a project team approach for Children with Additional Needs to build back better and progressing agreed improvement plan
- Held our first Practice Fortnight in November 21, designed in a way that would best enable the workforce to share experience, learn from one another, and understand more about different areas within the service.

What difference have we made?

- Created a service where leaders have manageable spans of control and clear lines of sight to practice and that also makes sense to the workforce but more importantly to our children and families,
- Implemented a systematic layer on layer approach to the recruitment in the newly designed service from Head of Service to social workers that has been successful; 95% of practitioners and managers were given their first preference & 65% of or new Practice Manager posts were recruited to from internal permanent candidates or agency workers who wanted to become permanent.
- Recruited to new leadership team and roles - means that we are now confident that we have the right people in place to progress with our improvements.
- Permanently recruited to 4/6 Head of Service Roles to date and majority of Practice Managers (10/16) are permanent employees, two of whom converted from interim to remain with us.
- Our work to reshape the and support our New Qualified Social Workers is making a difference & they have reported very positively about the managers. 4 NQSW have progressed so far this year and our ASYEs are having regular supervision and value it & we know this because we talk to them in 6 weekly formal meetings as well as informally.
- Strengthened our student pathway to recruitment with success doubled our number of NQSW; all 5 final year students currently on placement with us are being fast tracked to permanent recruitment and want to stay.
- Evidence of a reduction in the number of people leaving. Exit interviews have reduced from a high of 29 in quarter 2 to 5 in quarter 4 and the reasons for leaving have changed. The biggest reason for staff moving is personal and workload is now the lowest. Our turnover rate is still higher than we would like at 16.6%.
- Very few teams have 'gaps' in people on the ground but we know we still have a high % of agency staffing.
- In Practice Fortnight there were 750+ attendances at 25 separate sessions and representation from GMP, Housing, Mental Health, Education, DfE – this level of engagement is reflective of the learning and improvement culture we are embedding. This was further evidenced in our recent social work survey return where the strongest responses included "My organisation promotes a working environment that upholds ethical practice and quality standards".

Children's Social Care: Workforce

What have been our challenges?

- Whole service redesign has had a significant impact of the stability of our workforce. Natural effect of some staff deciding that they want to leave as can't see themselves a part of this moving forwards but coming through this now
- A lack of a reliable workload monitoring performance tracker, although one has now been developed that is supporting managers understanding of caseloads across their team and helping more senior leaders quickly identify any pinch points or emerging issues in terms of capacity. Caseloads remain manageable across both social care (17 children) and Intensive Family Support (20 children).
- The 12 month turnover figure at the end of Quarter 4 is 16.8%. The impact of the high number of leavers in the first half of the reporting year is impacting on this data. Exits have continued to slow in the second part of the year.
- Proportion of Interim staff versus permanent staffing is still too high – although significant proportion of interim practitioners have been with us some time
- A 'pinch point' in Families First in terms of workforce stability since moving into arrangements although caseloads remain manageable (average is 20).

What do we still need to do?

- Engage in North West work to develop a "not for profit social work agency" for the NW.
- Review the new working arrangements to ensure that they supporting best practice
- Review our Front line approach to ensure it is sustainable model
- Develop our Social Work Academy including pathways into social care through unqualified routes

Children's Social Care: Leadership

What have we delivered?

- Continued corporate & political support – contingency fund to support demographic growth; agreement to have continued investment in Early Help; flexibility in safe COVID working to support “eyes on” workforce.
- Continued to focus on partnerships – strategically & operationally including establishing Safeguarding Effectiveness Board to challenge & oversee partnership activity.
- Created an experienced senior leadership team that have a clear line of sight to practice
- The service redesign created a wider Leadership Team, dedicated Practice Managers and Heads of Service roles with clearly defined service areas.
- Developed Practice Manager roles – to do what they say – manage quality of practice within teams and service areas!
- Developed solid performance and quality assurance arrangements. We have a good understanding of issues and emerging trends and are acting upon them.
- Become more data intelligent and exploring key issues
- Implemented bespoke management development programme as managers and practitioners move into new service arrangements e.g. Leadership Forum; managing change sessions and as part of “welcome to new role”; bespoke induction programme
- “Chunked up” immediate priorities for our managers and practitioners - identified 4 key areas of focus and overlaid these upon the 8 Ambitions
- Continued to tackle performance issues and kept all our conversations about children and families.
- Continued to progress shared learning and challenge.
- Rolled out Management supervision framework including 1 to 1 coaching sessions to ensure that our managers are confident & competent in delivering reflective supervision.
- Enhanced tracking processes are ensuring managers and HoS have grip and focus to reduce drift and delay for children and families.

What have been our challenges?

- Middle managers that lead and own quality of practice
- IRO and Safeguarding exerting influence as system leaders
- Have needed to make brave decisions and hold our nerve – and we have!

What difference have we made?

- We are already seeing Practice Managers and Heads of Service start to come together as an established and cohesive leadership group who are starting to drive forward practice improvement as routine and this is reflected in our audit finding.
- Sense of shared vision and starting to see ownership e.g. supervision framework was practitioner and manager led.
- We are starting to achieve stability within the management team.
- Changing the culture in Trafford – putting children first & being at the heart of all we do and this has been confirmed through external validation e.g. DfE review and analysis of our Care and Confidence modules.
- Increased trust and confidence in the service – particularly in the school space.
- Commitment to innovation – TTT and community collective and implementing changes in line with our identified need.
- Increased confidence in the service across the partnership.

What do we still need to do?

- Continue to strengthen our partnership arrangements.
- Continue the rollout of the bespoke management and masterclass programme - building on Strengthening Practice programme.
- Ensure new managers are coached and supported as part of induction programme in the same way current managers are.
- Implement ‘annual conversations’ between DCS and Heads of Service, and Director and Practice Managers.