



Barnsley Metropolitan Borough Council Children's Services Peer Challenge

Date: 28th February – 3rd March 2022

Feedback Report

1. Executive Summary

Barnsley Metropolitan Borough Council (BMBC) have an accurate understanding of their organisation and the way it works. This is clearly reflected in the self-assessment provided and the evidence seen by the peer team whilst on-site and in the dip sample of 16 case files reviewed before the team's visit.

Social work practice is child centred, relational and the model of restorative approaches is well embedded. The members of staff who participated in the peer challenge spoke positively about working for BMBC. They said that they feel safe in their practice and that for many, Barnsley was an authority of choice and reported that staff morale is high. Many staff spoke positively about the support they received working through the challenges of the pandemic.

Caseloads remain high and the Council has allocated additional resources to increase capacity so that this can be addressed. There is active recruitment for social workers as well as to fill heads of service vacancies. The Council recognises the need to promote the increasing diversity of the workforce to reflect the changing community it serves, and to put the right supports in place for staff.

There is evidence of good quality social work interventions by staff who know their children and families well. Through observation of visits with families it is clear that social workers are welcomed and have good relationships with both children and their families.

There is a strong early help offer and workers stay with families as they step-up into social care. Greater clarity and data sharing would help ensure that focus is not taken away from the early help intervention as workers capacity is used elsewhere in the system.

There is a strong commitment to partnership working at the operational and strategic level. The children's safeguarding partnership was spoken of highly, as were other partnerships. There is good multi-agency working in the MASH and the whole team works well together. There is a relatively high level of joint investigations undertaken with the police. However, the voice of health partners could be strengthened in decision making. The partnership could be more effective in jointly addressing issues of concern, including long waiting times for children to access mental health services.

Decision making for S47 enquiries is timely, proportionate and appropriate. There is clear understanding between partners of their roles and good cooperation in information sharing.

South Yorkshire police has recently taken an important policy decision on intervening to address neglect. This has an impact on practice and partners should work collaboratively to ensure that this evolves to be strongly child-centred.

There is a strong focus on a performance driven approach, with robust quality assurance management arrangements and good levels of accountability are clearly evident. There is good and regular reporting and oversight by elected members and corporate management, as well as into the wider partnerships. The scheme of delegation, for example with conference decisions needed to be made at head of

service level, may benefit from review to strengthen professional autonomy for managers. Decision making needs to be clearly recorded in the child's case file.

2. Key recommendations

The peer team was impressed with the arrangements for children's services in Barnsley. The council is driving for continuous improvement from their strong base and whilst no significant areas requiring improvement were identified, there are a range of suggestions and observations within the main section of the report that will inform some 'quick wins' and practical actions to support this. The following are the peer team's key recommendations to the Council:

Strengthen evidence in documentation of impact on improving children's lives in Barnsley: Clear evidence of impact needs to be highlighted in case records, audits, reports and summary documentation so that it is clear to children, families, partners, and those who have an interest in Barnsley's work for children

Review compliance approach and explore opportunities to promote greater professional and child-led autonomy: The scheme of delegation could be reviewed to ensure decisions are made and recorded at an appropriate level and to ensure that the child's wishes are even more clearly presented

Robustly challenge partners when the system is not working for children: Collectively identify and challenge each other on issues that impact across the partnership, for example; waiting lists for mental health, changes in police policy in tackling neglect and any unintended consequences and Children and Family Court Advisory and Support Service's (CAFCASS) use of S38(6), and then present a coherent response to meeting children's needs

Complete the planned review of early help in the context of findings from peer challenge: Clearly articulate the early help offer and where this becomes intensive support for children entering social care. Bring together data collection and audit processes so that information is accessible throughout the children's system

Assure timeliness of PLO, twin-tracking and planning – both in early permanence and throughout the child's journey in care: Review strategies to ensure that a range of choice is clearly communicated, from early public law and right through the child's journey in care, including where reunification is a positive option for children and their families

3. Summary of the peer challenge approach

Independent, external evaluation and feedback from the sector has endorsed peer challenge as an approach that promotes learning from a sector-led improvement perspective. All local authorities and their partners are constantly striving to improve

outcomes for children but an external and independent view can help to accelerate or consolidate progress.

The peer team was sourced specifically to address the areas of focus highlighted by BMBC. The team consisted of senior colleagues with significant experience of leading and managing children's services within local government, supported by an experienced LGA challenge manager.

The peer team

Peer challenges are delivered by experienced officer peers. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the peer challenge were:

- **Sally Robinson**, Director, Children and Joint Commissioning Services, Hartlepool Borough Council
- **Anna Gianfrancesco**, Assistant Director (Safeguarding & Care), Children Families and Learning, Brighton & Hove Council
- **Cliff James**, Head of Safeguarding, Children and Families, Suffolk County Council
- **Tom Savory**, LGA Associate – Children's Social Care
- **Catherine Lomas**, Programme Support Officer, Improvement – Children's Services, LGA
- **Jonathan Trubshaw**, LGA manager

The process

The peer team prepared by reviewing a range of documents and information, in order to ensure they were familiar with the Council and the challenges it is facing. This included two days of reviewing 16 case files before the onsite work. The team then spent four days onsite at BMBC, during which they:

- Heard from over 100 people, including: children and families, lead member, chief executive, senior leadership team, front-line practitioners and managers and partners
- Observed meetings
- Read background documentation
- Undertook visits to families and settings
- Considered at least 40 live records.

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit on Thursday 3rd March 2022. By its nature, the peer challenge is a snapshot in time. We appreciate that some of the feedback may be about things you are already addressing and progressing.

4. Scope and Focus

You identified four areas of focus for the peer challenge that were agreed at the beginning of the scoping process, which are listed below:

- Are the Thresholds to Children's Social Care (CSC) right – Could more children be supported with an Early Help Assessment and EH Intervention?
- The proportion of child protection S47 enquiries proceeding to an Initial Child Protection Conference (ICPCC) is very low in Barnsley. Are S47s being initiated too quickly (risk adverse practice) or, should more be being undertaken and progressed to an ICPCC?
- Are Child in Need and Child Protection Plans SMART; do they evidence timely progress for children, with the right support and the right decision made, to meet children's needs in a timely way, at the right level?
- Early permanence planning and stability for children in care; how could this be strengthened?

In addition to the above, the team also considered the role of leadership and management in Barnsley's children's services in ensuring the systems used are operated effectively.

5. Main Findings

Leadership and Management

The lead member for children's services is passionate, well informed of the work in children's social care and a strong advocate for securing necessary resources. He is involved in quality assurance and is visible to the workforce. When there have been challenges to the service, he is seen to take accountability.

The chief executive is well sighted on the quality of social care practice, as well as the challenges in children's services.

The children's services senior leadership team is visible, accessible and know their workers well. Staff spoke highly of their senior managers, some staff said that they had chosen to work for Barnsley, leaving jobs elsewhere or electing to start their careers with the Council. There is a high degree of motivation and commitment to working across partner organisations to ensure the needs of children are best met. However, caseloads remain high for social workers and care staff. The team recognises that the Council has allocated additional resources and is actively recruiting to teams. There is an opportunity through the recruitment process to consider how Barnsley recognises and reflects in the workforce the increasing diversity within the community. There could be greater scrutiny of ethnicity data, both within BMBC and by the partnership. Race is beginning to be talked about and work developed that can contribute to an anti-racist strategy.

There is strong performance driven management accountability and decision making. There may be an opportunity, now that the culture of performance is well embedded, to review the scheme of delegation and where decisions are made to encourage professional autonomy and delegated authority. There appear to be some inconsistencies in the level of where decisions are made. The peer team heard that where a section 47 has been completed and a child protection conference is recommended, this decision is made at head of service level. The peer team heard that this had been a temporary arrangement, due to a significant rise in the numbers of children subject to CP Plans. . Whatever level the decision is made, the decision itself and the reason for this needs to be clearly recorded in the child's case file.

The peer team heard evidence of strong leadership and management at all levels of the Council. There is currently a gap at some of the Heads of Service posts in children's services and there are plans to recruit to these vacancies. Senior leaders and managers have a clear line of sight on front-line practice, undertaking visits and conducting case file audits.

Policies, processes and procedures are strong with evidence of compliance. There is a strong emphasis on a relational way of working and the model of restorative approaches is well embedded. However, the case files that were sampled did not always clearly identify and highlight the impact of the interventions undertaken. A clear statement of "*and for the child this means...*" would demonstrate how actions are making changes for children. There is a rigorous approach to case file auditing with a clear focus on compliance. There are opportunities to now ensure that impact is also identified and highlighted.

The peer team heard evidence of long waiting lists for mental health services for children. In some meetings it was said that waiting times could be up to two years. A collective partnership challenge needs to be made to minimise the impact of waiting times on children for whom a need has been identified.

There are separate quality assurance arrangements for early help and social care. There is an opportunity to bring the systems together for sharing expertise and information as well as learning about how the two systems could better support families.

South Yorkshire police have made a purposeful, strategic policy decision in relation to their response to neglect. This is seen to be part of their early intervention and prevention strategy, reducing the likelihood of future exploitation, anti-social behaviour or crime and disorder. There is a need for all partners to understand how this important policy is delivered in a child-centred way and there may be opportunities for sharing supportive and relational practices.

Are the thresholds to Children's Social Care right?

In the view of the peer team the thresholds into CSC in Barnsley are appropriate, proportionate and the response is timely.

There is a strong early help offer, in particular the response through universal services is impressive. There are high numbers of common assessments and lead practitioners are well embedded at single agency level where need is first identified. The targeted early help service is responsive to need, delivering a range of interventions and support to families that is helping prevent escalation.

There was a reduction in early help activity over the summer of 2021 due to the implementation of the new recording system. Numbers of cases are beginning to increase. The trend is being monitored to ensure that there is sufficient early help capacity to meet the needs of the children coming forward.

There was evidence of strong step-up/step-down arrangements in relation to early help. Where cases are stepped up into social care, the worker stays with the family to support the plan, co-working with the social worker, to ensure there is continuity in the relationship. The early help worker is therefore well sighted on the intervention and continues their relationship with the family when the case is stepped down from social care. The role of family support workers in complex social care cases is described as intensive early help. However, as these cases are already in social care this may be better described as intensive support. It is recognised that the case workers are providing a real benefit to these families and this may impact on the capacity for targeted support at the early help stage as resources are being pulled further up the system.

Early help workers have high caseloads and are provided with bi-monthly supervision. Given the level of workload and complexity of some of the cases it may be worth considering whether the management oversight through supervision is providing the level of assurance that you are seeking to establish in other parts of the social care system.

There was evidence that the communities within Barnsley received bespoke early help support, with groups focussing on their specific needs, supported by out-reach workers and open to anyone who could benefit by attending. However, the peer team heard from some staff regarding a variable level of some partners' engagement in early help. There are opportunities to further engage partners, including midwifery and housing so that they are fully involved and know the pathways in and out of early help.

Currently the early help systems and data are separate from social care. There may be an opportunity to bring these together when the new information system for social care is introduced so that data supports the flow of work that is already seen in practice.

Are S47s being initiated too quickly?

The peer team found that the decision making for S47 is timely and appropriate. The needs presented warrant a S47 investigation and the right children are receiving the S47 enquiries. Children are not being brought unnecessarily into a more intrusive system.

There is good multi-agency representation in MASH. The whole MASH team works well together to effectively gather and screen information. Information is efficiently shared and there is good collective decision making on how best to respond to the presenting needs. There was a perception that health colleagues were not consulted as fully or in as timely a way for them to be most effective. This may be due to the statutory responsibilities of social care and police. However, it may be that the voice of health partners could be strengthened so that they are more fully presented in the decision making process. Whilst there was recognition that police officers need to rotate through duties there was also a wish expressed for more consistency in personnel. It takes time for partnership working to become embedded and effective.

Within the MASH there is effective file auditing and quality assurance taking place across and between the multi-agency teams. This ensures that the decision making remains consistent and proportionate.

The team was made aware of the conscious policy approach from police to engage in S47 enquiries. Around 50-60% of S47 investigations are undertaken jointly with the police and whilst this may appear to be high it reflects South Yorkshire policy to intervene to address possible neglect. This is a significant change in policy, which could be more fully articulated across the partnership so that there is greater understanding at an operational level. This in turn would help the police evolve their practice in how they are responding as the team heard of instances where police decisions taken were not child centred or necessarily proportionate, for example the removal of children at midnight.

There are plans to move to a Single Point of Access (SPA) for mental health services and the social care front door. The peer team heard from several interviewees that children and young people had experienced long waiting times to access these services. Caution should be given to the role and responsibilities of the local authority in the SPA in responding to complex cases, so that more work is not presented back to social care because of the challenges of waiting lists.

Decision taking and rationale for progression to child protection conference is not consistently recorded. The peer team heard that decisions as to whether to progress are taken to a head of service but that this is not recorded as a management decision in the case record.

Are Child in Need and Child Protection Plans SMART?

The dip sample of 16 cases reviewed prior to the on-site work identified that plans for children were put in place in a timely way. Whilst sitting with social workers, the peers saw strong evidence of family led plans – plans were produced with and by the family, for the family and owned by the family. This demonstrated strong facilitative practice from the social workers, supporting and empowering the families to put their plans together that led to less adversarial work to safeguard the child.

Not all plans reviewed by the team, both before the on-site work and whilst we were with you, are SMART. For example, not all cases were specific in describing timeline/deadlines with the vague phrase “on-going” being used instead.

Your data shows that 99% of your core assessments are concluded by 45 days. This is excellent performance in terms of the timeliness of assessments for families. The quality and completeness of the assessment is critically important to the effectiveness of future planning. There may be benefit in reviewing whether the needs of the child would be better benefitted by extending the timescales in some cases.

There is clear use of advocacy in child protection conferences to help children understand and access plans. The commissioned service works well and talks to children in a language that they understand as to what their plan means for them, being clear on what is going to happen and what is important for them. However, during observations of some meetings about children the team noted that information from some of the points discussed and the required actions noted do not always follow through to be recorded into the plan.

There is strong evidence of direct intervention work with children and families. Practitioners work to get the views of children so that their wishes and needs are well communicated. The peer team were told that the Graded Care Profile was embedded as a tool for practice in neglect cases that supported families to understand the concerns, what needed to change and tracked progress and improvement throughout the period of intervention. However, there is limited evidence from the case files reviewed and observations of meetings that the graded care profile is being used in practice.

Transfer meetings are held when cases move from the team undertaking the assessments to long-term teams. These make sure that for the families the transition between two teams is as seamless as possible so that families are not having to retell their stories.

There is strong evidence of awareness and grip for those children, subject to Child Protection Plan (CPP), who are electively home educated. Workers recognise and respond to the additional vulnerability for those children who are not in school. However, in meetings observed by the peer team the plan was not always used to maximum effect to focus the core group, discuss the implementation of the plan and what is improving for this child as a consequence and being assured that the plan is effective.

How could early permanence planning and stability for children in care be strengthened?

It is the view of the peer team that children in care are served well in Barnsley.

The implementation and expansion of the Mockingbird foster care hub model is working well, it is spoken highly of by social workers, partners and carers. It is seen as being an

excellent model of practice that is working well to support children and young people and those we spoke to consider should be an aspiration for all placements. Although it is recognised that this might not be possible, it is seen as a way of keeping children local in Barnsley. The fostering service's support for carers is strong and is valued by the foster carers. Their work is underpinned by an effective and well regarded training offer.

The peer team heard from some children that they felt they were not always communicated with in a timely way when there were changes in their social worker. They acknowledged that they were informed of changes, but not as quickly as they would like. Some partners reported their perception was that there is a turnover of social workers that has led to some inconsistency in relationships. The peer team recognises that BMBC is working hard to stabilise the workforce and is actively recruiting social workers.

There is a relatively low use of Section 20 accommodation for older children in Barnsley with a higher level of proceedings being issued for these children. There is an opportunity to explore increasing flexibility and the use of S20 accommodation so that older children can become looked after for shorter periods of time and are supported without necessarily going into court proceedings. The potential for reunification to birth family in these circumstances, combined with intensive family support, could reduce the number of older, young people remaining in care. The recent creation of a dedicated social work post, jointly funded by Housing and Children's Services, to work with vulnerable young people presenting with housing needs is a very positive development and is already having an impact. There is a recognised need to extend the range of housing options for vulnerable young people.

BMBC is highly regarded by local judiciary. They have confidence in the leadership of Barnsley, the authority as a whole and in the practice of officers in terms of the court statements and care plans. Care proceedings are issued in a timely way with good scrutiny arrangements and tracking so that drift and delay is minimised.

There appears to be practice by the local court using Section 38(6) of the Children Act 1989 that allows for children to be placed with families under assessment subject to an interim care order but not under connected carer arrangements. This is well understood by senior leaders and legal services and primarily arises where the local authority has completed a negative viability assessment of relatives and parents, but this is challenged in court. This practice may be promoted by CAF/CASS and specific to South Yorkshire as members of the peer team were not familiar with the regular use of these arrangements. The practice would benefit from being more widely considered and understood together with local judiciary and CAF/CASS, so that there is assurance around the status of children placed under this section.

Barnsley is a good performing authority in adoption and special guardianship. Children in foster care speak highly of their carers, saying that they feel well cared for and listened to. There is evidence of good planning to support fragile placements with early identification of where placements may be vulnerable to breakdown. There is a wrap-around response to ensure that placements are properly supported at an early stage. Assessing for permanence outside of the care system is effective and integrated.

There is a proactive approach to looking into and reaching out to the wider family network to find options for children, so that they remain living within their families. Reunification for children in care with their families was a clearly articulated outcome when working with children. However, reunification was not seen as proactive, permanence option for consideration within strategies and these could be strengthened by its inclusion.

There is a rigorous system of regular visiting for children in care. However, some children in stable, long-term placements told the team that they would welcome a less frequent visiting arrangement. In certain cases, there are opportunities to listen to, reflect and act upon children's expressed wishes, whilst continuing to ensure their safety and wellbeing.

The peer team observed some conferences and reviews where there was good evidence of effective chairing arrangements. There was also evidence that the Independent Reviewing Officer (IRO) arrangements were strong and effective. The experienced team of IRO's and Case Conference Chairs have worked with higher caseloads as a result of vacancies in the service, at the same time as there has been an increase in the numbers of children with child protection plans and children in care. This has stretched the capacity of IRO's to check, monitor, and challenge, and whilst the team carries a blended caseload, the administrative support is not consistent across conferences and reviews.

There is an opportunity to improve the timeliness of permanence planning in the pre-court phase (Public Law Outline (PLO)) and during early proceedings. We saw evidence of planning for permanence in preparation for the second review and practice could be strengthened by exploring family networks for permanence options at an earlier stage. This would lead to twin-tracking and early completion of viability assessments up-stream, so that the range and options for children are considered early and promote proactive planning and decision making. Permanence options prior to initiating care proceedings should be considered to include the point that a child enters care through to the permanence option being achieved. Consideration should be given to the benefits of integrating the two PLO and Permanence Trackers in order to provide end-to-end oversight of the whole system.

The peer team heard that there are some cases where proceedings are initiated on the day of the child's birth. The late notification of safeguarding concerns regarding unborn babies impacts on permanence planning and sensitivity to mother's who have recently given birth. Working with partners earlier on in pregnancy would help put arrangements in place in a less intense manner and support early planning and engagement of the family.

6. Next Steps

We hope that you will find the above findings to be a considered and true reflection of the discussions we had with you, your staff, your partners and families in Barnsley. You and your colleagues will now want to consider how you can incorporate the peer team's

findings into your ongoing planning. Relevant details are included below should you wish to access further support via the LGA.

For further improvement support you can contact the LGA's Principal Advisor for North East, Yorkshire and Humber and East Midlands: Mark Edgell (07747 636 910 or mark.edgell@local.gov.uk) or the Children's Improvement Adviser for North East, Yorkshire and Humber and East Midlands: Rachel Dickinson (07557 903229 or rachel61dickinson@gmail.com)

Once again, thank you for participating in this review and please pass on our gratitude to everyone involved, particularly Lisa Loach for her preparation work and day-to-day support of the peer challenge.