Getting the Best from Children's Services

Findings from Joint Reviews of Social Services, 1998/9

Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

SOC 5

Social Services Inspectorate
Department of Health

Audit Commission
Promoting the best use of public money
Joint Reviews provide an independent assessment of how well the public is being served by social services locally. The reviews identify what authorities do well, and highlight those areas that could be improved.

A rolling programme is reviewing some 34 local authorities’ social services departments each year. This work is being carried out by a specialist national team managed jointly by the Audit Commission and the Social Services Inspectorates of the Department of Health and the National Assembly for Wales.

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Preface

Councils have been challenged to transform services for vulnerable children. The Government has set out an ambitious agenda in *Modernising Social Services* in England, and in *Building for the Future* in Wales, in the *Quality Protects* Programme (England) and in *Children First* (Wales). Delivering the scale of change necessary will require concerted action by councils and central Government.

This report draws on Joint Reviews of Social Services undertaken on behalf of the Audit Commission and the Social Services Inspectorates of England and Wales. It assesses how prepared councils are to meet the challenge of transforming children’s services and what has been learned that will help achieve improvements.

The overriding message from Reviews is that councils can deliver real improvements when they manage the whole system of childcare – concentrating on the connections between services as much as the performance of individual services. Children need the whole system to work. For councils to be "better parents" they need to organise themselves better.

Transforming children's services is a challenge to us all. The work of the Audit Commission and the Social Services Inspectorate will also change to support these aims. This Report is our first synthesis of review findings around a key policy objective and marks an important step in developing the learning from Joint Reviews.

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1. Transforming Children's Services

The Challenges Facing Social Services Authorities in Meeting the Needs of Vulnerable Children

1. Services for vulnerable children are in the front line of social services provision, but they not only have to improve, in the words of the Government's strategy; they have to be transformed. Transformed because scrutiny of the services offered today reveals that, for all the children who benefit from a quality service:

• too many children are moved around from one carer to another, depriving them of the continuity and stability they need;

• too many children are left at risk of harm when public agencies should be protecting them better by using a wider range of services and methods of reducing risk, and not just statutory child protection systems;

• too many children – in need because they are poor, or their families are struggling to cope – are left to fend for themselves;

• too many children leave school without any qualifications, or cannot go to school at all because they have been excluded or are unable to attend;

• too many children leaving public care do not get work, a home of their own or play a full part in society; and

• too many children with disabilities or mental health problems lack the services they need to live fulfilling lives.

2. Responsibility for making sure that children are well cared for is shared among parents, families, friends, neighbours, teachers, family health care and so on. Other organisations help on a voluntary basis – including religious institutions, play groups, family centres and charities. The lead responsibility for transforming children's services lies, however, with local councils, whose task it is to ensure that their policies, plans and people deliver a better deal for the most vulnerable children. The Government recognised the vital role of local councils in its White Papers, Modernising Social Services, (1998) and Social Services – Building for the Future (1999). The policy objectives set for social services cannot be viewed in isolation – they form part of a modernisation agenda that seeks to promote social inclusion and community regeneration, revitalise local democracy and reduce the fear of crime and disorder. Considerable skills in planning and partnership working are needed to implement these initiatives coherently. Even when focusing simply on recent and current initiatives affecting children in need, the agenda is daunting (EXHIBIT 1, overleaf).
Government initiatives aimed at children in need
Although initiatives aimed at vulnerable children and families have received widespread support, coherent planning of their implementation is a daunting task for authorities.

3. The priorities for children’s services, as set out in the White Papers and elsewhere, are brought together and advanced in Quality Protects (for England)¹ and Children First (for Wales)². These important policy statements emphasise protection, quality of care and improving life chances. The route to achievement lies in the better regulation of services, a new performance framework with specific performance measures and targets, explicit standards of conduct and specified qualifications for the workforce, improved partnerships with other agencies and the more efficient delivery of services. Underpinning this transformation programme is funding in the form of a specific grant – New Resources for Change.

Quality Protects and Children First
4. Eight national objectives for children’s services are spelled out in Quality Protects and Children First:
   • stable attachment to carers;
   • protection from significant harm;
   • maximum life chances for children in need;
   • maximum life chances for children who are looked after;

¹ (Circular LAC(98) 28)
² Quality Protects and Children First each spell out the same eight objectives but in a different order and using slightly different words in some instances. For ease of reading, this report refers to Quality Protects to embrace both documents.
• social and economic inclusion of young people leaving care;
• meeting the assessed social needs of children with a disability;
• effective referral, assessment and service-delivery processes; and
• planning and service delivery to ensure best value, with responses appropriate to individual need and choice.

5. Recognising that authorities would need guidance and a coherent planning framework within which to tackle these objectives, Quality Protects requires all English councils to submit a Management Action Plan (MAP) to the Department of Health, setting out the first stage of implementation of these reforms. The MAP process signals the priority areas that councils are expected to address; these relate to — but do not mesh neatly with — the eight national objectives:
• increasing placement choice;
• improving assessment, care planning and record-keeping;
• increasing support for care leavers;
• listening to children and young people;
• improving management information systems;
• improving quality assurance; and
• delivering change, including improved training, qualification requirements and revising management information systems.

While the requirement to develop MAPs seems a logical response to the need for consistency and coherence in the implementation of Quality Protects, it represents another piece of an already extremely complicated jigsaw of plans and initiatives (EXHIBIT 2).

6. Welsh Office Circular WP/20/99 required all councils in Wales to review their services for children as phase one of the Children
First programme. A response to the National Assembly for Wales was required by September 1999, setting out progress to date and proposed priorities for the rest of the three-year programme. In the first phase, councils are expected to establish baseline indicators and targets and to identify the management information needed to support their achievement. A further report on action in phase one is required by December 1999, including confirmation of the baselines and an action plan for implementation over the period until March 2002. Annual reports are required in each year of the programme.

How well placed are social services departments to meet these challenges?

7. In brief, these are the challenges and priorities set out for local authority social services in respect of vulnerable children. How well placed are they to succeed in the transformation task and to achieve the quality standards laid down by Government? Some indication of preparedness can be gleaned from the reviews of social services departments undertaken by joint teams of SSI and Audit Commission staff, in the period June 1998 to June 1999. (The first reports from Joint Reviews in Wales will be published later in 1999.) This fieldwork preceded publication of *Quality Protects*; while its major themes already featured in the Joint Review methodology, teams did not specifically consider performance against the eight national objectives or the seven MAP priorities, and thus coverage is variable. Future reports will include specific reference to the *Quality Protects* (QP) strategy of councils, using a revised methodology that will give pointers to councils working to meet the QP objectives.

8. This report collates findings from the first wave of Joint Reviews in order to signal where councils will need to improve performance if they are to achieve the QP objectives. Councils are still at a very early stage in transforming their service frameworks, but already there are clear signs that the QP agenda has been adopted and new approaches to planning and monitoring services are apparent. There is evidence from a wide range of councils that it is possible to achieve great changes in children’s services, but these initiatives are not yet universally known, understood or being put into practice.

9. An overriding message from the reviews to date is the need for individual services, councils and government to manage the connections between parts of the system as carefully and rigorously as they monitor individual activities. The best child protection procedures in the world will not work if they are applied to the wrong children, and children need the whole system to work. This "whole systems" approach, and the culture to support it, needs urgent development in many councils.

10. The Report highlights key review findings against each of the eight QP objectives, and points to examples of good practice. Because the analysis was undertaken retrospectively—that is, after the *Quality Protects* framework was published—the assessment of current practice against the framework objectives is not comprehensive. In future, the methodology for Joint Reviews will allow such comprehensive assessments to be reported.
2. Achieving Quality Protects/Children First Objectives

Stable Attachment to Carers

Quality Protects and Children First OBJECTIVE:
To ensure that children have stable attachments to carers capable of providing safe and effective care for the duration of childhood, leading to:

- fewer changes of main carer for children looked after;
- increased use of adoption in appropriate cases; and
- reduced waiting time for children before being placed for adoption or long-term foster care where appropriate.

Councils move children too often

11. An obvious measure of the extent to which councils are providing opportunities for stable attachment to carers is the number of placement moves. The review findings indicate that the number of children who have three or more placement moves in a year varies widely and is worryingly high in some councils (EXHIBIT 3). Where councils are moving children too frequently, it is often because they cannot secure the right mix of services to meet their needs promptly. However, the evidence suggests that ranging far and wide outside authority boundaries for services not only proves expensive, but may also compromise quality.

12. The majority of councils reviewed experienced problems in finding appropriate care for children and young people, resulting in a comparatively high number of

EXHIBIT 3

Percentage of children looked after who moved three or more times during the year

The number of moves experienced by children looked after varies widely among the councils reviewed.

Source: Audit Commission Performance Indicators, 1997/8
placements outside their own council area. These placements often reflected a shortage of suitable local provision, particularly for children with complex needs or from particular racial or cultural backgrounds. The high cost of outplacements means that budgets were frequently overspent, sometimes accounting for the whole of a department’s overspend. It does appear that the higher the number of children who are accommodated the greater the unit costs of accommodating them become (EXHIBIT 4). Joint funding of external placements with the education service was common, sometimes disguising the true cost of placements.

EXHIBIT 4
Unit costs for accommodating children looked after
Average unit costs rise as the number of children looked after increases.

13. Most councils have substantially reduced places in residential homes over the last decade, putting considerable pressure on places in the homes that remain. This means that there can be little or no choice when a residential place is needed and leads to some young people being placed with children whose needs are incompatible. For some children, the absence of a wider range of resources means that they have to make a number of interim moves. This places considerable stress on managers, who then struggle to ensure that effective reviews of the children concerned take place; quality assurance of placements is compromised, prompting a reluctance among staff to intervene until a crisis occurs.

14. This seems to flow from a problem of supply blockages. Councils seek first to expand foster care, which is generally viewed as the best and most effective service for children who cannot stay with their parents or guardians. For a small number of children who cannot be placed with a foster family or where no foster family is available, local residential care (usually provided by the council itself) is the preferred service. When all the local residential places are full, councils seek residential or fostering services elsewhere – the least desirable and most expensive option for most councils. Hence, as the number of children in the system increases, so too do the unit costs of the services that remain available.

15. There is also a multiplier effect. As available services are used up, there is less choice and so the best option is not available for every child. This provides an incentive to move some children already in the system as places become vacant. Moreover, the enforced use of less appropriate resources reduces overall effectiveness, making it more likely that services do not meet children’s needs, break down or generate further needs arising from location a long way from home, or with a strange peer group. Reviews have identified a common pattern whereby councils are voting money to invest in local foster care, but foster carers cannot be found and even larger sums of money are devoted to expensive services outside the area (BOX A).
Councils need to better manage the existing provision — such as foster parents — rather than throw money at new services. The priority should be to retain and consolidate the services that work, and reduce overall need for substitute care by supporting families better. The overwhelming majority of children in substitute care go back to their own family quite quickly.

**BOX A**

**Recruiting foster carers is one way of reducing outplacements**

Northamptonshire’s underdeveloped fostering service underspent by £188,000 in 1996/7, but continuing pressure on the budget for independent residential care led to an overspend there of £300,000. The Authority committed £350,000 for independent foster care in 1998/9, where the average cost of £558 per week is nearly four times that of inhouse services. There was no childcare justification for this higher service cost, suggesting that a compelling argument exists for investment in better specialist inhouse provision.

Enfield councillors agreed to switch nearly £1.7 million to enable greater use to be made of foster care and family support, with a reduction in expensive out-of-borough placements. Although some progress had been made towards this goal, sufficient numbers of new foster carers have not been recruited. The Authority continued to overspend on placements by £800,000, offset by underspend on fostering and adoption budgets.

Hampshire switched resources from residential care to foster care and increased the proportion of children looked after in foster homes from 60 per cent in 1996/7 to over 75 percent in 1998/9.

**16.** Given how many children are placed in other authorities’ establishments, it is worrying how little the placing authorities know about the services these children receive. Councils need to work together better to assure standards and service quality in services they purchase from outside their own localities. This will provide a good foundation for the proposed Commission for Care Standards.

**Supporting foster parents better**

17. The proportion of children looked after who are in foster care placements varies widely (EXHIBIT 5). While recruiting and retaining foster parents is proving hard work for many, if not all, councils, there is evidence that improving support to foster parents leads to better relationships and improved services (CASE STUDIES 1 AND 2, overleaf)

**EXHIBIT 5**

**Percentage of children looked after in foster placements**

There is a very wide variation in the provision of foster care.

Source: Department of Health Key Indicators, 1999

**CASE STUDY 1**

**Foster care in Harrow**

The London Borough of Harrow has set up an intensive foster care scheme that has enabled 78 per cent of children accommodated in the Borough to be placed with foster carers, compared to an average rate of 61 per cent in comparator authorities. The percentage of children experiencing three or more moves in council care has fallen to below 1 per cent compared to almost 8 per cent in similar authorities.
CASE STUDY 2

Rewarding foster parents in Rotherham

Rotherham Metropolitan Borough Council has reviewed the range of rewards offered to foster carers to improve retention, and has agreed to establish a group of better rewarded full-time foster carers to try and ensure a regular supply of high-quality carers.

18. There is no clear correlation between the number of moves experienced by children and the amount that councils spend; nor is there a correlation between frequent moves and the systems in place for receiving referrals, assessing need and determining priorities. The most important factor is how easily appropriate services and resources can be accessed by staff. Achieving stability requires better management of the links between the staff who assess individual children’s needs and those who supply services. A key mechanism is an information system that can pinpoint which needs cannot be met, and which services are ineffective in meeting needs and thus result in a high number of ‘move-ons’.

<table>
<thead>
<tr>
<th>Good practice</th>
<th>Pitfalls</th>
</tr>
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<tbody>
<tr>
<td>Review use of “out-of-area” placements at local, regional and national levels</td>
<td>Out-of-area placements stopped without preparing suitable local alternatives, especially for young people with behavioural problems</td>
</tr>
<tr>
<td>Prepare a strategic plan for adoption and foster care</td>
<td>Historic service patterns and resource distribution not challenged</td>
</tr>
<tr>
<td>Ensure quality assurance of out-of-area placements</td>
<td>Alternative local placements not considered</td>
</tr>
<tr>
<td>Review pattern of services for children looked after against research evidence and benchmarking data</td>
<td>Commitment to local services prevents consideration of higher quality and less expensive shared services</td>
</tr>
<tr>
<td>Work with other councils to develop specialist services, and to recruit and retain a good mix of foster carers</td>
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Protection from Significant Harm

Quality Protects and Children First
OBJECTIVE

To ensure that children are protected from emotional, physical, sexual abuse and neglect (significant harm) leading to:

- reduced incidence of significant harm (as reported); and
- reduced incidence of repeated significant harm.
Child protection systems are generally sound

19. The overall summary finding of the reviews is that child protection systems are generally sound – in most places, inter-agency systems and practice ensured the effective protection of children in the area. But there is no room for complacency, and existing arrangements need to be underpinned by consistent application, more comprehensive assessment, clearer action planning and more rigorous monitoring. In some areas, reviewers identified a reluctance to trigger child protection referrals and, in others, the procedures were used too readily, suggesting a need for councils to monitor their decisions against those in other areas and to seek a rationale for any variations. The data on registrations and re-registration bears this out, showing a very wide range of responses by councils (EXHIBIT 6).

**EXHIBIT 6**
Registration and re-registration on the child protection register
Councils are inconsistent in their application of child protection procedures.

20. A decision to place a child on the child protection register signifies that he or she is at risk in some way, and there must always be a plan of action to minimise this risk and to protect the child for the future. The objective, set out in both *Quality Protects* and *Children First*, of reducing the incidence of repeated abuse, adds further weight to this requirement. It was therefore of concern to reviewers that large numbers of children on Coventry's child protection register did not have an allocated social worker, while smaller numbers remained unallocated in Hertfordshire. In Hammersmith and Fulham, efforts to improve the management of the duty teams' performance had the unintended effect of increasing the number of cases inappropriately held in the duty system, that had the most robust procedures for ensuring that the work was done.

21. These findings all point to the vital importance of managing the whole system of support to children and families, so that formal protection can make the best possible contribution. Clearly, authorities will give child protection a high priority, and the reviews have highlighted a range of good practice (CASE STUDIES 3 AND 4, overleaf). But placing undue managerial or professional emphasis on one element of preventing threats to children's safety can lead to a poorer mix of interventions and services. This, in turn, results in less effective services and can lead to higher costs and waste. Councils need to map the various possible actions they can take and secure the most appropriate balance for local circumstances. The grid developed by Pauline Hardiker offers one means of doing this (BOX B AND EXHIBIT 7, overleaf).
CASE STUDY 3

Working with the police on domestic violence issues

Solihull Borough Council accords a high priority to child protection; reviewers found a high quality of work with children and families and a systematic process for auditing performance against six standards. Since 1997, West Midlands Police has been given a copy of the Child Protection Register and officers alert the Council’s Child Protection Unit of incidents they attend where a child from that household is on the Register. Both parties agree that more efficient exchange of information contributes to better protection being offered to children on the Register. An extension of this arrangement covers domestic violence incidents in an effort to ensure more consistent management of these cases and appropriate links with child protection work (as abused children are often living in households where an adult is also a victim).

Solihull managers complete a monthly return confirming that all children on the Register have an allocated social worker. There are good relations with all other agencies and an active Area Child Protection Committee.

CASE STUDY 4

Setting targets for child protection work

Westminster City Council has set target response times for child protection assessment and action, in line with perceived good practice. The targets focus on safety, multi-agency involvement and parental involvement – around 80 per cent of case conferences are now attended by parents.

BOX B

Hardiker’s Grid for planning child welfare services

This planning framework or Grid was first formulated in a 1989 feasibility study for the Department of Health undertaken by Hardiker, Exton and Barker (see References). It was developed further following dissemination to child welfare practitioners throughout the UK, and is now in its fifteenth iteration. One impetus for the Grid’s further development arose from Children’s Services planning and Quality Protects initiatives.

The Grid is one framework among others that many children’s services managers use in mapping existing services and planning for the future. The axes must be considered together – levels of intervention make little sense without considering the value bases which legitimate them. The mixed economy is assuming greater prominence in child welfare developments.

The Grid was originally developed as an analytical rather than an operational tool. It was devised to be applied flexibly in relation to local contexts and mandates, and is currently being used for Whole System Planning – ie, linking needs, objectives, services, outcomes and costs.

Northamptonshire Social Services is using its version of the Grid to develop performance measures in health and social care. In Milton Keynes, it is used by inter-agency groups to cost their constituent services – it provides a common language for diverse stakeholders in these contexts. The Grid appears to be a workable tool at strategic, operational and case levels of planning.

Hardiker’s Grid has been used in developing and evaluating services. Resources and service-delivery episodes can be located in relation to profiles of intervention; the degree of correspondence between these locations and the values of the agency can then be identified (Sutton, 1995: see References). For example, if an agency is committed to combating social disadvantages yet “too many” or “too few” children from socially disadvantaged groups are entering the system because of significant harm, this raises questions for planners.
Quality assurance is gaining strength

22. Councils place high priority on child protection services for professional and, to some extent, emotive reasons. As well as setting quality standards, many councils have used workers with a degree of independence from operational responsibility to chair case conferences and reviews, and to analyse and report on performance. Area Child Protection Committees and Social Services Committees receive information on this topic more regularly than on other children's services. While this is understandable given the high public profile and concern that accompanies child abuse enquiries, it may not represent the best interests of all children if resources are concentrated on child protection to the extent that staff cannot then respond to other needs. It is the whole system that requires quality assurance, not simply the application of specific childcare procedures. Councils need to ensure that they have good information about the child population as a whole so that they can answer questions such as "Have we got the right children on the Register?" and "Do we know how many families are coming to us for help, and what services are we offering them?".

23. In designing their scrutiny arrangements for child protection, councils should thus be careful to locate these within a broader framework of how well children are served by the council. The Quality Protects and Children First agenda recognises the need for effective child protection services and offers a framework for measuring performance across a council's services.
### Good practice

- Ensure access to services for children in need without first requiring a child protection investigation.
- Review inter-agency understanding of the referral criteria for the child protection system and the alternatives available – consider inter-agency staff training/briefing.
- Benchmark the local data and experience against regional and national trends.

### Pitfalls

- Data collection – failure to define data requirements to look at the whole range of children’s services and needs.
- Resource allocation – failing to allocate staff to high-priority cases, resulting in delays or children left in unsafe situations.

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### Maximum Life Chances for Children in Need

#### Quality Protects and Children First

**OBJECTIVE:**

To ensure that children in need gain maximum life chance benefits from educational opportunities, health care and social care, leading to:

- improved performance at key stage SATs and GCSE;
- improved indices of growth and development as assessed by:
  - health surveillance for children under 5;
  - take-up of immunisations;
  - fewer pregnancies of girls aged under 16 years;
- access to information and advice about health and healthy lifestyles;
- reduced rates of offending by children in need; and
- comparable life chances for children whose parents have specific needs arising out of disability or health conditions (eg, young carers).

24. National reports have highlighted an over-emphasis by councils and partner agencies on child protection systems, to the detriment of other services for children in need, such as young carers or children of asylum seekers. The Government’s policy directions point councils toward refocusing activities in order to secure an appropriate balance between preventive work and intervention. Joint Reviews found evidence that councils were actively reviewing their children’s services with this goal in mind (BOX C). They highlight the progress made by councils in distinguishing more clearly those situations where a child protection investigation is appropriate from those where the needs of vulnerable children can be met in other ways. Those councils that have a range of preventive services – supported by specific intervention services such as family centres and clear criteria for placing children on the Register – are best able to manage the child protection work in their area.
BOX C
Reconfiguring services away from crisis intervention

Both Cumbria and Northamptonshire actively base their criteria and priority models on the systematic approach to the definition of need developed by Pauline Hardiker at Leicester University (see page 12). Cumbria works with local voluntary organisations to provide family support in rural areas, although access is in part determined by the location of family centre buildings.

Rochdale has a good range of services, benefiting from the strategic grasp of the key agencies involved in vulnerable children’s services. For example, a joint commissioning approach with the health authority is responding successfully to children with complex needs.

Northamptonshire has achieved a reduction of 73 per cent in the number of child protection investigations over three years, with a rise in the proportion substantiated from 13 per cent to 35 per cent. It has made use of the research undertaken at Lancaster University and led by David Thorpe to assist with this. The Review team commends such application of research findings, although it stresses that management arrangements for innovative practice must be well structured and monitored to ensure safety and consistency.

In Wolverhampton, resource centres for younger children have derived good results from a focused approach based around clear objectives.

Rotherham Community Regeneration Programme Area has drawn together a number of schemes from a broad community base. Using a consultative approach, it works with the education service to provide Breakfast Clubs and after-school activity; it also operates a play bus to bring leisure and support services into an isolated area; and is co-operating with the local police service to try and reduce crime.

CASE STUDY 5
Meeting the needs of young carers in Hertfordshire

The County Council based its approach around an existing organisation – Carers in Herts – and secured joint finance for a project that identified the needs of young carers. It also sought to raise awareness of the needs of this group issue and to promote local action, support and advocacy networks. A video was produced with funding from Prudential Insurance, and a multi-agency strategy for young carers is now in place.

25. However, it is perhaps unsurprising that most councillors, managers and staff are experiencing difficulties in reconfiguring services, given the pressure to get child protection work absolutely right. In some areas, the volume of work defined as “child protection”, combined with the demands imposed by high numbers of looked after children, is overburdening the service and frustrating other approaches to support for children and families. There was, for example, little evidence from Review reports that the particular needs of young carers are being either assessed or met – although a commendable example of good practice was noted in Hertfordshire (CASE STUDY 5).

26. In a few councils, the significant increase in the support required for unaccompanied young refugees and asylum seekers, and the families of refugees, have placed considerable strains on local services. The Joint Review teams have commended the efforts made to address these new responsibilities, often under significant real time pressures, without undue detriment to existing services. Particularly noteworthy is the success in Westminster City Council; up to 20 per cent of the total population of looked after children were refugees, but the council had organised itself to provide good care for them without detriment to general services (CASE STUDY 6, overleaf).
CASE STUDY 6

Meeting the needs of refugees and asylum seekers

Adult asylum seekers and asylum-seeking families

Westminster is in the group of authorities facing the most pressure as a result of its asylum-seeking responsibilities.

Source: Monitoring data from Westminster City Council

Services to asylum seekers are provided by two specialist assessment and care management teams – one for adults, the other for children and families. The teams are multi-disciplinary and comprise social workers, housing officers, finance officers and administrative support staff. The Review Team was impressed by the enthusiasm and energy of the two teams and the way in which they had effectively commissioned a range of services to meet the diverse needs of this client group. A recent audit report on the Council’s response to the needs of asylum seekers has been almost fully implemented. The team produces regular monitoring data encompassing detailed information about numbers, country of origin and placement outcomes. It has developed a resource directory and a set of detailed procedures governing working practices in this area.

CASE STUDY 7

Meeting the education needs of vulnerable children

In response to the Quality Protects initiative, Rotherham Social Services has developed:

- a jointly-funded post with Education to champion the needs of disadvantaged school children;
- written statements of expectations about the support available for children on the verge of school exclusion;
- formal arrangements for acquiring appropriate and timely school places for looked after children, and provision for excluded pupils;
- protocols governing educational programmes to support young people currently not in school; and
- a shared understanding of the roles and responsibilities of residential social workers and headteachers in the promotion of educational achievement for vulnerable children.

Working together to improve educational attainment

27. Educational attainment for children is a top priority for councils, parents and for children themselves. Research by the Who Cares? Trust (see References) has shown that many children looked after by councils enjoy school and value getting a good education but they are frustrated by the difficulties that a significant number of authorities have in organising their services to ensure that vulnerable children get a good education. There is now a national target for educational attainment, which Reviewers found had enhanced the priority given to this area by social services, and good practice is evident (CASE STUDY 7). However, there is often an absence of monitoring systems and combined approaches that can deliver real improvement.
28. Many authorities have responded to the Government’s stipulation that the lead responsibility for services for younger children should lie with Education Departments. In some places, budgets had already been transferred. However, concern was expressed in some authorities that this resulted in reduced or less effective services for vulnerable children. For example, Manchester Social Services is the principal funder of the 30 children’s centres that were transferred some years ago to the Education Department, but the transfer arrangements failed to safeguard the timely provision of support to disadvantaged children. The intention of the Government directive is to enhance the educational content of services for these children and to encourage greater participation in education, thus reducing the stigma of non-attendance. An outcome that vulnerable children get a worse service would thus be perverse, and Education and Social Services departments need to collaborate more effectively to ensure that this does not happen.

Social services can lead the improvement of services for young offenders
29. During 1998 and 1999, councils have responded to the Crime and Disorder Act by establishing Youth Offender Teams (where they did not already exist) and reviewing their services in this area. Progress has been monitored through audits following the Audit Commission’s national study on youth justice, Misspent Youth. Joint Reviews have highlighted the importance of working across the boundaries of the criminal justice system to create a shared understanding of the purpose, culture and priorities of youth offending teams. Generally, councils are well placed to do this where thinking about youth justice services includes support for advocacy for young people, and where contributions are sought from young people themselves, through independent organisations, education and the careers service (CASE STUDY 8).

CASE STUDY 8
Working with young offenders
• A Chief Officers Group covering Hampshire, Southampton, Portsmouth and the Isle of Wight, chaired by the Chief Constable, is coordinating work to tackle issues of social exclusion, to co-ordinate response to the crime and disorder legislation and to give oversight to the work of the Youth Offender Teams. There was particular evidence of the benefits of an appropriate adult scheme to support young people when being questioned by police and of the pressures that can be placed on social services out-of-hours services when this does not exist.
• Manchester City Council’s Youth Justice Team was praised recently by external auditors for maximising the amount of time spent in working with youngsters, relative to the time spent assessing their needs. Although some tensions exist with regard to the Probation Service, good working relationships have been forged with the Careers Service, the Children’s Society and the local police.
• Solihull Metropolitan Borough Council has established a 12-month pilot scheme whereby Social Services and Education work together on school exclusions, devising protocols to ensure that social workers are consulted before decisions are made to exclude a pupil from school.
GETTING THE BEST FROM CHILDREN’S SERVICES – OCTOBER 1999
FINDINGS FROM JOINT REVIEWS OF SOCIAL SERVICES, 1998/9

Good practice

- Undertake a joint community needs assessment for children in partnership with a wide range of other agencies
- Ensure joint guidance for collaboration between social workers and Educational Welfare Officers
- Assess how the needs of young carers can be met
- Consider the potential for an appropriate adult scheme if one does not already exist

Pitfalls

- Avoid separating community needs assessment from business planning
- Ensure good links between the teams that have lead responsibility for adult carers and the teams that will support young carers

Maximum Life Chances for Children Looked After

**Quality Protects and Children First**

**OBJECTIVE:**

To ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care, leading to:

- improved educational performance of children looked after, bringing performance at key stage SATs and GCSE closer into line with local children generally;
- improved standards of health and development, with particular reference to:
  - take-up of medical examinations required by statute;
  - growth and development assessed through health surveillance for children under 5;
  - take-up of immunisations;
  - take-up of six-monthly dental checks and recommended dental and orthodontic treatment; and
  - fewer pregnancies of girls aged less than 16 years

**Being a good parent should be a top priority**

30. The objectives for this client group are almost identical to those for the larger group of "children in need", but here the focus is on the local authority acting *in loco parentis*. Joint Reviews have given high priority to a council's role as parent for children in its care, examining children's experience of being cared for and how well councillors are able to fulfil their responsibilities. Reviews have considered in detail the available data on what was happening to children being looked after by councils — where they were living, the frequency of moves and the extent to which councils were getting good value for the services they were purchasing or providing.

31. It is striking that no clear pattern emerges from inter-authority analysis of the number of children looked after per thousand
population, even when councils with similar characteristics are compared (EXHIBIT 8). There is, for example, no obvious correlation with indices of poverty or deprivation.

EXHIBIT 8

Number of children looked after per 10,000 population under 18, 1998

The number of children looked after varies between councils.

Source: Department of Health Key Indicators, 1997/8

32. This suggests that the pattern of services for looked after children in a particular council is more a product of local history and experience, and the approach adopted by staff in that area, than on any systematic evaluation of what is needed or what works best, informed by evidence from research studies or benchmarking with similar councils. This is clearly unsatisfactory, and reflects the relative paucity, until fairly recently, of research or evidence upon which to base decisions. Systematic research evidence is now both more reliable and more widely available, and all councils should use it to review their pattern of services.

33. All Joint Review reports considered the quality and effectiveness of services for children looked after. Local councillors and officers are seeking ways of providing care and reviewing progress which are as close as possible to the experience of parenting of most children or young people. However, the unusual situation of having a local council as parent does mean that the young person's interests require more formal arrangements and reviews than most young people experience. Review reports suggest that councils need to do more to make the review process understandable and meaningful for young people. This requires a good understanding of their needs and wishes, supported by efficient administrative and planning arrangements, so that review meetings can focus on the needs of the young person.

34. Those councils that have introduced the Department of Health “Looked After Children” (LAC) process and forms tended to have a clearer focus on the needs of the child, and more rigour in their management of services for looked after children. But the potential of this system is often frustrated by poorly-developed management information systems; in some cases information is recorded both electronically and manually. Some authorities lack the capacity to aggregate information and compare the performance of different teams.

35. Case recording was frequently poor, with some evidence of a failure to ensure a reference back to previous review reports and to bring together all recording and plans in one place. Some children had several plans recorded on different forms at different times. Parents tend to remember information and follow through plans for their children, but in councils this can only happen if different staff can refer to written records. When well maintained, these records can also provide crucial management information, but to ensure effectiveness there needs to be better management of the system, and more effective use of information technology to integrate the information with other client data held by the department.
There are some excellent initiatives on health
36. Reviews have identified some excellent initiatives relating to health objectives (CASE STUDY 9), but results in the area of improving educational attainment are more variable and in some cases a new approach is needed. A theme emerging from analysis of Reviews is that a good corporate parent is a well-organised one. Being consistent, fair and caring requires good records, clear roles and proper checking of children's progress.

Case meetings (reviews) are probably the single most useful mechanism for monitoring progress, providing that they allow the child or young person their say on how things are going.

CASE STUDY 9
Protecting young women at risk of sexual exploitation
In Rotherham, recognition that young women in the council’s care were at risk from sexual exploitation led to an important joint initiative to improve the quality of corporate parenting. This involved consultation with the police, residential social workers (RSWs) and other agencies in contact with young people, and had identified the potential value of a new approach to this group.

Good practice
- Ensure appropriate arrangements for collection of education and health data
- Review integration of Looked After Children recording systems and data with wider departmental databases and management systems
- Consider a volunteer befriending scheme for children with no parental contact

Pitfalls
- Child's needs come last – the pursuit of data to meet performance targets must not be an end in itself
- Need to gather data is put before listening to the young person in a review meeting
Social and Economic Participation by Young People Leaving Care

Quality Protects and Children First OBJECTIVE:

To ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens, leading to:

- maximum number of young people who were looked after on their sixteenth birthday are engaged in education, training or employment at the age of 19; and
- maximum number of young people leaving care after their sixteenth birthday who are still in touch with Social Services or a known and approved contact on their nineteenth birthday.

37. It is generally recognised that support for young people leaving care at the age of 16 plus has been underdeveloped – these young people have frequently been left isolated, abandoned and at risk. It is, therefore, not surprising that Joint Review findings confirm that scope for considerable improvement in leaving care arrangements exists in many councils, although the overwhelming majority were making efforts to remedy deficiencies. Some good practice can be identified, notably in the existence of specialist teams for care leavers (CASE STUDY 10)

CASE STUDY 10
Westminster Accommodation and Leaving Care Team

Westminster City Council’s Accommodation and Leaving Care Team (which has been awarded Chartermark status) provides specialist support to young people aged 16–21 years leaving the Council’s care. Reviewers met with a group of young people being supported by the service, all of whom felt they had been helped to become more independent and confident in coping with the outside world. Evidence was provided of effective collaboration with other agencies – especially important in ensuring that vulnerable young adults continue to have access to mainstream services.

Equally impressive is the information routinely collected by the team to monitor its own performance. Learning took place not only on the basis of “hard” data but also as a result of listening to users. A recent conference organised by the team for looked after children and care leavers highlighted a variety of inconsistencies in care experiences. The intention is to follow up the conference recommendations and deal with the practice weaknesses that emerged. National research has underlined the poor outcomes for children in public care, with high rates of school exclusion and a lack of qualifications. As the graph below illustrates, The Leaving Care Team has been successful in supporting young people into further education. Nationally, only 12 to 19 per cent of care leavers go on to further education compared with 68 per cent of the general population.

Source: Westminster City Council
38. Keeping in touch with young people who have left care presents a considerable challenge. Like most young people, they are keen to establish their own independence and, depending upon their experiences, many will be pleased to leave council care. Nonetheless, survey evidence suggests that these young people look for a similar degree of continued support and interest to that normally shown by parents. This will almost certainly require the after-care contact arrangements to be as welcoming as possible and to meet young people on their own terms. The After-care Team in Gateshead offers a drop-in facility in an environment and location that suits young people, and there is effective liaison with education services. Hertfordshire and North Yorkshire both fund voluntary sector organisations that offer support to young homeless people, some of whom were formerly looked after by local authorities. A particularly good example of after-care support is the Manchester initiative (CASE STUDY 11).

**CASE STUDY 11**

Support services for care leavers in Manchester

Through the Barnardo's organisation, Manchester City Council has developed a range of support services for young people leaving care, already reaching over 60 per cent of the 427 young people eligible for such support. These services include individual and group counselling, drop-in facilities, financial assistance, and support with housing and employment. There is a volunteer befriending scheme and links with other support services.

<table>
<thead>
<tr>
<th>Good practice</th>
<th>Pitfalls</th>
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<tbody>
<tr>
<td>Involve young people early in planning and monitoring the relevant services</td>
<td>Talk about the future only when saying goodbye</td>
</tr>
<tr>
<td>Agree protocols with housing authorities and further education, and monitor implementation</td>
<td>Fail to show interest in the achievements and aspirations of the young person</td>
</tr>
<tr>
<td>Plan how to keep in touch before young people leave care</td>
<td>Fail to plan how to keep in touch before the young person leaves care</td>
</tr>
</tbody>
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CHAPTER 2
ACHIEVING QUALITY PROTECTS/CHILDREN FIRST OBJECTIVES

Meeting the Assessed Social Needs of Children With a Disability

**Quality Protects and Children First OBJECTIVE :**

To ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community, where their assessed needs are adequately met and reviewed, leading to:

- a complete picture of the numbers and circumstances of disabled children, gained by sharing information held by social services departments, health and education authorities; and
- increased respite care for families with a disabled child.

39. From all of the Joint Reviews undertaken to date, two aspects of children’s services stand out as being the most underdeveloped and least responsive to need – services for children and young people with disabilities, who do not get the combined attention of public agencies, and services for children with mental health problems, which are unsatisfactorily variable.

**Services for disabled children**

40. Of all the children who may use social care services, children with a disability are the most visible to the professional system as a whole, through contact with Health and Education as well as Social Services, and yet they remained poorly served. They frequently find it harder to gain access to services, wait longer for assessment, and receive poorer quality services – often from staff lacking specific knowledge and skills. This pattern is discernible in every type of authority. Registers of disabled children are having a positive effect in only a few places; for example, Gateshead’s dedicated staff had worked hard to register children in 400 families since the launch of its register in 1997.

41. Few councils approach this work on an inter-agency basis, despite the fact that parents frequently express confusion at the complex array of agencies (inevitably) involved in supporting children with disabilities. Parents ask for, and need, better co-ordinated services. The only consistent exception seemed to be arrangements for the collaborative funding of expensive out-of-area placements. One commendable point is that specialist teams are proving more able to identify need for different types of service, and appear able to develop better relationships with families and referrers (CASE STUDIES 12 AND 13, overleaf).

**CASE STUDY 12**

**Joint Exceptional Needs Initiative in Hampshire**

Hampshire’s Joint Exceptional Needs Initiative uses a joint panel of Social Services, Education and Health people to consider integrated assessments and funding of services for children with severe and enduring disabilities. There are very clear criteria for admission including the nature of the disability, challenging behaviour and ongoing medical needs requiring support from all three agencies. In addition, a nursery for young children with special needs – Acorn – funded jointly by Health, Education and Social Services is highly valued by parents and agencies.
CASE STUDY 13
Specialist Team in Rotherham

Rotherham has experienced a significant increase in referrals concerning children with disabilities. The needs of these children are assessed by a specialist team of social workers, working primarily on specific referrals from education and health services. A well established pattern of multi-disciplinary working helps to promote detailed and comprehensive assessments. At the time of the Joint Review, an extra worker had been appointed to tackle the backlog of assessments.

Services for children with mental health problems are variable

42. The mental health service is the other critically underdeveloped service for children. Even though Health and Education are inevitably involved in meeting the needs of these children, joint strategies are not common. Where social services departments were investing in child psychiatry services, concerns exist about targeting interventions, because children looked after and those who have left care can still experience problems in being accepted for appropriate services. Lack of support from psychiatric or specialist psychological services is a common factor in causing pressure on foster care and residential services — pressure that can lead to breakdowns in placements and serious disruption for children and their carers. A key indicator of staff awareness of mental health problems is the location where concern about a particular child is first identified; this should be in the home, rather than at a hospital out-patient clinic or a police station.

Good practice

Listen to parents, young people and children and involve them in planning services

Review the knowledge and skills of staff — consider specialist appointments in these fields

Review where looked after young people with mental health problems first present their distress

Pitfalls

Failing to act on the mental health problems of children looked after until placements break down
CHAPTER 2
ACHIEVING QUALITY PROTECTS/CHILDREN FIRST OBJECTIVES

Effective Referral, Assessment and Service Delivery Processes

Quality Protects and Children First

OBJECTIVE:

To ensure that referral and assessment processes discriminate effectively between different types and levels of need and produce a timely response, leading to:

• reduced proportion of repeat referrals;
• initial assessment of the child’s needs, and the parents’ ability to respond to them, within 7 working days of referral;
• comprehensive assessment completed within 20 days of referral; and
• explicit case objectives and the service response indicated by the assessment to be achieved within a specified timescale that meets the needs of the child.

43. The way in which people learn about what is available from social services departments, the nature of their first contact with the council, the speed and efficiency of the response, and the appropriateness of the services offered, all have a profound impact on the perceptions of councils in general and social services in particular. It is therefore disappointing that Joint Review findings to date indicate that many councils will need to make significant improvements if they are to meet these Quality Protects/Children First objectives. For example:

• access points are confusing and should be easier to find;
• it is not clear who should be entitled to a comprehensive assessment and how it should be made available;
• some councils need to be quicker in responding and making decisions; and
• services need to be more sensitive to local ethnic and cultural communities, and accessible to all.

Access points are confusing and should be easier to find

44. The way in which people could gain access to services varied significantly between the reviewed authorities. Some councils required all individuals to visit or telephone one central point, while others had offices based in localities of identified need. The quality of public access points and offices was not consistent, and the reception areas sometimes convey a bleakness that can only heighten clients’ feelings of distress or anxiety.

45. The ability of members of the public to make contact with public agencies depends on the quality of information about the services that are available – in many cases this can and should be improved. While most councils provide a range of information for children and their families, its quality varied, as did the capacity to maintain and distribute up-to-date information. Information strategies such as that developed by Cumbria are the basis of a comprehensive system, and Hertfordshire strives to make good quality information more accessible to young people; Rotherham and Manchester have
tried to improve reception arrangements (CASE STUDIES 14 AND 15). But these examples are rare. In too many councils, the information is of poor quality, is not targeted to its audience and/or is unco-ordinated. Other councils had made great efforts to improve services for telephone callers (CASE STUDY 16). Although these are of considerable benefit, they require new approaches to management, case recording and priority setting that are fairly challenging.

CASE STUDY 14

Improving reception points in Rotherham

Rotherham employed a qualified architect to develop a good range of disabled access points for council and externally provided services. There is a welcoming atmosphere in reception areas and a prompt service from reception staff. Waiting areas are child-friendly, while most leaflets are available in several languages and some are in a user-friendly format for young people.

CASE STUDY 15

Looking for improvement in Manchester’s Referral Service

The Joint Review team was impressed by the positive approach of staff in Manchester’s Referral and Advice Service, but believed there was scope for improvement on the current arrangements. It was suggested that telephone enquiries could be more consistently and effectively handled through a central call centre. Personal callers may be more inclined to visit service locations such as designated children’s centres or community resource centres, rather than offices in areas known locally to be potentially dangerous. Also, some people – especially those who feel alienated by formal authority – might prefer to make contact through a voluntary organisation, provided that the service was well publicised.

CASE STUDY 16

Social Services Direct – Enfield

Social Services Direct handled over 10,000 enquiries between August 1997 and March 1998, approximately 49 per cent of all enquiries to the Group for that period. Just over 60 per cent of enquiries were dealt with by giving information over the telephone, or by sending further information to the caller. The remaining 40 per cent of calls were redirected to the appropriate specialist team or other agency (including the Benefits Agency, Housing and the local CAB). The majority of callers sought information on children’s day care and childminding (73 per cent of requests in January 1998).

Despite some problems arising from inappropriate referrals, users and voluntary organisations have generally welcomed Social Services Direct and recognised that it has provided an improved service to many callers. The Council has conducted an intensive publicity programme on the new service, including open days and briefings.

Entitlement to a comprehensive assessment

46. The proportion of people who make contact with the council, or who are referred by others and then go on to have detailed assessments, varies between teams, between services within an authority and between councils (EXHIBIT 9). Some undertake a "detailed" assessment of all referrals; in others, a speedy decision is made in a large number of cases that a detailed assessment is not needed. The factors influencing which approach is adopted include:

- the definition of a referral and an assessment;
- the pre-screening process used;
- the organisation of the duty system;
- the range of sites from which referrals and assessments took place; and
- information provided to the public.
CHAPTER 2
ACHIEVING QUALITY PROTECTS/CHILDREN FIRST OBJECTIVES

EXHIBIT 9
Assessments as a proportion of referrals
The proportion of referrals leading to an assessment varies between councils.

47. Sometimes, the quality of assessment was hard to discern because of inadequate recording of the work undertaken — in such cases, a conservative assumption is that the assessment itself is also likely to be of a poor standard. Where the Department of Health Looked After Children System (LACS) was in use, it gave a clearer focus to the work, though sometimes it was used rather mechanistically. Solihull undertook regular file audits to provide quality assurance of the referral and assessment process. Although this was effective, reviewers suggested that the audits could usefully focus more on the quality of assessments — were they needs led and did they have outcome-focused objectives?

48. Users’ and carers’ needs and views were taken into account more explicitly in some areas than in others. Advocacy services can help in this area, but were not routinely available. Hammersmith and Fulham and Rochdale were two of several councils who were making good use of Children’s Rights Officers to help children and their families at this early stage of contact with the service.

49. Children whose needs can only be met across service boundaries often experience particular difficulty in accessing appropriate services, even following an assessment. Those affected include young disabled people who are negotiating the transfer to adults services; children with needs but not deemed “at risk”, and who thus fall short of tightly drawn child protection thresholds; children with mental health problems; and those living with a parent whose mental health problems were not being tackled.

Some councils need to respond and decide more quickly

50. The speed of response to initial contact with a council is consistently highlighted in the Joint Review user surveys as a key determinant of satisfaction with the service (EXHIBIT 10). In some areas, significant numbers of children experienced long waits for assessments — 263 families and 9 looked after children were waiting in Liverpool. Often, children with disabilities waited longer than others; this was also a problem when trying to arrange some specialist services such as mental health.

EXHIBIT 10
Correlation between prompt service and client satisfaction
Users are more satisfied with services when councils respond swiftly.

Source: Joint Reviews User/Carer Questionnaire
Services need to be sensitive to local ethnic and cultural communities and accessible to all

51. Of the people who responded to the Joint Review user and carer survey, less than one-half reported that their specific racial, cultural and religious needs had been taken into account (EXHIBIT 11). This is a very serious shortfall, although some councils are making solid progress in remedying it (CASE STUDY 17 AND EXHIBIT 12).

EXHIBIT 11
Meeting diverse needs
Less than 50 per cent of users find their racial, cultural and religious needs have been taken into account.

Source: Joint Reviews User/Carer Questionnaire

EXHIBIT 12
The range of ethnically sensitive services is improving in some councils

CASE STUDY 17
Meeting the needs of minority ethnic users
In Westminster the needs of black and minority ethnic users are taken seriously by the council, although this was not always conveyed to key community representatives in the area. Reviewers concluded that race and culture were mainstream considerations in Social Services and that individual needs were being sensitively met. Reviewers were concerned that the council had not conveyed this approach to local community groups and the voluntary sector, who remained unconvinced. It was recommended that the council should correct this misconception as a matter of urgency.
CHAPTER 2
ACHIEVING QUALITY PROTECTS/CHILDREN FIRST OBJECTIVES

Good practice

Develop guidance for staff on when a "detailed" assessment is appropriate

Audit referral/intake points and ensure that resources, procedures and staff briefing are appropriate to the normal methods of working

Record and monitor data on the speed of response and decision-taking

Review reality and perceptions of services provided to minority ethnic and cultural communities

Pitfalls

Failure to define the purpose of each access point

Unclear or inconsistent definitions for recording requests for help and responses offered by staff

Inability to access translation services and relevant cultural advice

Planning and Service Delivery to Ensure Best Value and Allow for Individual Need and Choice

Quality Protects and Children First OBJECTIVE:

To ensure that resources are planned and provided at levels that represent best value for money, allow for choice and different responses for different needs and circumstances, leading to:

- all agencies' plans and services being cost effective and meeting the health and developmental needs of children; and

- the views of children and their families being taken into account, and users are satisfied with the services provided.

52. Although the quality of services delivered to children and families in need is the focus of much attention, the Quality Protects framework reinforces the need to ensure cost effectiveness and robust planning. Good practice is evident, but so are a number of critical failings:

- costing and budget management are often weak;

- quality assurance and performance monitoring are not yet linked to business planning and staff development;

- management information systems are patchy and used inconsistently;

- managing change in partnership with other services is the key to better planning and achieving best value.

53. Budget overspends often relate to out-of-area placements. Financial and activity data could not be linked, making it very difficult to determine unit costs or to monitor patterns of expenditure effectively. Some councils had scope for savings, although these may accrue only after some up-front investment.

Expenditure and performance need to be linked

54. Most councils manage their budgets effectively, but none of the councils reviewed to date base their allocation on an analysis of
need—hence, the level of expenditure bore no relation to the performance of the authority. Few use longer-term methods of planning—for example, on a three-year basis—or seek to adjust their spending patterns to reflect the changing needs of communities and individuals. Reviews did not elicit a clear link between the level of spending and the overall performance of the council (EXHIBIT 13).

55. The level of resources allocated to children and family services varied considerably from one council to another—from 15 per cent of expenditure in North Yorkshire to 39 per cent in Hammersmith and Fulham. But this variation did not reflect an objective evaluation of levels of need. Some councils have begun to map information about the local population and existing services, but none has yet linked population-level analysis with information about individual needs derived from aggregated assessments and care plans, and then proceeded to costed strategies.

56. A comprehensive needs analysis requires:
   • a better understanding of aggregated assessed need;
   • more involvement in planning by users and key stakeholders; and
   • a more robust review of existing practices.

57. There were excellent examples of analysis and assessment where councils had adopted at least some of these criteria; the use of research to shape child protection services in Northampton and Cumbria was particularly noteworthy. But most service development appeared to have been developed in isolation from the wider strategic picture. Plans typically omitted the cost of activities, a realistic timescale for change or key targets to measure outcomes for service users. Plans for children were rarely linked to the council's corporate plans for regeneration, social exclusion and community safety.

EXHIBIT 13

Links between spending and performance
There is no obvious link between levels of expenditure on children's services and their quality as judged by Joint Reviews.

Source: Joint Reviews and Audit Commission Performance Indicators
58. Commissioning frameworks were found to be weak in all of the reviewed councils. Some were beginning to use business planning frameworks, but were usually not applying them to children's services. Service developments occurred in isolation, occasionally with unintended consequences such as a shift of workload to the Registration and Inspection Unit. Refocusing management attention towards children’s services requires a framework that highlights the financial consequences of proposed changes, as envisaged in Quality Protects action plans.

**Costing and budget management are often weak**

59. Councils have become more cost conscious in recent years, but the trend is more evident in services for adults rather than for children. Even when information is available, cost analysis and forward planning are underdeveloped, as illustrated by the large variations in spending on care management for children and families (EXHIBIT 14).

**EXHIBIT 14**

The percentage of spending recorded as care management varies widely between councils

<table>
<thead>
<tr>
<th>Percentage of gross expenditure allocated to care management for children &amp; families</th>
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<tr>
<td>70%</td>
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<tr>
<td>60%</td>
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Source: Joint Review analysis of Finance and Activity Data

60. Budget management responsibilities were held at different levels in departments; some managers were struggling with their task and support to them was inconsistent. Budget monitoring systems were rarely linked to the information systems that record operational or workforce development. Poor resource management can easily inhibit development potential, and make it hard to improve the fit between activity and policy objectives. Gross expenditure on children looked after varies widely and shows the very different fit between policy objectives and resource allocation in different councils (EXHIBIT 15, overleaf). Many councils have faced a series of budget reductions, but crises in service delivery can be averted by taking a longer-term view of resources.

**Quality assurance and performance monitoring are not yet linked to business planning and staff development**

61. Managing performance in Social Services is not a one-dimensional activity, yet too few councils have in place the full range of management approaches that will help to achieve best value. Many rely heavily on just one management activity — one-to-one staff supervision by a manager—to oversee performance at the core interface with service users. Evidence from Joint Review reports suggests that, while supervision is a necessary part of the system, it is not sufficient by itself. Too much emphasis is placed upon workload management and not enough on skill development and staff performance.

62. The emphasis given to quality assurance also varied. With the exception of child protection activities, quality assurance systems are insufficiently robust, with poor monitoring of contracts let to external providers. Many Registration and Inspection Units are operating effectively, although a
significant number fail to give the same priority to their duty towards children in Under-8’s services as they did to residential and adults services; shortfalls in the inspection and regulation of services to children aged under 8 were frequently observed. Complaints were not routinely integrated into quality assurance frameworks and often not used consistently as a means of improving services. Few councils make full use of the information from their complaints systems, while some were still seen as being too remote from the real needs of local children and their carers. There are, however, examples of more structured approaches to performance management and value for money (CASE STUDY 18).

63. Some councils have identified problems in children’s residential services but have been slow to respond, which calls into question the effectiveness of their performance management systems. Few councils draw explicit links between policy priorities, service objectives and staff resources – this prevents them from meshing together their staff development and personnel strategies with operational and change agendas. One consequence is that even the more robust performance management frameworks lack impact. Nonetheless, there are the beginnings of policy-driven, whole systems approaches (CASE STUDY 19).

64. Effective performance frameworks require a whole systems approach that, to date, only a few councils have in place. Business plans can serve as the vehicle to link strategic plans with operational activity, through clear objectives and targets. Often, however, the systems are not very well developed and such links are thus not made. All reviewed councils have yet to demonstrate a robust, comprehensive culture of continuous improvement.
**Case Study 18**

**Effective quality assurance arrangements**

- Hertfordshire has internal service agreements and targets for children’s services, that are monitored with the results fed back to managers. Policies and priorities are linked to team and individual management objectives, with explicit standards in place for many services. The whole system is comprehensive, albeit not yet fully integrated into a single framework.

- Wolverhampton attaches a high priority to quality assurance; an Assistant Director negotiates performance contracts with managers on a six-monthly basis. Standards have been set, in some instances with the contribution of service users, but users have no input into setting operational targets. The Department also has the capacity to consider intended outcomes against actual placement outcomes for children in residential care.

- Manchester has responded to Quality Protects by accelerating the implementation of its strategic plan for children’s services. Among the main proposals are: improved information systems and record-keeping; the appointment of six Quality Assurance Officers, four practice consultants and other performance management personnel; and improved consultation arrangements and advocacy services. These are welcome developments but the scale of the cultural change required across the whole organisation is considerable.

**Case Study 19**

**Performance management in Hampshire**

Hampshire County Council’s Quality and Performance Management Unit is developing an audit approach for assessing operational and support services, based on the Business Excellence Model. This was but one of a range of management systems developments that the Joint Review team commended, but reviewers saw a real risk of an overload of data and systems, also observed in Solihull. One manager commented, “there are so many systems, you don’t have time to see the people”. The implementation of new systems needs to take into account the wider change agenda and the need for staff briefing – they are more readily accepted when staff can see their immediate relevance.

**Management information systems are deficient**

65. A key limiting factor constraining the implementation of effective performance management frameworks is the deficiency of management information systems. Many systems do not capture important information across the whole social care process, and fail to link activity information with financial data. This issue has been highlighted in many recent Review reports, suggesting that a common flaw exists in respect of management information; certainly, the paucity of outcome and performance measures in social work and social care is a weakness. Perhaps managers are searching for technical solutions to what are essentially problems of definition of purpose; measures of success in changing complex, and often seriously disturbed human behaviour, will always be professionally and politically contentious, but this should not deflect efforts to define them. There has, in fact, been some progress in developing outcome measures – it is essential that these are further refined to justify continued public investment and professional effort (EXHIBIT 16, overleaf).

66. One characteristic of Social Services is that little of its work can be undertaken effectively in isolation from other departments/agencies. Shared objectives and priorities, underpinned by trusting working relationships, are essential to establishing good inter-agency work, improving services and responding appropriately to the substantial change agenda posed by Quality Protects/Children First and related initiatives.
67. Most of the Children’s Services Plans seen by reviewers were descriptive documents that simply set out existing service patterns; some Plans were those of the social services department alone, although most were jointly produced with Education and Health (Case Study 20). None was set within a strategic framework that linked activity and expenditure to policies and priorities, with clear milestones and targets.

68. Effective strategic planning of services for children and their carers reflects these users’ experiences; some councils’ planning groups included users and carers, as in Hammersmith and Fulham, but this was not widespread practice. In Solihull, for example, reviewers urged the council to create opportunities for users, carers and independent sector providers to play a continuing role in service planning. This would necessitate a more open process for the selection of representatives from community organisations.
CASE STUDY 20

Setting standards across a wide range of performance

Cumbria is developing standards linked to NVQ competencies, which included a competency-based framework for foster carer recruitment—an approach that was also being used in Hertfordshire.

Early Years partnerships are enhancing the understanding of needs and the match with existing resources in some councils. This was demonstrated both in Liverpool and Wolverhampton, while in Coventry the partnership work required was contributing to lowering some of the barriers between organisations.

The joint appointment with Health of a Director of Public Health in Solihull and the co-option of the Health Authority Chief Executive onto the Social Services Committee was evidence of improved joint working. However, reviewers recommended that the Committee should adopt a more strategic decision-making role.

Corporate working in Rotherham has recently been consolidated by the setting of Council-wide objectives, to which all programme areas are expected to contribute. Clear strategic contributions are needed from Education, Housing and Leisure Services to support the move away from high-cost protection work.

69. In Cumbria, member and officer working parties have proved invaluable in tackling current issues and informing research and service changes. This approach was also beginning to set a strategic direction for children’s services. Many councils have successfully changed aspects of their children’s services, albeit sometimes with more enthusiasm than direction. In the words of one interviewee, “We have more pilots in Wolverhampton than British Airways”, while a Northamptonshire officer queried the value of a “flagship without the fleet”!

70. The "whole systems" thinking behind Best Value has still to permeate these councils in terms of challenging, comparing, competing and consulting with service users to achieve value for money.

<table>
<thead>
<tr>
<th>Good practice</th>
<th>Pitfalls to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect systematic information about local needs, decide which require priority attention, allocate budgets to provide services to meet the priorities, plan how to change direction where necessary and monitor implementation</td>
<td>Community needs assessment and business plan are not linked to staff targets and supervision</td>
</tr>
<tr>
<td>Be clearer about the expected outcomes from services provided, then identify how to collect information to measure progress</td>
<td>Data collection driven by the available technology and not the service requirements</td>
</tr>
<tr>
<td>Involve service users in planning</td>
<td>Plans do not make clear how user views have been taken into account</td>
</tr>
<tr>
<td>Devolve budget responsibility to managers responsible for the service decisions</td>
<td>Inadequate training and supervision for managers holding devolved budgets</td>
</tr>
<tr>
<td>Link staff roles to qualifications within the framework to be proposed by the Training Organisation for Personal Social Services</td>
<td>Organisational culture does not encourage a learning environment</td>
</tr>
</tbody>
</table>
3. Implementing the Changes

Implementing the Changes: How Ready are Councils for the Challenge?

71. *Quality Protects* and *Children First* present major challenges to social services authorities in England and Wales – they will be under a spotlight to perform better and to deliver more consistent services. They also pose a challenge to the Joint Review methodology, which will in future need to assess social services against this particular template.

72. The Reviews undertaken so far have found clear strengths. There are numerous examples of good practice and the needs of many vulnerable children are being addressed effectively. Work to extend family support partnerships is well developed in some areas. The task of setting measurable standards and developing clear and effective criteria is well under way in some places, while quality assurance systems are particularly robust in relation to child protection services. Under each of the *Quality Protects/Children First* objectives, Review Teams can point to existing good practice and promising signs of future improvement.

73. But the picture is far from positive everywhere. The variation in performance within and between councils is marked, and some aspects are not safe. Understanding the nature and extent of need – rather than simply reacting to demand – is patchy. Some councils make good use of demographic and other general information, but none yet link this with aggregated information about individual children and the cost of service delivery. Links with other organisations, whether at a strategic or individual level, are not always in place or robust. And too often, the voices of children and families are not heard, missing the chance to bring a strong user dimension into service development.

74. Managers are not always well equipped to monitor service quality, often relying on too limited a range of performance measures; information systems are generally underdeveloped. The management of resources needs considerable improvement in many councils. Few take a long-term view, and linking budget allocation to client need is not a common practice. Although budgetary controls are sound, managers of children's services show less understanding of costing issues than is apparent in services for adults.

75. In summary, the councils that are best able to meet the challenges of the new agenda:

• provide good information to and for the public;
• listen to children and their carers;
• have clear and comprehensive assessment processes;
• acknowledge and manage the interfaces between their own activities and those with other organisations;
• collaborate with partners in planning, management and service delivery;
• devolve decision-making with clear accountability;
• set and monitor quality targets;
• use a performance management framework;
• develop their staff;
• have robust data for activity and costs and look regularly at efficiency and productivity; and
• change services that are not working well.

**Focus on the whole system**

76. But perhaps the key message to authorities from this analysis of Joint Review findings is that, if councils are to succeed in meeting the needs of vulnerable children and their families, it is essential to pay attention to the whole system and to the inter-connections between different aspects of the service:

• strength in any one aspect can easily be undermined by poor performance elsewhere;
• service planning requires good information about individuals as well as whole populations;
• good individual work is not enough if it is with the wrong people;
• setting budgets without regard to need replicates problems and leads to inequity;
• managing performance requires clear objectives and monitoring using supervision and management information systems;
• poor resource management inhibits the scope for development; and
• changing services requires both a performance framework and a workforce equipped to change.

77. The performance of social services is inextricably linked with:

• the performance of the whole council in consulting and responding to local people, in planning and setting budgets;
• other council functions in providing joint services to individual children; and
• the plans and operational activities of partners/other organisations.

**Service partnerships**

78. Social work can rarely be effective when carried out in isolation, and this is particularly true in children's services. Yet joint planning, joint commissioning and joint working is often more developed in services for adults. Shared objectives and priorities, backed up by trust, are required to develop good inter-agency work and to improve services. Those services that are most frequently reported to be weak – child and adolescent mental health and services for children with disabilities – are, essentially, inter-agency responsibilities. Strong partnerships do exist but are not universal – children whose needs require input from several different agencies are often disadvantaged.

79. Three commonly reported problems...

• excessive use of costly external placements;
• difficulties in recruitment and support of foster carers; and
• poor co-ordination of services for children whose needs fall across agency boundaries

...all require creative partnerships to generate solutions.
80. Joint approaches to problems that are common to several councils in an area – such as regional foster placement schemes or the development of shared local services for children with special needs – should be explored. There are indications that shared solutions would be better for children and young people, as well as being more cost-effective, than continued reliance on external placements. Service development in partnership with carers and users, capturing their experiences of support, will help to widen choice and enhance quality.

Revising Joint Reviews methodology to reflect Quality Protects and Children First

81. As noted earlier, this report is a post hoc analysis of how well placed social services departments are to rise to the challenge of Quality Protects/Children First. In future, Joint Reviews conducted by the Audit Commission and the Social Services Inspectorate (and in some cases linked inspections with OFSTED) will examine specifically the extent to which councils and other stakeholders are implementing the Government’s objectives as set out in these initiatives. Each report will offer an assessment of progress in the following areas:

- Planning for attachment and stability: how coherent is decision-making about the adoption and fostering of children who are expected to be looked after for a considerable period? This should include scrutiny of out-of-area placements (rationale, cost and quality assurance), mapping and understanding the system more thoroughly so that useful models can be developed for councils to use in their own planning and decision-making.

- Child protection services: are these appropriately focused and quality assured – including scrutiny of incidence of repeated significant harm? Is action being taken through multi-agency arrangements to reduce the incidence of significant harm?

- Services for children in need and their families: are these readily available without always having to navigate a child protection referral?

- Work with other agencies: how effective are cross-agency arrangements? (This aspect of the Reviews will be informed by the outcome of pilot “linked” Reviews with OFSTED and the Health Service.)

- Strategic role of councils: are Social Services collaborating with and, where appropriate leading, joint work on children’s services with other agencies?

- Services for children with specific social needs, for example, children with a disability: what services are offered; are there gaps in provision and how comprehensive are the partnerships with other agencies?

- Data about service delivery: is this collected and analysed in relation to Quality Protects/Children First objectives, particularly in relation to the health and educational achievement of children in need and looked after?
References

Recent Department of Health publications on social services for children, their families and carers

- Children who are looked after – Someone Else’s Children September 98;
- Getting Family Support Right – follow up on Messages from Research November 98;
- Disabled children – Removing Barriers for Disabled Children, and Disabled Children: Directions for Future Care October 98;
- Case recording – Recording with Care January 99;
- Leaving care – Me, Survive Out There?. New Arrangements for Young People Living in and Leaving Care June 99.

Children’s Services Planning and Mapping


User views

"Not just a name: The views of young people in foster and residential care". A survey by the Who Cares? Trust and the National Consumer Council, July 1993