Safeguarding children –

peer review guidance manual

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(V19)

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1. Introduction

This guidance manual is designed to help councils, their partners, members of staff, peer teams and managers of reviews to understand the ethos and aims of a peer review and how they actually operate. It is not intended to be totally prescriptive as each review will have its own individual features. However, it contains the experience and learning from over 50 safeguarding reviews and the steps set out in the manual provide a firm base for ensuring that each review can be conducted successfully.

The fundamental aim of each review is to help councils and their partners reflect on and improve safeguarding services for children and young people.

The manual contains general areas of guidance for all those persons involved in the review. The manual also contains a number of specific appendices that only those concerned with that aspect of the review need read. Attention is drawn to these in the general sections of the manual.

It is important to remember that a review is not an inspection and should not be conducted like one by either the peer team or the host council. Rather, it is a supportive but challenging process to assist councils and their partners in recognising their strengths and identify their own areas for improvement. The key purpose of the review is to stimulate local discussion about how the council and its partners can improve safeguarding outcomes for children and young people.

Each review will be different and will be tailored to the individual needs of a council and its partners. There will be core elements common to each review but also optional elements from which the overall review can be designed. Which elements are used will be the subject of discussion with the host council and its partners.

The review is an interactive exercise. During the review the peer team will examine evidence from a number of sources. These will include:

- performance data (core)
- a variety of documentation (core)
- an online questionnaire undertaken by frontline staff (core)
- a case mapping exercise conducted by the host council/partners (core)
- an audit validation exercise (optional)
- case records review (optional)
- a wide range of interviews conducted with elected members and staff from the council, partners, commissioned services etc exploring standard themes (core) and other key lines of enquiry chosen by the council/partners (optional)

The review will conclude with a presentation by the review team. This will provide the team's views on the strengths of local safeguarding provision and areas for further consideration. The host council and its partners will then facilitate a workshop (assisted by the peer team) to consider the findings of the review and identify their immediate priorities.

A feedback letter covering the main points of the review and the workshop will then be sent to the host council.

Although this will be the end of the formal peer review, the Local Government Association (LGA) will ask the council for feedback on the impact and experience of taking part in the review. Opportunities for sector support and discussion of how good practice identified can be disseminated will be pursued through the regional sector support arrangements. In addition, the LGA principal adviser will discuss with the council any corporate implications of the review.

The words 'council and authority' are interchangeable in the manual depending on the context.

The Children's Improvement Board (CIB) commissions safeguarding children peer reviews as a national programme available to all councils at a time that makes sense for them. If councils ask for their review to be co-ordinated with an LGA corporate peer challenge, the principal adviser will discuss this with the council chief executive and the peer review team. Peer reviews are complementary to the 'peer challenge' arrangements agreed in each region. Peer challenge can be focused on any aspect of children's services and the methodology is agreed locally; it is helpful if peer challenge and peer review activity are co-ordinated so that councils have the space and capacity to take advantage of both processes.

Over time the LGA will use the learning from the reviews to contribute to the developing body of good practice to be used by councils in their own improvement journeys.

Peer reviews are a unique, and privileged, opportunity for peer teams and the host council to engage in challenge and to learn about safeguarding. Every council and every review team is different and so each review will be different. All those involved in planning and participating in the review should keep one question uppermost in their minds during the review process: "What will most help the council to move forward?" If you do this, it's hard to go wrong.

Good luck and enjoy your review.

2. The review themes

The review will be structured around key safeguarding themes and established probes which explore these themes in detail. To ensure robustness of the review process the following 'standard' themes will always be explored as part of the review:

- effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including with the health and wellbeing board)
- Capacity and managing resources
- Vision, strategy and leadership

In addition, councils may wish to identify specific areas within the themes for particular examination or to add additional themes that are particularly relevant to their situation. This should be discussed between the council, review manager and team leader at an early stage. Requests for additional key lines of enquiry will be accommodated if they are within the general safeguarding remit and realistic within the time constraints of the review.

Full details of the 'standard' themes and probes are given in Appendix 1 which the council and peer teams should read.

3. Basic stages in a review

The information in the table below sets out the basic stages in a review. Sections 6 to 12 and the supporting appendices contain more detailed information regarding how the actual methodology will work at each stage. The manual indicates which appendices need to be read by the council and which by the peer team.

Attention is also drawn to Appendix 18 which details specific issues relating to councils in intervention.

Stage	Time Period	Action
Initial enquiry	Any	Council indicates that it may wish to have a review. A discussion takes place between the council CIB safeguarding lead to discuss why a review may be appropriate, any particular focus, dates, peer team requirements and any necessary background information.

Set-up meeting and formal proposal, including the initial scope of the review	At least three months before date of review	Council confirms it wishes to have a review. CIB safeguarding lead issues formal proposal letter including confirmation of additional areas explored and date for on-site work.
Allocation of review manager and support. Advise Ofsted of the date of the review	As soon as council confirms date for a review	LGA allocate review manager, project co-ordinator and issue guidance manual to council.
Identification of peer team	As soon as council confirms requirements.	Review manager requests nominations, which are agreed with the council as soon possible.
Initial preparation	Commence as soon as council confirms date for a review	Review manager undertakes initial desk research regarding the council and contacts council review sponsor to discuss review arrangements. During this stage the review manager should personally visit the host council to discuss arrangements if they have not already done so.
Review preparation	At least two months before on-site review	The council and its partners start to collate documentation and begin the process of completing the frontline questionnaire. Council commences case mapping activity. Dates for optional audit validation or case records review agreed (if either of these options are to be used).
Audit validation (optional)	To be completed at least two weeks before review	An operational manager peer will conduct an audit validation and prepare report for the review team.
Case records review (optional)	To start at least four weeks before review, with initial report two weeks before on-site	An operational manager peer will conduct a case records review and prepare report.

	work and complete in the on-site week	
Final review preparation	To be completed **at least** two weeks before review. In practice the documents should be sent to the review manager and off-site analyst as soon as possible to allow for preparation of off-site analysis report	Case file mapping report completed, performance data compiled and frontline questionnaires completed. Council finalises interview programme for on-site work. All the above to be sent together with documents set out in Appendix 6 to peer team.
Pre-review analysis	At least 10 days before review	Review manager compiles front line questionnaire analysis report. Review analyst examines performance data, documents (audit validation and case records reviews, if chosen) case mapping report and questionnaire report. Review analyst produces off site analysis report and sends to review manager. Both reports to be sent to peer team.
'First thoughts' presentation preparation	Around a week before review	Team leader, review analyst and review manager (and optionally senior operational manager peer if a case records review has been undertaken) meet to prepare draft of 'first thoughts' presentation. Draft sent to peer team.
On-site	On-site stage	Council delivers overview presentation. Peer team deliver 'first thoughts' presentation, conduct interview programme, produce final presentation and council/team facilitates prioritisation workshop
Post review	Within three weeks of on-site stage ending	Review manager drafts feedback letter, agrees draft with team.

		Draft letter subject to LGA quality Assurance procedures and sent to host council for comment within three weeks of the review. Comments received from council within two weeks of letter being issued and final version issued to host council, regional CIB contact and LGA principal adviser. Discussions held re further support. Evaluation of review undertaken.

4. Confidentiality, data protection and personal data

Confidentiality

Each party (council, partners, LGA and peer review team) shall keep confidential all confidential information belonging to other parties disclosed or obtained as a result of the relationship of the parties under the safeguarding children peer review and shall not use nor disclose the same save for the purposes of the proper performance of the peer review or with the prior written consent of the other party.

The obligations of confidentiality shall not extend to any matter which the parties can show is in or has become part of the public domain other than as a result of a breach of the obligations of confidentiality or was in their written records prior to the date of the peer review; was independently disclosed to it by a third party; or is required to be disclosed under any applicable law, or by order of a court or governmental body or other competent authority.

As can be seen in the review stages there are optional parts of the review that may involve team members having access to personal data. **It is vital that the following principles are understood by the council, partners and members of the peer team and adhered to at all times.**

Data protection

The council, partners, LGA and peer team members agree that data (including personal data) as defined in the Data Protection Act 1998, relating to the processing of the peer review, to the extent that it is reasonably necessary in connection with the peer review, may:

(a) be collected and held (in hard copy and computer readable form) and processed by the peer review team and

(b) may be disclosed or transferred:

   (i) to the peer review team members and/or

   (ii) as otherwise required or permitted by law.

5. The peer review team

The LGA convenes a team to deliver each peer review. The team represents the variety of interests in an integrated children's sector, and typically might comprise the roles outlined in the table below.

Team member	Indicative number of days involvement
• A director/assistant director of children's services (team leader)	Seven (two off site, five on)
• A lead member for children's services	Six (five days on site, plus pre-reading)
• An operational manager/senior social work practitioner	Six (five days on site plus pre-reading), plus audit validation and/or case records review if required (around two days for each)
• An NHS manager/practitioner for children	Six (five days on site plus pre reading)
• In addition, a review analyst provides a summary of documentation and data with the review manager. Wherever possible the off-site analyst should also attend throughout the peer review on site work	Up to seven (two days report writing and assisting with first thoughts presentation plus on-site days)
• The review manager	Eleven (six off site, five on site)

The following points should be noted.

1) The above team is a 'standard team'. In practice it may be necessary to add additional team members (eg police, education specialist or a chair of a local safeguarding children board) depending on the areas to be explored, local circumstance, partnership arrangements etc. Where a council has significant representation from two or more political parties, a councillor from each of the two largest parties in the council will normally be invited onto the peer team. Likewise, the voluntary sector may be represented on the review team, where requested.

2) The indicative number of days should not be exceeded without prior approval from the CIB safeguarding lead. Similarly any additional peers must be specifically approved by them.

3) In practice it has been found to be very helpful if team members specialise or lead in examining one or more of the themes and in preparing the final slide presentation for that theme. The review manager should suggest and agree such specialisation during the run up to the on-site work.

4) The review manager will try to ensure that members of the team have 'down time' during the review to deal with any urgent personal/non-review matters. However, such time is usually very limited as the review process is very intensive.

In addition a project co-ordinator will be appointed to assist with logistical arrangements, payment of expenses etc. S/he will not normally attend the on-site work.

There may also be occasions when, for the purposes of gaining first-hand experience of a peer review, LGA may request the permission of a council for another LGA member of staff or prospective peer to participate.

Team roles, ground rules and skills required

Although they will work as a team throughout, each member of the team does have specific responsibilities and there are basic ground rules under which the team should operate.

These responsibilities and ground rules are summarised in Appendix 2, which all members of the peer review team should read. The peer team should also read Appendix 3, where the skills peers will need to fulfil their roles are outlined.

Liaison with the council

The review manager will liaise regularly with the council while the peer team is being drawn up in order to ensure the team matches the council's requirements as closely as possible. The aim is to have a complete team allocated at least six weeks prior to the on-site stage commencing. This is a guideline, as circumstances may dictate otherwise and the main priority is to ensure suitability of team members.

The council should be formally consulted by the review manager once the team has been drawn up to ensure acceptability. Acceptability includes ensuring that particular team members do not have a significant current or previous relationship with the council, which could affect their ability to be impartial (eg previous employment, a close relationship with a senior officer or member within the council to be reviewed etc) or a commercial interest.

Where a team member withdraws at short notice the review manager will propose an alternative as soon as possible, taking into account that the availability of peers will be limited.

Finalising the team

Once the team has been agreed, the review manager must request the peer support team to issue all team members with a purchase order to confirm the arrangements for their attendance.

'Safeguarding children' community of practice

Team members are encouraged to join the 'Safeguarding children' knowledge hub (KHub) group, which has replaced the community of practice. This is hosted on the Local Government Association website via Knowledge Hub and allows access to a wide variety of discussion forums, materials, knowledge etc.

The Knowledge Hub can be accessed at https://knowledgehub.local.gov.uk/ You will then need to register.

6. The council team and responsibilities

The host council must supply three individuals/groups of people to facilitate the smooth operation of the review. These are listed below and their responsibilities set out in Appendix 4, which the council should read, and include:

- council review sponsor
- council review organiser
- council case mapping chair and team.

In addition the council should be aware of its responsibilities in agreeing to and participating in the review process. These responsibilities are set out in Appendix 5 which the council should read.

7. Set-up and scoping stage

When a council indicates that it is interested in hosting a review, a member of the CIB safeguarding lead will arrange a meeting with a senior manager within the council who will act as the council's review sponsor. The chief executive should also be invited to this meeting together with the lead member for children's service, chair of the local safeguarding children board (LSCB) and key partners eg the NHS and the police.

The purpose of the meeting will be to confirm that a review is appropriate, consider the focus, additional key lines of enquiry, the timetable, peer team requirements and any necessary background information.

If it has not been done already, CIB safeguarding lead will seek the permission of the council to inform Ofsted that a review will be taking place and the proposed dates. It must be stressed that the sole purpose of this notification is so that Ofsted can take this into account when planning their own inspection programme.

A formal proposal letter will then be sent by CIB Safeguarding Lead to the council confirming the discussion and proposed arrangements for the review.

8. Initial preparation stage

The review manager will then commence the initial preparation stage. This should include a meeting between the review manager and the council's review sponsor and review organiser.

In advance of the meeting the review manager should:

- liaise with the relevant LGA principal advisor for background on the council
- read latest inspection letters and scan through the council's website
- brief themselves on the political composition of the council
- find out about the council's children's services plans and priorities.

The purpose of the meeting is to:

- confirm the council's aims for the review, ensuring that the agreed focus of review is still appropriate to meet their requirements
- develop the review manager's understanding of the key safeguarding issues faced by the council and local community

- confirm the key areas for the review to focus on
- consider the peer review methodology and expectations of the council, discuss the process and look at the practical arrangements
- confirm arrangements for the case mapping group and case mapping exercise are in place
- confirm arrangements for the audit validation/case records review exercises are in place, if these options are chosen
- consider arrangements for the final presentation and workshop

It is important that the review manager ensures that the council is aware of its responsibilities for ensuring a smooth and productive review as laid out in Appendices 4 and 5, which the council should read.

The review manager will also contact each member of the peer team to ensure that they understand the process, discuss team roles, make sure they have a copy of this manual, identify any queries or special requirements etc.

Communications and publicity

The purpose of a review is to promote learning and improved outcomes. In that context, the council should consider communications and publicity regarding the review and its findings as early as possible.

Although the final letter is the property of the receiving council and is not published by the CIB or LGA, its purpose is to enable improvement and learning; it is not a document intended to be kept a secret. Although untested, it is unlikely that a Freedom of Information request for the final letter could be resisted. It is safest to presume from the outset that the letter will be shared and plan to manage this positively.

The council will want to consider where and when the outcome of the review will be discussed eg the LSCB or the children's partnership. If the final letter is to be reported to the council executive, a scrutiny committee or a NHS body, it will become a public document. There may be local media interest but pro-active PR is not recommended.

It is likely that at a subsequent inspection the council will wish to take credit for participating in peer review and peer challenge. In that circumstance Ofsted are likely to ask to see a copy of the letter and request information about any actions taken in response.

There is a standard 'What's it all about' leaflet that the review manager will supply to the council and partners to act as a basis for communications with staff.

The final letter will be sent to the department of children's services (DCS) and copied to the chief executive, lead member and leader of the council.

9. Review preparation

These are crucial stages of the review process and vital to the ultimate success of the review. It requires considerable commitment by the host council and their prime responsibilities are set out in Appendix 5.

During this stage the host council and review manager must liaise closely and ensure that the following are prepared and supplied to the peer team in accordance with the timescales laid down:

- pre review documentation (see Appendix 6)
- performance data (see Appendix 6)
- case mapping report (see Appendix 7)
- audit validation and case records reports if these options are chosen (appendices 12 and 13)
- frontline staff questionnaire (see Appendix 9)
- on-site interview programme (see Appendices 10 and 11).

NB It is essential that the council read all the relevant appendices.

10. Audit validation

This is an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare a report for the peer team. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 12.

11. Case records review

This is also an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare an initial report for the peer team and council. A final report will be appended to final review letter. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 13.

12.   First thoughts presentation preparation

The review manager, team leader and review analyst should meet (if a case records review or audit validation exercise has been undertaken the operational manager peer should also attend) and prepare a draft first thoughts presentation. This will be **circulated to the peer team in the week before the on-site stage.**

The purpose of this presentation is to give the review team's initial reaction to the evidence provided and focus where further investigation is required during the on-site work. It is not intended to be a definitive or detailed statement of the team's opinion, as it is far too early in the review process for this to be given. Nor at this stage does every point have to be clearly evidenced. Instead it is to flag up to the council key issues that have caught the attention of the team and to start a dialogue with the council about these.

NB It is probable that the first thoughts presentation will vary considerably from the final presentation that will take place after the on-site stage.

The presentation should draw on the pre-review analysis report, the performance data, case mapping report, frontline questionnaires and any information supplied by the council itself (plus the audit validation and case records exercises if these have been conducted).

A standard format is available for this, which will structure the presentation. The review manager will provide this.

It is important that a date to prepare this presentation is fixed as soon as the team leader, review analyst and date of the review are known.

13.   On-site stage

The sub-sections below go through the key stages of the overall on-site stage. This is the 'centre piece' of the whole review process and is heavily dependent upon the review preparation stages having been undertaken thoroughly. It is a demanding week for both the peer team and the host council and requires considerable joint working and good will to ensure its success. It is a joint process and should be approached as one – including the 'no surprises' policy outlined below.

No surprises policy

A 'no surprises' policy should be adopted throughout the review. This means the council should be provided with regular feedback on the key issues emerging during the on-site work.

The team leader and review manager should also give the council's review sponsor a good understanding of what will be presented at the final presentation. This gives the chance to resolve any outstanding issues and ensure appropriate language and wording are used. However, it is the independent peer team's presentation and they should present what they have found (both strengths and areas for further consideration) in an open, easy to understand and constructive manner, albeit in a manner that is sensitive to the council's situation.

The peer team should aim to give a draft of their proposed final presentation to the review sponsor at around 17.30 hours on day four. Should this not prove possible it should be no later than first thing day five. This should then be discussed by the council review sponsor (and any of their team that they wish to invite), the team leader and the review manager (plus other members of the peer team as appropriate). This will allow for final crafting of the presentation the following morning.

There are particular matters to be taken into account where the host council is in intervention. These issues are covered in Appendix 18 which the council and peer team should read if relevant.

First peer team meeting

Prior to day one of the on-site stage the team will have its first meeting the afternoon/evening of the day before the review starts on site. The review manager will facilitate this meeting and it will cover**:**

- team introductions
- ensuring that the team is familiar with the methodology and programme of interviews
- agreeing who will specialise in any particular themes – if not agreed by e-mail beforehand
- agreeing who will conduct which interviews the following day – may be held over to day one if required
- answering any queries the team may have.

This meeting should be conducted with an informal yet business like approach. It is important that the team get to know each other, are comfortable with their roles, understand the methodology and tasks required to complete the review process.

The team may wish to share some initial thoughts regarding the council and the review but care must be taken to ensure that confidential matters are only addressed in a suitable environment.

Council overview presentation and peer team first thoughts presentation

The on-site stage starts with the team discussing among themselves in the base room the draft first thoughts presentation and agreeing the final version of this. At this stage the team should also try to capture for themselves the key issues that require exploration during the on-site review.

The team will then meet council and partner representatives during which the council may present a short overview presentation for the review team prior to the on-site stage. The presentation should be for no more than 20 minutes and consist of around four slides as follows:

- council and safeguarding context of the area
- areas of strength
- areas the council wishes to develop further
- planned key actions to achieve the desired development.

The team leader will then present the team's first thoughts presentation, which should last between 20 and 30 minutes.

The team and council representatives can then discuss the two presentations, identifying areas of agreement, apparent differences and refine areas of focus for the on-site stage. The intention is to start a dialogue between the council and that will continue throughout the on-site stage.

It is for the council and its partners to decide who to have at this meeting but a maximum of 12 is recommended. It is suggested that the council considers inviting, for example:

- lead member for children's services
- director of children's services/council review sponsor
- leader of the council
- chief executive
- relevant assistant directors/heads of service
- LSCB chair
- principal social worker
- relevant health colleague/s and/or director of public health
- police representative/s
- voluntary sector representative/s
- head teacher representative/s

Both presentations and discussion should be completed by lunchtime on day one so that interviews may commence in the afternoon.

On-site interviews

This will form the main activity for the rest of days one to four of the on-site stage. The ground rules for how the peer team will operate during this stage are given in Appendix 2. A typical on-site programme is given at Appendix 11.

The feedback and prioritisation conference

The final phase of the on-site stage will be a feedback presentation by the peer team, led by the peer team leader, to the council and its partners. This will be followed immediately by a prioritisation conference, facilitated by the council (with support from the peer team), in which all the key players in the local partnership will have the opportunity to reflect on the findings of the review.

There is a standard format to the feedback presentation and the review manager will explain this to the team. Each member of the team will contribute to drafting the presentation, often taking personal responsibility for a specific theme(s). The language used should be straightforward and be an honest and open summary of the team's findings as regards both strengths and areas for further consideration.

The presentation should identify any good practice that the team think should be shared within the council's region or be submitted for validation as 'emerging, promising or validated' local practice through the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) process.

How the prioritisation conference should operate will be subject to the individual circumstances of the council. The council review sponsor, team leader and review manager should agree the format as early as possible during the review process. Appendix 16 gives further details regarding approaches to the conference which the council and peer team should read.

14. The written feedback

Following the on-site stage, the peer team will compile a letter based on the peer review findings comprising:

- an executive summary of the key issues
- good practice and areas for further development identified throughout the process
- the outcome of the prioritisation workshop.

The format, method of compiling and an example feedback letter are set out in Appendix 17. It should be borne in mind that the review is not intended to produce a judgment nor to make extensive recommendations. The feedback letter should include sufficient detail to enable readers who were not at the presentation to understand the findings of the review.

15. Post-review evaluation

The views of the receiving council are secured through a telephone interview with the DCS undertaken within a month of review completion.

Evaluation questionnaires are sent to the review team by the project co-ordinator after the final letter is issued to the council. The project co-ordinator should check whether questionnaires have been returned and arrange to issue a reminder if not.

Review managers will also feedback on the performance of peers.

Appendix 1 – Safeguarding children themes overview

In order to ensure the integrity and fitness for purpose a safeguarding review always includes the following 'standard' themes. However other key lines of enquiry may be added at the request of the council if relevant to safeguarding and practical within the time available. These include:

- effective practice, service delivery and the voice of the child
- outcomes, impact and performance management
- working together (including health and wellbeing board)
- capacity and managing resources
- vision, strategy and leadership.

Set out below is a summary of the individual points that the peer team will consider during the review. At Appendix 1A more detailed probes are supplied to give additional points of focus or depth of enquiry.

The principles of valuing equality and diversity are built into the themes and detailed probes. However, to aid the easy capture of these principles a set of detailed probes that the team should consider is set out at the end of Appendix 1A. These should not form a separate part of the final presentation but the team should consider whether they have been covered.

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- the child's journey leads to improving outcomes and the child's voice is present in service planning and care management?
- systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?
- children and young people and their families have access to the right services at the right time appropriate to their level of need?
- there is a culture of learning and reflective practice that leads to improved practice and outcomes?
- services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- performance against local and national priorities is improving and this has had an impact on the outcomes for children and young people?
- interventions (from early help to specialist services) are effective in improving outcomes?
- there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?
- there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?
- scrutiny and challenge is effective with a good understanding of safeguarding issues?

Working together (including health and wellbeing board)

How do the council and partners demonstrate that:

- all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?
- partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?
- there are up-to-date multi-agency policies and procedures including appropriate sharing of information?
- the LSCB business plan clearly identifies outcomes and is aligned with other children plans?
- the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?
- progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?

Capacity and managing resources

How do the council and partners demonstrate that:

- there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?

- commissioning has enabled support to reach the diverse community and resources are used equitably to meet the needs of the whole community?
- financial and physical resources are managed effectively to meet current requirements and future challenges?
- there is a sufficiently skilled, trained and supported workforce for children's services?
- training reinforces the importance of child-centred practice which focuses on improving outcomes?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children and which is informed by children, young people and families?
- priorities are based on locally determined needs and the voices of children and young people?
- the priorities recognise the diverse make-up of the community and are sufficiently stretching?
- there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?
- leading members and senior staff provide effective political, managerial and professional leadership for children services, and co-ordinate this with other key partners?

Appendix 1A – Safeguarding children themes, detailed probes

Set out below is a list of suggested probes that the peer team may wish to explore depending on the circumstances of the individual council and its partners

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- **the child's journey leads to improving outcomes and the child's voice is present in planning and care management?**
- **systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?**
- children are seen regularly and alone by a social worker/lead professional and given opportunities to disclose their concerns and experiences?
- frontline staff are enabled to use professional judgement effectively?
- there are clear pathways for children and young people through universal and targeted services, into specialist support services?
- children and families move easily through the system depending on their needs, with appropriate step-up and step-down processes?
- progress has been made in enabling social workers to spend more time with children and their families?
- case loads are appropriate to the capacity and experience of staff?
- children and young people are involved in their assessment and consulted on their care plan?
- case discussions, decisions and the reasons for them are clearly recorded with the analysis of risk clearly documented?
- managers – at all levels – regularly review the quality of practice through case audits and observing practice?
- children in care, children in need and child protection plans focus on outcomes and the difference that interventions will make, with clear timescales and accountabilities?
- there is a good understanding of the processes and tools to support integrated working and supporting children and families with additional needs, and that there is consistent adoption and use of these processes and tools eg common assessment framework (CAF)?
- systems are in place for monitoring how the whole child protection system is working including ensuring that cases can be tracked through the system and there are not hold-ups or 'log-jams' which result in delays or cases being unallocated?
- case files and/or electronic records across all agencies are kept up to date

- frontline staff, including foster carers and managers from all agencies are aware of safeguarding and child protection policies and procedures, and these are implemented consistently?
- the whole system approach to children services, as well as individual services, is regularly reviewed?

- **children and young people and their families have access to the right services at the right time depending on their level of need?**
- early help is having an impact such as reducing the number of referrals?
- there is integrated frontline delivery, organised around the child, young person and their family in a setting that supports family life rather than professional or institutional organisation?
- initial access arrangements – including frontline 'duty' services are regularly reviewed across all partner agencies?
- there is clarity about the roles and responsibilities of frontline staff and managers in making decisions about case work eg there is a scheme of delegation or similar document?
- children know who they can contact when they have concerns about their own safety and welfare?
- the views of children, young people and families are taken into account and feedback is given on action taken?
- children, young people, families and carers receiving services are aware of how to complain and make representations, and have easy access to advocacy services?
- accessible and comprehensive information about services for children, young people and families in the area, is available for all age groups and communities?
- comments, compliments and complaints from staff, service users and the community are taken seriously and impact on service delivery and performance?

- **services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?**
- outcomes for those children and young people who are most at risk are improving and performance information support this?
- services take account of the social and ethnic composition and economic environment of the community and are closing outcome gaps between vulnerable children and their peers?
- service planning and delivery take full account of the equality and diversity needs of the workforce and the community it serves?
- services are accessible and reaching all sectors of the community?

- **there is a culture of learning and reflective practice that leads to improved practice and outcomes?**
- supervision is regular and timely and staff feel adequately supported and have time for reflective practice?
- supervision, audit and other management arrangements enable practitioners to reflect on and manage risk positively and safely?
- workload pressures and the emotional needs of staff are taken into account in supervision as well as professional and management issues?
- mechanisms for gaining service users views on service quality and effectiveness, are in place and making a difference?
- staff surveys are undertaken and there is evidence that survey results impact on outcomes, service delivery, training and performance?
- there is regular self-assessment of safeguarding, child protection and the broader children's services, with a focus on achieving outcomes?
- children, young people, parents and carers are involved in developing, monitoring and training for safeguarding services?
- frontline staff and managers are asked for views on safeguarding/child protection services and this feedback informs service planning and delivery?
- staff and managers are given feedback on action taken?
- the culture ensures a child-based, outcomes approach as distinct from a focus on systems, processes and meeting time indicators?
- there is learning from serious case reviews, sector-led improvement, research and best practice?
- all managers have received relevant training to manage safeguarding and child protection issues?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- **performance against national and local priorities is improving and this has had an impact on the outcomes for children and young people**
- **interventions (from early help to specialist services) are effective in improving outcomes?**
- they are performing well against national and local priorities and have an impact on the outcomes for children and young people?
- through their actions, they are improving opportunities and outcomes?
- account is taken of the social and economic environment and they are closing outcome gaps between vulnerable children and other groups in the community?
- performance information indicates improved outcomes for those children and young people who are most at risk?
- there is evidence of service user satisfaction?

- vulnerable children, young people and their carers are involved in the determining and achievement of these outcomes?

- **there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?**
- **there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?**
- a clear and effective performance management framework is in place?
- there is a shared and accurate understanding of how the partnership is performing and that the critical success factors and costs, and how the partnership compares to others, is known?
- processes and systems help identify risk and address weak performance?
- the performance management framework and organisational culture focuses on outcomes for individual children and not just meeting targets?
- performance management is supported by high-quality, timely and well understood performance information?
- there is a local dataset across all partners that includes qualitative as well as quantitative indicators?
- the data set includes outcomes, quality is regularly reviewed and enables local and national comparisons?
- equality and diversity indicators are used explicitly?
- inspections, peer reviews/challenge and other sector-led improvement activities are used to improve performance?

- **scrutiny and challenge is effective with a good understanding of safeguarding issues?**
- the LSCB and council scrutiny function play a key role in monitoring and reviewing progress against objectives and outcomes, including informing the council and its partners with clearly researched conclusions and proposals?
- Members are aware of the performance management framework and provide effective challenge?

Working together (including the health and wellbeing board)

How do the council and partners demonstrate that:

- **all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?**

- **partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?**
- the children's partnerships, LSCB and health and wellbeing board have appropriate governance arrangements, clear roles and accountabilities?
- they are working together in an effective partnership manner and with integrated working arrangements?
- all partners are contributing effectively to the partnership arrangements and are devoting sufficient resources to fulfil their responsibilities?
- there is a process to ensure that innovative practice that improves outcomes or cost effectiveness is evaluated and shared?

- **there are up-to-date multi-agency policies and procedures including appropriate sharing of information?**
- partnership working is adding value and producing efficiencies, including through the provision of shared management and services or the operation of local budgets, as appropriate?
- the LSCB provides sufficient challenge on impact, outcomes and effectiveness of service delivery, to its member organisations?
- the LSCB is a learning organisation and encourages learning across the partnership?
- the LSCB contributes effectively to the overall performance management framework and challenges performance across partner agencies, ensuring that action is taken at organisational level, in services and individually, to address underperformance?
- the LSCB regularly reviews the effectiveness of supervision and management with particular regard to the quality of work, and risk assessment and decision making?
- the LSCB has an effective process for undertaking and learning from serious case reviews (SCRs) and there is a process for considering near misses?
- LSCB members regularly engage with frontline staff and managers in their agency and feedback their views on practice issues to the LSCB?

- **the LSCB business plan clearly identifies outcomes and is aligned with other children plans?**
- there is a clear LSCB business plan which identifies priorities, targets and accountabilities for achieving these?
- there is a clear relationship between the LSCB business plan and those of its individual partners?
- there is focus on child protection while the broader child safety issues such as road safety and bullying are managed effectively?
- there is transparency between all agencies on the resources and budgets allocated for safeguarding and child protection including staffing, with reference to One Children's Workforce and social work reform?

- there is clear accountability for safeguarding for each partner agency and this feeds down into their own respective organisations to the frontline?
- the LSCB periodically evaluates the effectiveness and overall impact of safeguarding, and child protection practice and services?
- there a multi-agency training strategy which identifies safeguarding and child protection training needs at all levels with a delivery plan that includes training for councillors, non-executive members of NHS partners and school governors?
- the multi-agency training strategy is evaluated effectively?

- **the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?**
- membership of the children trust or equivalent and the LSCB reflect the diversity of the community which they serve?
- policies and processes, including serious case reviews are understood and take account of diversity issues?
- all parts of the diverse community including those that services find are hard to reach and vulnerable children, young people and families, are engaged?

- **progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?**
- good progress is being made in ensuring that the health and wellbeing board arrangements are in place and functioning effectively?
- children's services are well represented and safeguarding children is seen as a priority for this board?
- there is a clear linkage between the work of the health and wellbeing board and the LSCB?
- effective contact is being made with local clinical commissioning groups as these become established?
- local commissioning groups are being encouraged to engage with children's services?
- the impact on outcomes and services of the changes in commissioning arrangements is closely monitored?

Capacity and managing resources

How do the council and partners demonstrate that:

- **there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?**

- **commissioning has enabled support to reach the diverse community, and resources are used equably to meet the needs of the whole community?**
- there is a clear, joint commissioning strategy that focuses on outcomes?
- commissioning processes and principles are understood and used to ensure value for money, efficiency and effective service delivery?
- agreed outcome priorities consistently and successfully drive commissioning and service development?
- commissioning is based on needs, priorities and outcomes and commissioning decisions are based on the evidence of what works?
- commissioning arrangements are in place to support sustainable improvement including joint commissioning where appropriate?
- commissioners across the children's partnership arrangements work effectively together?
- processes are in place to ensure the effective use of community budgets or similar, where appropriate?
- major service reconfiguration and change to improve outcomes has been achieved through commissioning and market development?
- partners and stakeholders, including children, young people and families understand and support the approach taken to commissioning?
- frontline staff and service users are involved in the commissioning processes, such as identifying priorities, service planning or service evaluation?
- there is good engagement with the third sector in terms of capacity building and market development, and the procurement process supports the third sector?
- commissioning arrangements provide an appropriate mix of delivery mechanisms and help to ensure value for money?
- models of service delivery are constantly challenged?

- **financial and physical resources are managed effectively to meet current requirements and future challenges?**
- the council's medium-term financial strategy and other agencies' financial plans take account of the needs and challenges within children services and safeguarding?
- there are robust arrangements for reviewing resourcing allocations and for the re-allocation of resources where required?
- resources are re-allocated to tackle changing priorities, inadequate performance and where improved outcomes can be achieved?
- resources and capacity are available to identify and support children and families who are vulnerable or 'in need', but who are not receiving direct safeguarding or child protection services?
- capital resources are used to support the achievement of service priorities?
- the ICT strategy is effective in meeting the needs of children services?

- resources such as buildings, staff, back-office functions, pooled budgets, etc are shared with other partners, where appropriate?
- better outcomes are being delivered at lower cost?
- new working practices have been adopted to maximise productivity?
- there is effective risk and project management?
- frontline staff are aware of the costs of prevention, early help, child protection and other safeguarding services and are able to assess value for money and service effectiveness?

- **there is a sufficiently skilled, trained and supported workforce for children's services?**
- **training reinforces the importance of child centred practice which focuses on improving outcomes?**
- the children and young people's workforce strategy includes an analysis of the capacity to deliver and keep children safe and that an employer's self-assessment has been undertaken?
- the standards for employers of social workers have been adopted and performance against them has been reviewed and acted on?
- a supervision framework is in place, and supervision is well developed and is regularly evaluated?
- there is sufficient opportunity for continued professional development and evidence of good take-up?
- reflective practice is supported and encouraged?
- the appraisal scheme has led to changes in training, supervision, continuous professional development opportunities, etc?
- there is a culture of learning from evidence-based practice and from research, inspections, complaints and serious case reviews?
- there is a culture that supports the achievement of its goals and which embraces the introduction and implementation of change?
- there is specialist and multi-agency training (including common induction) available for frontline staff, including specific training for staff who deal with initial referrals and access arrangements?
- all staff understand the part they play in children's services and how they are held to account?
- complaints are taken seriously and have led to improvements in services or practice?
- whistle-blowing procedures are used appropriately and the local authority designated officer (LADO) system operates effectively?
- there are systems in place for monitoring the quality, impact and effectiveness of safeguarding and child protection training, including multi-agency training?
- there are robust and effective recruitment and selection procedures in place to ensure that all staff, elected members and non-executives (including school governors and lay members of panels) are suitable to work with children and young people?

- the demography of staff reflects the demography of the community, including at management levels?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- **there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children, and which is informed by children, young people and families?**
- **priorities are based on locally determined needs and the voices of children and young people?**
- **the priorities recognise the diverse make-up of the community and are sufficiently stretching?**
- the ambition and vision is shared at all levels and by the community?
- the specific needs of vulnerable children and young people are taken into account when determining local priorities and service design?
- national priorities, and national policy initiatives are taken into account in implementing whole-system change locally?
- the children and young people's planning process involves an assessment of safeguarding and child protection needs?
- the local joint strategic needs assessment includes appropriate information on safeguarding and child protection?
- they have engaged with, listened to and taken account of the views of children, young people, parents, carers and the community in the planning, commissioning, delivery and review of services?
- the views of the local community are sought and feedback is given?

- **there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?**
- there is a children and young people's plan (CYPP) or similar document that outlines priorities, plans for safeguarding children and young people and clearly demonstrates how outcomes will be improved?
- consideration is given in the CYPP, of whether current resources across all agencies are sufficient and used in the right way, providing value for money?
- the CYPP outlines the importance of prevention and early help, the expected impact on improving safeguarding outcomes and demonstrates a whole-system approach to meeting the needs of children and their families?
- there is a prevention and early help/intervention strategy/plan that shows how the needs of children and families will be met and safeguarding outcomes will be improved?
- plans across the partnership are aligned, where appropriate?

- there is an information and communication strategy which ensures everyone, including the whole community, knows what they need to do to keep children safe?
- the CYPP demonstrates a good understanding of local needs and use of data and performance information to inform the commissioning strategy?

- **leading members and senior staff provide effective political, managerial and professional leadership for children services and co-ordinate this with other key partners?**
- members and senior officers are visible and known to frontline staff?
- there are agreed structures and responsibilities at leadership level for children services and these are supported by appropriate training and resources, including equality awareness training?
- all councillors are aware of their corporate parenting responsibilities, have attended appropriate training (including leadership where appropriate) and they have a personal involvement in driving the children services agenda?
- risk in children services is identified accurately and managed effectively and leaders create a climate where risk is openly and constructively discussed?
- the safeguarding and child protection accountabilities of the leader of the council, the lead member for children services, the chief executives of the council and the primary care trust (PCT), the director of children services, the chair of the LSCB and other key partners are transparent and rigorous?
- the relationships between the key members and officers are effective and productive?
- there is a good working relationship between the lead member and scrutiny?
- there is a clear and accountable decision making process for children services that functions effectively in practice?

Equality and diversity

- **the principles of equality and diversity are valued and are incorporated into all the partnership's functions?**
- there is an equalities, diversity and community cohesion strategy across the council and its partners that includes children services?
- outcomes are improving for all vulnerable children regardless of ethnicity, disability or other equality issues?
- the local communities and their diverse needs are well mapped and this is reflected in the JSNA?
- reports to council and senior managers include equalities impact assessments and equality and diversity indicators are used explicitly?
- there is good access to advocacy, translation and interpreting services and literature is available in a wide range of community languages, including Makaton?

- community groups are encouraged to plan, develop and run their own services?
- local communities are fully engaged in safeguarding?
- the equality framework for local government is embedded and reinforced by members and senior officers?

Appendix 2 – Peer review team roles and ground rules

The following summarises the key responsibilities of the peer review team. However, all peers should expect to work as a team and be flexible in the working methods adopted on site.

Peers should read the information relating to these roles and the ground rules that should apply to all peers, at the end of this appendix. **In addition they must ensure that they are aware of, and adhere to, the principles of data protection and confidentiality laid out in Section 4 of this manual.**

Review manager

The role of the review manager is to:

- manage the overall review process and advise the team and council
- act as the first point of contact for the council and support it in preparing for the review, including conducting the pre-meeting and liaising over the timetable and key documents
- source the peer team through the peer support section
- act as co-ordinator, facilitator and adviser to guide the team through the review process
- ensure that a pre-review analysis is undertaken and communicated to the team
- ensure that the interviews and visits schedule is communicated to the team
- prepare a report on the results of the frontline questionnaire and circulate this to the team
- together with the team leader and review analyst, prepare a first thoughts presentation and circulate this to the team
- facilitate team meetings as required
- ensure that the final presentation is prepared by the team on time
- draft, with the team leader, the final written feedback to the council and partners (using the relevant LGA quality assurance procedures) and liaise with the team and council to agree this
- provide insights into how the council and partners are performing against the themes including any specialist area allocated
- manage the formal evaluation process.

Review team leader

The role of the team leader is to:

- lead the team as regards professional safeguarding issues and judgements throughout the review

- act as the 'public face' of the review, fronting it to the council and partners, building positive and constructive relationships
- attend the scoping meeting with the council and review manager, if possible
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review, and read such other documents as may be necessary to conduct the review
- help prepare and contribute to the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and deliver this to the council and its partners
- lead the final feedback conference with support from the review manager
- help prepare and contribute to the final written feedback
- use relevant skills and experience to provide insights into how the authority is performing over the themes
- contribute to the formal evaluation process.

Other specialist peers (see also review analyst role below)

The role of other specialist peers is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the pre-review analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- optionally, the operational manager peer may also wish to attend the meeting to prepare the first draft of the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

NB The operational manager peer may also be required to undertake the audit validation and/or case records exercises, if these options are chosen

Member peer

The role of the member peer is to**:**

- provide a councillor perspective on the review particularly regarding policy, decision making and community leadership
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback.

Review analyst

To ease the burden of the peer team and to provide an additional level of input, a review analyst will also be appointed to undertake a document and data review. The role of this peer before the on-site week is to:

- undertake an examination of the key data, case mapping and frontline questionnaire report and documentation provided by the council
- produce a report on his/her findings (the review manager will supply a sample report if required)
- help prepare and contribute to the first thoughts presentation

The role of this peer on site is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

Project co-ordinator

LGA will appoint a project co-ordinator who will:

- ensure general liaison with the team, and the council and partners regarding logistics, accommodation and expense payments
- liaise with the team to identify any dietary requirements, mobility issues etc.

- provide all members of the peer review team with the following, two weeks before the on-site week commences:

  - copies of key documentation provided by the council
  - team, council and LGA contact details
  - administrative details eg claiming expenses, hotel arrangements

- organise the formal evaluation process
- provide general support to the review manager.

Team ground rules

Some team members may not have met before or previously taken part in a review and it is important that everybody is clear about the parameters within which they will be operating. To aid this, a set of ground rules have been developed and peers should be familiar with these and ensure they are comfortable with them. The review manager should discuss and agree ground rules with the team at the meeting on the evening prior to the on-site week, although it is also good practice to flag up the rules at first contact.

i) Ensure a positive experience for the council and its partners and the peer team

It is important to focus on the strengths of the council and their partners, as much as the areas for possible improvement.

Every team member will have their own professional and personal responsibilities during the week of the peer review, and will want to be in regular contact with their family. However, the council and its partners must always feel that their needs are being prioritised. The review manager will try to ensure that team members are provided with opportunities in the timetable during the course of each day to make phone calls and look at emails. Mobile telephones should be turned off at all other times.

A peer review is a people-focused process and it is vital that everyone the team comes into contact with perceives them as professional, attentive and courteous.

ii) Value colleagues' input

Team members will have different views, perspectives and knowledge, which should be respected and valued. Assimilating the views of all team members into the feedback presentation requires all team members to be willing to listen and engage in constructive debate, and to be prepared to challenge and be challenged. It is important that people feel comfortable expressing their views.

The review process can be intense, demanding and tiring so it is important that people are tolerant and supportive of one another during the week.

iii) Confidentiality and dealing with sensitive issues

Information that team members glean during their interviews and visits is absolutely non-attributable to individuals and this must be emphasised by the peer team at the start of every interview, focus group etc and respected at all times, without exception.

Again, attention is drawn to the principles set out in Section 4 of the manual and which must be adhered to at all times.

It is vital for the credibility of the review that the team establishes a climate of trust in which people feel they can be open and honest.

A key motivation for peers is the opportunity to learn from others. Peers are encouraged to return to their own authority at the end of the process and talk about their experiences. However, in doing so, peers should respect the fact that some of the information the team comes across may be sensitive in nature and must not be used in a way that could undermine the council, or the integrity of the peer review process.

It is difficult to predict what issues may arise during the course of a review. If a team member comes across anything in an interview, visit or workshop etc. of a 'whistle-blowing' nature, it is important that they share this with the review manager and team leader immediately – **before acting on it in any way**.

The review manager and team leader will need to make a judgement as to whether the matter is sufficiently serious to be raised with the authority eg where there are serious concerns about the safety and welfare of children. The review manager will involve the council review sponsor at this point. It will be for the council to decide on any appropriate action.

When compiling the peer written feedback or feedback slides, every effort must be taken to ensure that we do not present information which criticises individuals directly or in a way which enables them to be identified. However, the review team may decide that it is important to report back in a general way on issues relating to individuals, where a body of evidence exists.

v) Guidance for interviews

Wherever possible, interviews will be conducted by two persons. There may be circumstances, however, where the interview programme means that this is not possible.

All peer team members should follow the basic principles below.

Ahead of each interview or visit, if opportunity allows, agree with your partner the areas to be covered. In addition, agree who will provide the initial introductions and scene setting, and who will take notes (if not both of you).

At the start of each session, first introduce yourself, and then invite your colleague/s to do the same. Also take the lead in outlining that:

- the review is not an inspection – it is a supportive but challenging process to assist councils and their partners in celebrating their strengths and identifying their own areas for improvement; the key purpose of the review is to stimulate local discussion about how the council and its partners can become more effective in delivering improved outcomes for children and young people
- the team is only there at the request of the council; it is not being imposed on the council
- team members are acting as 'critical friends', looking at both strengths and areas for further consideration
- the views of a wide range of people both inside and outside the council are being gathered
- the process depends on people being open and honest about what the council is good at, and what issues need to be addressed
- all the information that the team gleans is absolutely non-attributable to individuals or specific groups.

A set of example interview questions is set out in Appendix 14 which may be useful to help frame each interview. Outside of the introductions, peers should not talk about their own council and experiences unless it is strictly relevant to do so. Ensure everybody is enabled to contribute in workshops and that nobody monopolises them. Do not mention comments made by named interviewees in other forums.

Remember that these interviews are for the team to gain information. They should be conducted in an informal manner and with open questions. Peers should not use the interviews to give opinions/judgements.

At the end of each interview or workshop, peers should ask if those being interviewed have any questions they would like to ask, or any concerns they would like to raise. Thank colleagues for their time and, assuming it has been the case, their openness and honesty.

It is absolutely essential that interviews are conducted within the agreed time limits for the discussion. Any over-running will create logistical difficulties. If there is a need for further discussion the review manager should arrange for a second interview.

vi) Capturing information

All team members must keep notes from interviews, focus groups etc. in a clear and accessible way, using proportionate and objective language and ensuring that all points are based on substantiated information. The notes of interviews and focus groups will be collected by the review manager, retained as part of the supporting evidence for the review and archived. These written notes should be factual records of the discussions that have taken place.

Where statements are made by individuals, it is important that peers ask for details of examples and evidence to illustrate the point made – this provides vital evidence for the team. The team should not at any time act on 'hearsay' or unsubstantiated information. All evidence should be triangulated and robust.

Members of the team will be provided with notebooks in which to make their notes. However, a commonly used technique is for team members to also complete a 'post it' for each relevant point and place these on flip charts in the base room under the relevant themes. This allows the team to easily share information, have a 'feel' for what has been covered, identify gaps and disagreements etc. The review manager will agree with the team exactly how such an approach will operate.

Appendix 3 – Peer team skills

Delivering a peer review requires a considerable number of different skill sets and competencies. The following is a summary of the attributes that peers will require when undertaking the roles outlined in Appendix 2.

Interpersonal skills and 'emotional intelligence'

- Being able to gain trust quickly and be able to build rapport
- Being able to convey a true interest in the council's work
- Having empathy and awareness of sensitive issues (especially where, for example, the receiving council had just had an inspection)
- Understanding of the context of the receiving council
- Being able to ask challenging questions in a sensitive and constructive manner
- Having good listening, communication and facilitation skills

Good 'subject' knowledge

- Knowing what good practice looks like
- Frontline knowledge and practical experience
- Personal credibility and a proven track record of delivery
- Up-to-date knowledge of service trends, examples of innovation etc
- An appreciation of the perspective of service users
- Respect for how other authorities work, and recognise that authorities have the right to accept or decline recommendations for changing ways of working.

Analytical skills

- Being able to assimilate and analyse lots of information quickly
- Being able to review the evidence and distil it down to the key messages
- Being able to triangulate evidence and look at messages from different sources
- Being able to recognise inconsistencies and/ or identify lack of evidence
- Curiosity and questioning skills.

Challenge and objectivity

- Being able to identify the questions that require exploration
- Being able to pursue lines of enquiry with rigour and thoroughness, including asking sensitive questions in a constructive manner
- Being able to identify both strategic and detailed issues
- Being able to explain the reasons for peer findings and to deal with questions arising from this

- Being able to deliver 'difficult' messages in a professional and consistent manner
- Being able to listen to challenge and assess it correctly in an objective manner
- Being able to contribute actively to team discussions, put forward ideas and appreciate and assess others input

Personal management and attributes

- Being able to plan one's own time
- Being able to produce concise and accurate summaries/presentation whilst under time pressure
- Adaptability to deal with changes to interview schedules etc
- Team player
- Physical and mental stamina (review managers will ensure any mobility or special requirements are taken into account throughout the review process)

Appendix 4 – Council team roles

The following summarises the key responsibilities of the council team.

Council review sponsor

This should be a senior manager within the council (preferably the director or assistant director of children's services). The role of the review sponsor is to:

- commission the review
- ensure there is high level commitment to the review process within the council and its partners
- where necessary ensure that people are available for interview
- be the main link between the council and LGA on points of principle regarding the review, themes to be explored etc
- ensure that the council overview presentation is prepared for delivery on the morning of day one of the on-site stage
- to ensure that all the facilities and organisation required for the audit validation exercise to be undertaken (if chosen) are in place
- to ensure that all the facilities and organisation required for the case records exercise to be undertaken, (if chosen) are in place
- provide oversight for the council's case mapping chair and ensure that the case mapping report is prepared and delivered to the review manager within the timescales stated
- provide oversight for the council's review organiser and ensure that all their responsibilities are completed within the timescales stated
- receive and collate comments on the draft feedback letter
- contribute to the formal evaluation process.

Council review organiser

The role of the council review organiser is to:

- be the 'single point of contact' with the review manager and LGA project co-ordinator on all logistical details eg base room, catering, transport etc
- prepare the draft timetable in consultation with the review sponsor and ensure that people are available for interview
- supply the required documents to the review team
- distribute the frontline questionnaire
- establish and monitor the work of the case mapping group
- be available during the on-site stage for requests from the team additional documents, meetings etc – in practice the review manager will need to see the council review organiser at fairly frequent intervals during the on-site stage.

Case mapping chair and team

The role of the case mapping chair and team is to:

- ensure that all the requirements of the case mapping exercise outlined in Appendix 7 are met
- compile a case mapping report and ensure that this is submitted within the time-frames required
- be available during the on-site stage to discuss the case mapping findings.

NB If the audit validation and/or case records review options are also chosen it is likely that the case mapping chair will also be required to support and facilitate those exercises.

Appendix 5 – Key council responsibilities

The council should be aware of its responsibilities when requesting a review. These can be summarised as follows:

- identification of a review sponsor, review organiser and case mapping team to undertake the responsibilities outlined in Appendix 4
- attendance at a set up meeting by the review sponsor and director of children's services (if not the same person), review organiser and, if possible, the lead member for children's services and key partners
- assurance that key personnel will be available and participate as required in each element of the review – this may involve taking part in the case mapping exercise, completion of the frontline questionnaire, taking part in a one hour interview, and/or attending the final prioritisation conference day at the end of the on-site week
- organisation of the interview schedule in conjunction with the review manager and ensuring that people will attend – this should be completed and finalised with the review manager two weeks before the on-site stage
- management of the frontline questionnaire distribution, completion and return to LGA by the agreed deadline
- provision of the data and documentation to LGA as outlined in the methodology (Appendix 6), by the agreed deadline
- ensuring that on-site rooms for the first thoughts presentation and feedback and prioritisation conference are organised – both need PowerPoint projectors and flipcharts – please ensure that any security/ encryption issues are identified and resolved to allow for presentations to be loaded onto local computer systems
- attendance at the initial workshop and feedback and prioritisation conferences by personnel from the council and its partners, as agreed with LGA review manager
- provision of a base room for the peer review team for the duration of the on-site week as outlined in the guidance manual, including the provision of appropriate refreshments – the requirements for this room are set out at the end of this appendix
- provision of suitable rooms for all interviews (people's individual offices are fine for these)
- ensure that comments on the draft feedback letter are returned within two weeks
- contribute to the feedback and evaluation process
- commitment to ensuring the agreed action plans are followed through and an appropriate monitoring mechanism put in place.

Team base room

The council must ensure that there is a suitable base room for the team throughout the on-site stage. This must be close to where the bulk of the on-site interviews will be held. The team will spend a considerable amount of time in this room and so consideration should be given to ensuring that it is large enough to accommodate comfortably all members of the team, equipment and has adequate light and ventilation.

The room must be for the sole use of the team members, with all interviews and focus groups being held elsewhere. It needs to be private and lockable, with sets of keys for team members going in and out at different times. It also needs to be accessible to the team after hours. The room will need to be equipped with the following:

- a telephone
- two computers – one with access to the internet and the council's Intranet and email system
- a high-speed, good-quality black and white printer
- two flipcharts with marker pens and replacement paper (flip charts should be able to be hung on the walls)
- a central meeting table providing adequate room for each person on the review team.

The team will require around 200 large-sized post-it notes of different colours, for use in the team base room and during workshops and focus groups. A box of biro pens and some blue tac, plus access to a nearby fax machine and photocopier are also needed.

Catering

Tea, coffee, water, fruit juice, fruit, biscuits and other light snacks should be provided in the room or nearby and be accessible at any time throughout the day and evening. The team will need to be provided with lunch each day, either in the team base room or from the canteen. It is important that catering arrangements are planned in conjunction with the timetable for the week.

The project co-ordinator will liaise with each of the team members in advance and notify the council in good time of any specific dietary requirements they may have.

Appendix 6 – Documentation and data required at review preparation stages

During the initial review preparation stage, the host council should assemble the key documents that the peer team will need to see before arriving on site, and supply appropriate performance information. **These must be sent to the review manager and project co-ordinator at least two weeks before the on-site stage and preferably four to six weeks before the on-site stage.**

The council should consider what documents the peer team will need to see in order to understand the council's context, strategy, action plans, performance and ways of working. Wherever possible these should be the actual documents themselves rather than links to web sites. Details of significant developments and initiatives should also be provided.

However, the council must recognise that the peer team has a finite amount of time to read and understand documentation and so must not be swamped with unnecessary detail. It is far more important at this stage that the team has a clear understanding of the key issues and is able to ask for any supplementary information it may require while on site.

It is helpful, therefore, if councils can highlight or draw to the team's attention the key parts of any documentation (and why this is key).

The following is a list of the typical documents that should be provided at this stage **in addition to the case mapping report and performance data below:**

- local safeguarding children board (LSCB) business plan, annual report, policies and procedures and minutes of last six meetings
- children and young people's plan (CYPP) or equivalent
- Ofsted annual performance profile/annual assessment letter for last three years
- any self-assessment, if available
- extract from joint strategic needs assessment (JSNA) for children and young people
- extracts from other strategic or corporate plans relating to children's services
- joint commissioning strategy
- summary of directorate's budget
- Ofsted inspection reports of children's services
- reports from peer reviews or peer challenge processes
- workforce strategy
- recent Section 11 audits
- executive summaries and recommendations of serious case reviews for last two years

- local 'working together' and child protection procedures
- examples of a case record and other audit reports
- caseload management reports
- any scrutiny reports on safeguarding and reports to scrutiny
- any guidance to staff/other agencies on safeguarding thresholds
- reports on engagement with children, young people, and communities regarding safeguarding
- results of any surveys of children, young people and parents on staying safe for last three years
- staff survey reports relating to children's services
- sample child protection (CP) policies from schools, commissioned services, other agencies
- examples of commissioned/funded services relevant to safeguarding
- equalities impact assessment reports relating to children services, if available
- other relevant documents the authority wishes the peer team to consider – but only if absolutely essential to aid the team's understanding (the team will feel free to ask for additional documentation while on site).

Specific health related documents to be provided include:

- any Health CP report and action plan resulting from a serious case review (SCR) or child concern event
- health board reports and minutes from safeguarding committees/groups/clinical commissioning/health and wellbeing board
- annual report for the NHS boards and annual public health report
- section 11 audits – compliance reports from commissioning bodies and individual providers where these are not included in annual reports to LSCB
- safeguarding children audits and assurance to the relevant Health Boards (or similar documents)
- training needs analysis and how effectiveness is measured
- organisation structures for safeguarding children specialists
- information sharing arrangements within health
- updated health CP policy and procedures
- information on how the authority shares information on at-risk families to health organisations and in particular accident and emergency departments, walk-in clinics, GP practices and NHS Direct
- Care Quality Commission (CQC) return
- health policies and procedures relevant to safeguarding.

Team members will need to read those documents that are relevant to their particular focus during the review (the review analyst will read them all). However, all team members will read as a minimum:

- LSCB business plan
- CYPP or equivalent
- JSNA extract
- self-assessment, if available
- off-site analysis report

Hard copies of any documents provided should also be placed in the team base room.

Obviously the above presents an enormous amount of reading for the peer review team. As stated, councils are encouraged to draw attention to the key parts of documents that will be of use to the team.

Performance data

In addition to the above documents, please send your most recent performance monitoring reports regarding safeguarding. These should include England and nearest neighbour/regional comparative data and trend data where available. The children's improvement board data set and/or Ofsted's performance profile would also be helpful.

Appendix 7 – Case mapping

Guidance for case records mapping group exercise

The mapping group's work should begin as soon as possible after the initial set-up meeting has taken place. The final report should be submitted to the review manager two weeks before the review team is due to come on-site. The report will feed into the 'initial thoughts' presentation and feedback prioritisation conference. The exercise is not intended as a substitute for the LSCB case file audit process, but might identify some issues that the LSCB may wish to pursue.

The task

The task of the mapping group is to build a three-dimensional picture or 'thick description' of safeguarding, with particular attention to interfaces between different agencies and levels of the system. It is a multi-agency qualitative overview rather than a single agency quantitative audit. Two kinds of question frame the work of the mapping group:

- in what way are the processes of different agencies working well or encountering difficulties in achieving improved outcomes for children and young people?

- what is the evidence for progress or lack of progress in creating partnerships to safeguard children?

The mapping group are asked to examine case records in four areas of practice to build the local picture of multi-agency functioning. The four areas are:

- cases where domestic violence/drugs/alcohol/adult mental health/learning disabilities is evident
- cases not quite reaching the thresholds for child protection
- cases where children have been harmed while being subject to a child protection plan
- cases where children have been re-registered.

The process

The authority provides the peer review manager with a list of 10 case record numbers from each of the above four areas. It is important to remember that processes and procedures have changed significantly over that last few years and while an historical overview of long-term work is useful, for the purposes of this work, it is best to concentrate on files that are relatively recent for all agencies.

The review manager randomly selects three case records numbers from each list. Once made available, the mapping group select one case (from each set of three) to map for each area. The group can select more than one case from each set but one from each should be the minimum.

The authority will need to identify what records are held by other agencies. Representatives from partner agencies should map the data held on their agency records and bring their 'maps' to the mapping group. It is essential that reports from all agencies working with the child/family are included in the group's deliberations.

All records will be held by the authority/agencies in their usual place of keeping at all times, but made available to the appropriate mapping group team members as required. The records will be accessed by the mapping group team members in the usual place of keeping and not removed from this location.

To respect the confidentiality of the case records, the peer review team will at no point access the records.

Who is involved?

The local children's services authority will identify six to eight sector-wide practitioners (ie operational staff/practitioner level 3 and 4 across the sector) to undertake the mapping work. Group members will work in pairs.

It is suggested that a third-tier officer responsible for safeguarding should lead the group.

The team should comprise at least:

- social workers undertaking initial assessments and long term child protection work
- a health visitor/frontline health professional
- a child abuse investigation team (CAIT) or frontline police officer
- a child and adolescent mental health services (CAMHS), youth offending team (YOT) and/or youth worker
- a designated teacher
- a voluntary sector representative.

NB The team should not include any person who has previously managed any of the cases.

Milestones

Over the course of the mapping group exercise, the group will work together to map the local picture through their study of the case records. It is proposed that they meet as a group a minimum of three times. Meetings may be structured as follows:

- first meeting: to establish the various tasks, select the case records for review, agree roles, agree who should offer guidance if difficulties are encountered, and set dates for meetings two and three – the first meeting may also wish to add to the guidance questions, any issues relevant to local circumstances
- second meeting: for a progress check and troubleshooting, and to prepare interim findings
- third meeting: to finalise report back to peer review team (via the review manager) using the template below.

The team members, working in pairs, should try to address the 12 groups of questions (see below) probably in two sessions and feed their findings into the overall group meetings.

The mapping group will need to provide the peer review team with their findings at least two weeks before the review team come on site.

Defining a plan of work

At the first meeting it will be necessary to:

- select the four or more case records defined above and consider how best to review these, identifying which agencies hold records relating to the particular case
- confirm the pairs and lead responsibility for each case
- taking on board the milestones set out above, agree a timescale for completion and reporting back to the third meeting of the mapping group – also agree how to draw together findings from each strand of work and feed this back to the review team.

What kinds of questions?

It is important to establish at the outset that the aim of this exercise is essentially descriptive – the questions being asked are 'what' and 'how' questions rather than 'why' or 'who' questions. Above all the mapping group is **not** interested in asking 'Who is to blame for something not working well?'

The group should assume that some things they encounter will be going well, and some not so well. It is important that they consider all aspects.

A set of questions (see below) is for use by the mapping group to help direct their focus in reviewing each case. These are not exclusive and may not be relevant in all cases.

Producing findings

The aim is to generate snapshots of partnership working regarding safeguarding in the sector. They can provide clear indicators of where improvement in practice or working relationships is needed. Where the mapping exercise identifies 'problems', this should focus on ways in which processes such as information sharing can be improved.

Feedback to the peer review team should cover the following issues:

- outline difficulties experienced in undertaking the task such as access to records, changes in personnel through the life of the mapping group, inadequate recording, lack of co-operation of partner agencies, etc
- identify strengths and challenges in the following areas:
  - the effectiveness of practice (outcomes specified and achieved)

- o   quality of interventions
- o   rigorousness of recording and management oversight
- o   responsiveness and timeliness of interventions
- o   joint working and information sharing
- o   impact of the common assessment framework (CAF)
- o   accessibility of information particularly from a child or carer's perspective.

The following is suggested as a template for this feedback:

1) Introduction

1.   How was the exercise carried out, over what period of time, who was involved, who led the work?
2.   Which cases were selected (in brief, eg child living with domestic violence)?
3.   Which records were accessed/which could not be accessed?

2) Brief outline of each case to include:

1.   reason for contact/involvement
2.   agencies involved
3.   what worked well/did not work well
4.   which records were accessed, were they clear and up to date, were there chronologies and contact information sheets, single/common assessments or multiple assessments, timeliness and appropriateness of conferences and reviews, who attended, were there outcome-based plans?

3) Thematic findings, for example:

1.   file/record management
2.   service planning
3.   children's engagement and voice of the child
4.   interagency working
5.   participants' observations
6.   funding and systems.

4) Conclusions and learning points following key questions from guidance as appropriate.

Generic questions for mapping group

In respect of the four (or more) cases, the mapping group pairs should consider the following questions.

i.   Is there clear identification of the lead agency/professional in the case, and is there evidence that this is clear to the child/young person and their family/carers?
ii.   Is there evidence that children are seen alone, their voices heard and their views taken into account during assessment, care planning and review?

iii. Do initial and core assessment processes look as though they are sector-wide and unified among core partners in the local sector? Is assessment information shared appropriately, both in professional and electronic (accessibility) terms?

iv. Is there evidence of multiple/duplicated assessment processes in the case? What steps, if any, are agencies known to be taking to integrate assessment processes, or agree protocols which will reduce duplication? How far has the CAF impacted on reducing multiple assessments?

v. Are the records of all agencies well kept, with up-to-date basic and case summary/chronology information? Can chronologies be accessed from the integrated children's system? What would a child/young person say about the case file maintenance and clarity of the story?

vi. Where the case has moved between agencies, or between tiers within the same service, are referral/intake processes efficient and responsive? If not, what are the patterns of difficulty?

vii. Is there evidence of effective multi-agency co-operation and risk assessment on cases? Do any risks in the case seem to be appropriately assessed (multi-agency), recorded and acted on?

viii. What evidence is there that actions and plans are being explained properly to the child/young person? Are children and young people asked what difference the interventions have made? Is practice in the case driven by the outcomes sought for the child/young person and are these specified anywhere?

ix. Where a case moves across agency boundaries, or where significant costs are associated with decision-making (eg out of borough/county placements or school transport), do effective resource mechanisms/protocols exist to facilitate decisions, allow money to follow cases etc.? Does the case reveal evidence of significant resource deficits in respect of workforce, budgetary or commissioning issues?

x. Do the case records reveal evidence of effective frontline practice and management? Is there evidence of the provision of regular and effective supervision within the services involved with the case, but with particular reference to the lead professional? Are decisions clearly recorded and signed off by senior managers?

xi. Is there evidence that different agency information systems are integrated, or capable of managing the flow of information between different systems, so that information follows the child/young person?

xii. Is there evidence that recruitment and retention issues have any effect on the outcome of the cases? Did the cases have a practitioner allocated that is/was an agency or permanent member of staff? (Please record the number of lead professional changes in the life of the child.)

xiii. What mechanisms are in evidence to show that the agencies involved in the child/young person's life, are measuring the impact and difference that they are making through the services that are provided? Is there evidence that the frontline staff are aware of the particular set of performance indicators that are relevant to these cases?

(The 13 questions should be addressed by the team members working in pairs – perhaps in two sessions, each pair session being interspersed with a meeting of the mapping group to share findings.)

Appendix 8 – Pre-review analysis report

Purpose

The pre-review analysis report is intended to help the peer team focus on key issues affecting the council and give an overview of its performance. It is at its most helpful when it contains an overview of performance and comments against each of the themes and additional areas of focus that the team has been asked to explore. It will form a major part in the compilation of the first thoughts presentation and in focusing the team's activities while on site.

The report should consist of:

- a narrative summary of what appear to be key points arising from the analysis
- a table which states in bullet point format the strengths, areas for consideration and areas for clarification on site for each of the themes set out in Appendix 1 i.e.
    - Effective Practice, Service Delivery and the Voice of the Child
    - Outcomes, Impact and Performance Management
    - Working Together (including Health and Wellbeing Board)
    - Capacity and Managing Resources
    - Vision, Strategy and Leadership

Ideally this will cover all of the headline probes in Appendix 1 (not the detailed probes in Appendix 1A) although it is accepted that whether this is possible will depend upon the documents and data sent.

- It is helpful if the table can also state the key pieces of evidence used in compiling the bullet points.

The extent to which this is possible will depend to some extent on the quality of the documentation submitted by the council, the thoroughness of the case mapping exercise etc. It may be necessary for the report to highlight issues that require further evidence or questions that the team may wish to explore on-site.

The review manager can provide the review analyst with an example of an off-site analysis report in order that they may appreciate the requirements of the report.

Process

The review analyst should undertake an analysis of key documentation (see below) the case mapping report and the performance data. If available in time, it should also take into account the questionnaire analysis report compiled by the review manager.

The report should be sent to the team leader and review manager in time for them to read and understand its contents before they meet the week before the on-site stage to prepare the draft of the first thoughts presentation. The minimum documents that should be used to compile the report are set out below:

- performance data

- case mapping report
- council's self-assessment' (if provided)
- children and young people plan (CYPP)
- local safeguarding children board (LSCB) business plan
- prevention and early intervention strategy
- extract from joint strategic needs assessment
- Ofsted inspection reports and other review/challenge reports
- local 'working together' and child protection procedures
- examples of consultation with and feedback from children and young people.

In practice, it is also useful for the review analyst to look at relevant sections of the council's website.

Appendix 9 – Frontline questionnaire

The peer review process includes a survey through a questionnaire of frontline staff (key strategic personnel are seen individually during the on-site process). The questionnaire asks the staff to reflect on, and offer their perceptions of local safeguarding.

The questionnaire is completed electronically by means of a Survey Monkey and the LGA project co-ordinator will send the council review organiser a link to be sent to staff invited to complete the questionnaire.

It is suggested that the link be sent to a wide range and large number of frontline staff who interact with service users as set out below.

Local authority and schools

- Frontline professional social workers
- Other frontline staff in social work teams
- Immediate supervisors of social work teams
- Case conference chairs
- Independent reviewing officers
- Education welfare officers
- Designated teachers
- Special educational needs co-ordinators
- Local authority designated officers

Health and related

- Health visitors
- Midwives
- School nurses
- Designated doctors
- Designated nurses
- Accident and emergency staff
- Child and adolescent mental health services (CAMHS) staff
- Other frontline health professionals

Police
- Child protection teams
- Other frontline staff concerned with safeguarding

Voluntary sector

- Frontline voluntary staff

The frontline questionnaire should be completed at least two weeks before the on-site stage.

Obviously how the council chooses to communicate with staff and partners regarding the questionnaire is at their discretion but it is strongly suggested that the following are stressed during any communication.

a) The council has invited the LGA to provide a peer review of safeguarding services for children and young people.
b) This is not an inspection – the review team will be serving officers and members from other local authorities who will act as critical friends and be looking to highlight areas of good practice and where some further development may be required. There is no judgement or rating arising from the review.
c) The team will be gathering information from a wide variety of sources including documents, statistical data and interviews with key individuals and groups of staff and partners.
d) As part of the information gathering, they would like to understand the views of frontline staff on how safeguarding services are operating. Although there will be a staff focus group arranged as part of the interview programme this obviously cannot accommodate all staff and so you are invited to complete a questionnaire to provide your views. The link to this is attached.
e) Please note that the individual responses go directly to the Local Government Association peer team. The council will not see individual responses and the peer team will only report back on general trends from the questionnaire with individual confidentiality being totally respected.
f) We hope as many people as possible will respond.

Based upon the responses received, the review manager will compile a report on the key points emerging from each question. This report will then be used to inform the preparation of the first thoughts presentation and will be sent to the team as part of the pre-reading.

The questionnaire is set out below.

1. Name

2. Name of Organisation

3. Is the organisation you work for:

Local Authority
NHS Organisation
Police
Voluntary or community sector organisation
Other (please state nature of organisation)

4. How confident are you that multi-agency safeguarding procedures you experience are working well?

Very confident

Confident
Neither confident or not confident
Not confident
Not very confident at all
Don't know

If not confident or not very confident at all, how could your multi-agency safeguarding procedures be improved?

Comment box

5. **How well established is the use of the common assessment framework (CAF) in your area or service?**

Very well established
Well established
Not well established
Don't know

6. **Are the outcomes intended for children and families clear in the care plans you see?**

Outcomes are always clear
Sometimes clear
Rarely clear
Don't know

7. **How would you rate the arrangements for information sharing as regards safeguarding?**

Very good
Good
Neither good nor poor
Poor
Very poor
Don't know

If neither good nor poor, poor or very poor, how could arrangements for information sharing be improved?

Comment box

8. **Are multi-agency risk assessments undertaken?**

Always
Most of the time
Sometimes
Never
Don't know

9. **Are you clear about who can make safeguarding decisions in respect of individual children?**

Yes
No
Don't know

If no, please briefly outline below in what circumstances you are unclear.

Comment box

10. **Are children/young people seen alone when required by your safeguarding procedures?**

Yes
No
Don't know

11. **Are children and young people appropriately involved in decisions affecting them?**

Yes
No
Don't know

If no, how could children and young people be better involved?

Comment box

12. **Are parents and carers involved effectively in case conferences?**

Yes
No
Don't know

If no, how could parents and carers be better involved?

Comment box

13. **Are child protection referrals always dealt with according to your local LSCB procedures?**

Yes
No
Don't know

If no, what are the reasons for this?

Comment box

14. Are child protection services meeting the needs of vulnerable and hard-to-reach groups in your community?

Yes
No
Don't know

If no, which groups or children are not being offered a good service?

Comment box

15. Do you think all non-specialist staff (eg school classroom assistants, GP receptionists etc) know what to do if they are worried a child is at risk?

Yes
No
Don't know

If no, what action needs to be taken to ensure all non-specialist staff know what to do?

Comment box

16. Does the supervision/clinical oversight offered to you and your colleagues enable reflective practice?

Yes
No
Don't know

If no, how could supervision be improved?

Comment box

17. Is your multi-agency training helping you deliver a better service?

Yes
No
Don't know

If no or unsure, how could the training be improved?

Comment box

18. Have you heard about the learning from your areas serious case reviews, child death reviews, inspections and audits?

Yes
No
Don't know

If no, how could sharing the learning be improved?

Comment box

19. How regularly are you given opportunities to learn from research and best practice?

Regularly
Irregularly
Rarely
Never
Don't know

If anything other than regularly, how could opportunities to learn from research and best practice be improved?

Comment box

20. Do you know how well your team and service is performing?

Yes
No
Don't know

If no, how could the information and its availability be improved?

Comment box

21. Does the performance information include comparison with similar services?

Yes
No
Don't know

22. Do you know what the safeguarding board priorities for improvement are?

Yes
No
Don't know

23. Do you think these priorities are appropriate for your authority?

Yes
No
Don't know

If no, what should they be?

Comment box

24. Do you think safeguarding has enough priority in your service or agency?

Yes
No
Don't know

If no, what else should the trust be doing?

Comment box

25. Are the arrangements for dealing with professional differences working effectively?

Yes
No
Don't know

If no, how could they be improved?

Comment box

26. Are there enough frontline staff in all agencies[1] to meet the demand for safeguarding services?

Yes
No
Don't know

If no, in which services or localities are the problems most critical?

Comment box

27. Are paper and electronic case records in your agency accurate and up to date?

Yes – both are up to date
Yes – electronic records only
Yes – paper records only
No
Don't know

If no, how could recording be improved?

Comment box

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[1] The term agency applies to all partners working with children including the local authority, the NHS, police, voluntary sector, etc.

28. How effectively do the IT systems you use support your professional practice?

Very effectively
Quite effectively
Not very effectively
Not at all
Don't know

What improvements would you suggest?

Comment box

29. Are the offices and other facilities available to you and your colleagues fit for purpose?

Yes
No
Don't know

If no, how could they be improved?

Appendix 10 – On-site interview programme

The on-site stage is the 'centre piece' of the whole review process. Its smooth operation is vital to the success of the review and requires careful planning. It is essential that during the preparation of this stage that there is good liaison between the council review organiser and the review manager (who will advise on practicalities etc). The timetable should be finalised two weeks before the actual on-site stage commences

Practical timetable pointers

Compiling the programme and taking into account all diary commitments of those involved, practical arrangements, etc can be time consuming. It is strongly suggested that this work is commenced as soon as possible with a rough draft being given to the review manager at an early stage so that s/he can advise on any practical difficulties they can foresee.

It is important to understand how the review team will operate during the review and how this will affect the on-site programme.

The peer team will not operate as one single team during the review. Instead they will split into smaller teams (usually two people) to ensure that between them they can see all the people required during the review period.

Generally there should be two interview streams running at any one time (see example interview programme below). However, if required and where the size of the team permits, three streams may operate on occasion to allow for full coverage of all those who need to be seen or where diary commitments force this to be necessary.

The membership of the teams will alter during the period of the review. This means that all interviews, focus groups etc must end at the same time so that review team members can swap over.

Individual interviews should be scheduled for one hour. In practice the peer team should interview for three quarters of an hour and use the remaining time to allow for crossover of teams, note writing etc.

Focus group sessions should be for one and a half hours.

The teams will need to visit a number of key sites such as referral/intake team base, accident and emergency, commissioned services, etc. Transport arrangements and time for travel for these visits need to be taken into account particularly in large county areas.

Site visits are time consuming and should only be built into the programme where they are essential to the teams understanding of the performance and good practice of the council and its partners. However, a visit to accident and emergency should always be part of the programme.

Parking arrangements for the team while on site should be in place.

If it's not possible for an interviewee to be on-site, a phone call may be acceptable if agreed with the review manager beforehand.

The review team will need to meet together at stages of the review to compare notes, ask for additional information, etc. Slots for this need to be built into the timetable.

In order to cover as much ground as possible, the timetable may include evening sessions, but be careful people aren't too overloaded.

Workshop venues need to be big enough to divide into smaller groups.

Practicalities of transport to and from the council and the team hotel should also be taken into account.

Peer teams need breaks for lunch and comfort breaks!

Peer teams should not arrange to see individual children or groups of children and young people during the on-site week.

There may be some exceptions where it is appropriate to meet a focus group of young people eg to see a group of youth MPs, children in care council etc. In such circumstances the review manager must discuss the arrangements for holding such discussions with the council review sponsor and this must include a representative from the council.

People the team should see during the on-site stage

It is important that the council thinks about who the team should see while on site in order to be able to understand how the council and its partners are organised, their strategies, performance etc. This must take account of any particular themes that the council has asked the team to explore.

As the roles and circumstances of each council are different, it is impossible to give a definitive list as to who should be seen by the team. Set out below is a list of people that the team would normally expect to see. Key strategic members and officers will need to be seen individually but, where appropriate, other groups of staff etc may be seen in the form of focus groups.

Who	Notes
Council eader	
Lead member for children's services	
Opposition member for children services	
Chair of children's scrutiny	
Council chief executive	
Director of public health	
NHS senior managers	
Director of children's services	

Assistant director of safeguarding	
Assistant director of school improvement	
Children's improvement adviser	
Principal social worker	
Lead of case mapping group (if not included in above)	
Case mapping group members	Focus group
Assistant director business support	
Head of youth services	
Frontline staff (practitioners)	This should be a focus group of around six to eight frontline practitioners. The purpose of this group is to discuss safeguarding practice 'on the ground'
Council and partners focus group	This should be a focus group of around 12 people from across the partnership. The purpose of this focus group is to discuss how partners work together 'on the ground', leadership, information sharing etc.
Focus group of 'lay people' involved in safeguarding eg foster parents	
Director of adult services	
Chair of LSCB	
Manager of LSCB	
Designated teacher(s)	
Chair(s) school governors	
NHS managers	
Designated doctor(s)	Can be focus group with designated nurses and midwives
Designated nurse(s)	Can be focus group with designated doctors and midwives
Head of midwifery/health visitor services or midwives' focus group	Can be focus group with designated doctors and nurses
CEO(s) of commissioned services	Can be focus group
Other members of LSCB not included above	Can be focus group
Head of children and adolescent mental health services (CAMHS)	
Mental health trust CEO	
Senior police officer/borough commander and other relevant police representatives	
Police domestic violence lead	
Voluntary sector representatives	Can be focus group
Reps from both commissioners and providers	Can be focus group
Acute trust CEO/safeguarding leads	

Where a council has requested themes in addition to the standard themes it is essential that they also consider who else should be seen to allow for an exploration of these themes

Site visits

The review team should also have the opportunity to undertake site visits (eg to commissioned services etc) where the council has identified that these add real benefit to the knowledge of the team. As these visits are time consuming they should only take place where they really do add benefit and consideration should also be given where possible to the visit combining one or more of the interviews/focus groups above.

It is essential that these site visits include a visit to:

- accident and emergency
- duty desk/frontline access points.

Appendix 11 – Sample on-site programme

The timetable below gives an indication of how an on-site programme may look. It should be studied in conjunction with Appendix10. Please note that this is intended as a guide, and will need to be amended to suit the needs of the individual review.

For each interview, the council should supply name/s, job title/s and location.

Day 1 – Monday

TIME	A	B
08.30-9.00	Team shown to base room, domestic arrangements etc.	As stream A until after lunch
9.00-11.00	Team finalise first thoughts presentation and capture main issues etc.	
11.15-1.00	Council overview presentation and team first thoughts presentation	
1.00-2.00	Lunch	
2.00-3.00	Director of children's services	Chair of school governors
3.00-4.00	Children's improvement adviser	Council leader
4.00-4.15	Break	Break
4.15-5.30	Lead member for children's services	Designated nurse/s
5.30-6.30	Head of child and adolescent mental health services	Police domestic violence lead
6.30 onward	Team meeting	Team meeting

Day 2 – Tuesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room	Team gathers in on-site room	
9.00-10.00	Local safeguarding children board chair	NHS senior manager/s	
10.15-12.30	Commissioned service visit or focus group (commissioned services/ voluntary sector etc)	Duty desk/ Frontline access point and practitioner focus group	
12.30-1.30	Lunch	Lunch	
1.30-2.30	Assistant director safeguarding	Assistant director business support	Review of case recording system (if this option taken)
2.30-4.00	Council and partners focus group	Focus group lay people (foster parents etc)	
4.00-4.15	Team break	Team break	
4.15-5.15	Principal social worker	Mental health trust CEO safeguarding lead	
5.15-6.16	Head of youth services	Director of adult services	
6.15	Team meeting	Team meeting	

Day 3 – Wednesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	Assistant director, school improvement	
10.15-12.30	Visit accident and emergency	Commissioned service visit or focus group (commissioned services/ voluntary sector etc.)	Case record review group (if this option is taken)
12.30-1.30	Lunch	Lunch	
1.30-2.30	Designated doctor/s	Council Chief Executive	
2.30-3.30	Acute Trust CEO/Safeguarding lead	Senior Police officer/Borough Commander	
3.30-4.30	Designated teacher/s	Head of Midwifery/midwives	
4.30-5.00	Team break	Team break	
5.00-6.00	LSCB members (not included elsewhere)	NHS Senior Managers	
6.00	Team meeting	Team meeting	

Day 4 – Thursday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	LSCB manager	
10.10-11.00	Chair of children's scrutiny		
11.00-12.00		Leader/opposition spokesperson	
12.00-1.00	Lunch	Lunch	
1.00-5.30	Peer review team prepares final presentation and prioritisation conference	Peer review team prepares final presentation and prioritisation conference	
5.30-6.30	Team leader, review manager and other team members if required submit draft final presentation to director of children's services/senior team – discussion held		
6.30	Team meeting	Team meeting	

Day 5 – Friday

TIME	
08.30-11.00	Team completes final presentation, prepares for workshop and gathers notes
11.00-3.00 (approximately)	Final presentation and workshop (see Appendix 16 for suggested programme)

Appendix 12 – Audit validation

Purpose

If chosen the exercise described below must be conducted in accordance with the principles set out in Section 4 of this manual as regards personal data, data protection and confidentiality.

This process will examine how the council uses case audit to assess and improve the quality of practice. Prior to the on-site stage the operational manager peer will undertake an audit validation and prepare a report for the review team. The report should look at three questions:

a) how effective is the local audit process in assessing the quality of practice (through looking at previously audited cases)?
b) how well are the audit reports used by managers?
c) what action is taken in response to audit reports?

Method

Six weeks ahead of the on-site week the council will provide a list of 20 cases that have been audited on a single or multi agency basis during the previous three months: the review manager will choose five cases randomly from the list to be reviewed. In order to prepare the report the peer will attend the council for one day, approximately a month ahead of the on-site week to review the audits and the case files. They will also have a conversation with the social workers and their managers and this should be arranged with the council in advance of the visit. The peer will be allocated a further day to write up their findings and prepare a report for the peer review team (which will also be appended to the final feedback letter).

It is very important that the conversations with staff are conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

a) The local audit

The peer should examine the case audit process itself and also look at examples of completed case audits. This will require the peer to look at a sample of five cases that have been audited by different managers, and comment on how accurately the case audit has been able to assess the quality of practice in the case examples.

A good case audit process should include the essential elements outlined below. The peer should assess how well the council's approach covers these elements.

Practice area	What to look for
Basic information	The case audit should identify if basic information about the family has been provided on file. This would include case details such as ethnicity of children, family relationships, the key concerns or difficulties that families are facing.
Effectiveness of current and previous interventions	The case audit should be able to identify the impact of previous and current intervention, whether it has been positive and achieved desired changes within the family. If possible the case audit should be able to identify particular factors associated with the success of any help the family have received. A good case audit should be able to separate out the contribution of both the competence of the worker involved and the actual intervention itself and how it helped.
Assessment of need and analysis – have risk and protective factors been considered?	The case audit should be able to identify clearly the risk factors that impact on the child in the family, for example, domestic violence, drug and alcohol abuse, mental health problems, isolation etc. The case audit should also be able to see if protective factors have been considered by the agencies involved. It should be possible for the case audit to identify how the risk and protective factors have been balanced to produce a good assessment which looks not only at the difficulties within the family but also at their strengths. The case audit may focus on the quality of the analysis provided in assessments.
Service response	The case audit should be able to identify whether the service response has been efficient and timely. This is likely to be mainly in response to referrals to the agency and will include whether the agency acted promptly, kept the referrer informed of actions, and took appropriate action following the referral or receipt of new information.
Effective planning and review	Case audits will often look at care plans, child protection plans and other documents which set down plans for a child. The case audit should be able to identify if such plans are child centred, have clear and measurable objectives and identify who is doing what and when. The case audit should look at the timeliness and effectiveness of reviews of care plans.
Building a trusted and effective relationship	The core of good social work practice, the case audit should be able to comment on the extent to which the family are involved in decision making and planning and the skill of the practitioner in building a relationship with

	the child and family. Particular features for example, proactive approaches to involving extended family in safeguarding or the involvement of fathers, may be pertinent in some cases and would be expected to be considered within the case audit.
A child-centred approach including attention to equality and diversity	The case audit should look at whether the child has been seen alone and his or her views considered in decisions and case planning. The audit should look at evidence of practice which pays attention to a child's individual needs, and the response to factors relating to their age, ethnicity, or disability.
Multi-agency involvement	The case audit should look at the effectiveness of multi-agency working and the impact on the case of other agency involvement. Communication and information sharing will be key elements which should be considered by the case audit. Specific difficulties within and between agencies should be identified in order to identify themes and patterns which may emerge across a number of cases.
Management, supervision and oversight of practice	Most agencies will require first line managers to provide evidence of supervision on the case file itself and in these instances the case audit template should include attention to supervision notes or management direction and sign off at various stages. However the agency may use other mechanisms for checking the quality of supervision which are outside any case file audit and which should be considered. In particular it is unlikely that any critical reflection activity will be documented on the case file but would be an important element of supervision.
Quality of case recording	The case audit should look at the standard of case recording including factors such as clarity of information, concise report writing, up-to-date entries in the file, recording of basic information, and the presence of key documents for example, chronologies, core assessments etc.
Process monitoring	There are various processes which need to operate smoothly to support good practice. In particular, child protection procedures being implemented in line with statutory guidance but also other organisational processes such as case allocation, transfer, use of threshold criteria and referral to other agencies. The case audit should consider how well these processes have been followed in any one case.

b) Reports received by management

The peer should examine the reports received as a result of case audits and should consider the following factors:

1. How well have patterns and themes been identified in the case audit report?
2. How detailed is the report and does it provide concise findings which are accessible to the reader?
3. What is the time lag between the audits being carried out and the report being received by management?
4. Do the reports provide a good balance between quantitative, qualitative and outcome measures?
5. To what extent do the reports focus on quality of practice and the impact on families?
6. Is it possible to identify effective interventions with families and the skills of practitioners in helping children and their families to achieve improved outcomes?
7. Is it possible to identify shortfalls in practice in different parts of the service or even down to individual practitioners and if so, are there any contextual issues that should be considered, for example staff shortages or other resource issues?
8. Is good practice recognised and if so, to what level of detail?
9. Is there a clear set of recommendations in the report and are they 'specific, measurable, attainable, relevant and timely' (SMART)?
10. Have case audits been directed at priority areas of concern within children's services?

c) Actions taken in response to case audit reports
The peer should establish the following, primarily through interview with managers and quality assurance staff, but also by looking for written evidence of the way the whole process operates:
1. Is there evidence that recommendations have been acted on?
2. Is there a structure for regular monitoring of casework audits with follow up checks that actions have been completed?
3. How are learning feedback loops built in to the case audit and to what extent do the lessons from audits reach front line managers and practitioners?
4. Are there any mechanisms for receiving feedback about the service from children and families, and if so, are they aligned with the findings from case audits?

The report

The report (four to six pages) should be completed at least two weeks before the team arrive on site so that it can be included in the preparation of the first thoughts presentation. This report will be made available to the council and will be appended to the final feedback letter.

Appendix 13 – Case records review

Optional case record review

If chosen the exercise described below must be conducted in accordance with the principles set out in section 4 of this manual as regards personal data, data protection and confidentiality.

For authorities wishing to have a more in-depth look at effective practice, the peer review team can undertake an additional process looking at a limited number of case records. While this would not be the equivalent of the Ofsted case record inspections, it would help authorities to identify key practice issues such as:

- outcome focus
- chronologies
- evidence of the voice of the child
- evidence of reflective thinking and analysis
- management oversight
- multi-agency risk assessments.

The case record review will consist of two elements:

- an exploration and discussion of six to eight case files before the on-site stage
- on-site review of current referrals and assessments.

The purpose of the first element is to consider frontline case management and good practice and to see if the content of the records is consistent with views expressed by social workers and managers.

The second element is intended to provide an up to the minute view of current practice in managing referrals and assessments.

It is very important that this exercise is conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

The process

Approximately six weeks before the on-site stage, the review manager will request a list of around 30 open safeguarding cases for selection. The 30 cases should be selected at random from current allocated cases. The list provided to the review manager should include:

- integrated children's system (ICS) number
- date of birth
- gender
- language
- religion
- case status child in care (CLA)
- child protection (CP) including dates CP plans

- child in need (CIN)
- disability status
- ethnicity
- start date
- team where case held.

Depending on the issues identified in the authority's self-assessment (if any), Ofsted inspections and/or set up meeting, six to eight files will be selected for review by an operational manager peer. The details of the chosen files will be forwarded to the authority at least four weeks before the on-site week. Which cases are selected should take into account, for example, re-registration, CP and disability, cases held in assessment teams for a lengthy time still with CIN status, section 20 in child protection team for a long time, babies open with CIN category for several months, team with disproportionately high caseload, etc.

The peer assigned to the case records review will set aside two days to review the actual records and consider data quality, quality of assessment and work undertaken, management direction and oversight and write a report. During the on-site week peers will meet with the social workers and managers to discuss the cases. During these discussions peers may wish to make use of the questions outlined for the practitioner focus group set out in Appendix 15.and explore to what extent the social worker and manager:

- have identified the salient issues for the child and are addressing these
- have a good understanding as to what is going on in the case
- have an outcome focus
- are tracking progress
- understand the purpose of case recording.

NB Social workers interviewed in this process should not be included in other focus groups.

Feedback from the initial review of cases will be available to the review team and council through the peer completing a case record outcome report (see Appendix 13 A below) for each case and a narrative report on any trends or key issues identified. Feedback from the discussions with staff will also be shared during the on-site week. A final report should then be prepared and will be appended to the final feedback letter to the authority.

On-site work

Early in the on-site work, the peer(s) undertaking the case record review will access the case recording system and review a selection of records focused on current referrals and assessments, up to six cases again using the outcome report sheet below.

Appendix 13A – Case record outcome report

Question	Response with comments
Are care plans outcome focused with timescales?	
Are the outcomes regularly reviewed and is there evidence that alternative approaches are employed if outcomes aren't achieved in a timely manner?	
Is there evidence that the child has been spoken to on their own and their views taken into account in care planning?	
Is there a good quality, multi-agency assessment, completed within appropriate timescales?	
Is there evidence of reflective practice and analytic thinking in the development of care plans?	
Is there a multi-agency risk assessment?	
Is there evidence of partnership working and appropriate contributions by partners to assessment, care planning and service delivery?	
Is there evidence of management oversight?	
Is there evidence that supervision is regular and effective?	
Is there an up to date chronology and does it include all relevant data?	
Are all appropriate data fields and contact details completed and up to date? (On-site review stage only)	
General Case Comments	

Appendix 14 – Example interview questions for safeguarding peer reviews

These questions are your prompts and not a script. You will need to adapt them to the person (or group) you are meeting and in response to the initial findings. For example, in the section on frontline practice you may need to ask about staff shortages and morale in areas other than social work and health visiting.

1. Introduction

What is your direct involvement in safeguarding?
What areas of safeguarding activity are you responsible for?

2. Overview

What do you see as the strengths in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

What are the key safeguarding outcomes in your service or area of responsibility?

What do you see as the areas of concern or for development in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

3. Personal responsibility and quality assurance

How do you find out about and know what the quality of safeguarding work is:

- in your service or area of responsibility?
- in other areas of children's services?

4. Outcomes

- how are outcomes monitored and measured?
- what is their direction of travel?

5. Partnership

What is the quality of the relationship between children's services (in particular social care) and for example?

- adult mental health services?

- adult learning disability services?
- drugs and alcohol services?
- domestic violence services?

6. Frontline management

How do you know how effective your frontline managers are in delivering safe and good quality practice?

How are frontline managers supported to deliver better practice?

In what ways are they involved in developing and evaluating plans to improve safeguarding?

7. Frontline Practice

What percentage of social worker/health visitor posts have permanent staff and agency staff in them?

What percentage is vacant and are not covered by temporary staff?

How long, on average, do social workers/health visitors stay?

What is the size of average caseloads?

Is morale among social workers/health visitors poor/good/very good?

What is the quality of supervision?

Are information systems working efficiently and effectively to support good practice?

8. Local safeguarding children board

How is the LSCB improving safeguarding in the area?

What difference has the LSCB made to the lives of local children?

How effective is the LSCB in holding children's services and other agencies to account?

9. Involving children/parents and using the evidence base

How are safeguarding services for children changed and developed in response to:

- the views of children, young people and families?
- evidence from research about what works?
- the diverse needs of the community?

10. Political oversight

In what ways are councillors involved in safeguarding in the area?

How do they support and encourage improvements in safeguarding in the area?

Always try to obtain a specific example that evidences their answers.

Appendix 15 – Practitioner focus group

The purpose of the practitioners focus group is to allow for a face-to-face discussion regarding effective practice at frontline level.

The following are suggestions as to questions and issues that can be explored during the structured practitioner focus group**.**

General questions/issues

- Encourage them to identify what they think they do well, most people find it really hard to do this but it pushes them.
- Seek stories about the best of the past: knowledge and experience of self and others and the context; what helps, for example enabling policies/procedures, practice/ethos, culture, and environment.
- Ask for their proudest moments, the high points and why they think it worked so successfully (what they think ingredients for success are).
- Find out what is valued about the present, what they think works.
- Invite wishes for the future to enable individuals to reframe the challenges and identify where they want to get to.
- Find out about what they want more of.

Specific questions

Ask them to think about a couple of their recent cases. Then explore:

- how did they focus on the child and young person?
- how did they ensure they achieved the outcomes of the care plan and if they have not what did/are they doing about them?'
- what was their thinking?
- who did they work with?
- how were they supported?
- how were they challenged?
- how did they overcome obstacles?
- how did their manager know what was happening?
- how did they record their work, did it reflect what actually happened, or what they thought, including safeguarding risks and concerns?
- how do or are they demonstrating to others the effectiveness of what they are doing?
- what do they think the child or young person would say about what they did?
- what evidence, theory, and models do they use to help inform your assessment and professional judgement?

Appendix 16 – The feedback and prioritisation conference

The process and purpose

The final phase of the on-site stage of the review will be a feedback presentation from the team, immediate questions for clarification etc and then a conference in which the key players in the local partnership will have the opportunity to reflect on the findings of the review and to begin to take forward the work arising from it. **This requires planning by the host council and peer team.** This planning should be discussed by the review sponsor, team leader and review manager as early as possible and checked throughout the review process.

The purpose of the prioritisation conference is to:

- allow for discussion and understanding of the findings of the review
- to ensure that there is ownership and agreement of these findings
- to identify priorities for action
- to enable all partners to share in this exercise.

Conditions for success of the feedback conference

The following have been found to be essential to ensuring the success of the feedback and prioritisation phase:

- the 'whole system' should be there – attendance should include a cross-section of all relevant parties and particularly those people who have either taken part in the review and any senior figures who were unable to do so
- time should be split between both large and small group discussion
- the emphasis is on identifying priority areas for action (it is not intended that detailed action plans be formed at this stage)
- there is an emphasis on problem solving and sharing rather than being backward-looking or apportioning blame
- responsibility for taking forward priorities is established
- a suitable venue with space for all participants to move around.

Outputs from the conference

It is anticipated that the conference will:

- enable participants to gain a better understanding of each other's perspectives and concerns about safeguarding
- improve the development of a common language and culture
- identify priorities and a way forward.

Feedback and prioritisation conference – example agenda

The appropriate timetable and process for the feedback and prioritisation phase will depend on the individual circumstances and need of each council (see also Appendix 18 dealing with councils in intervention).

The following are two suggested agendas for the final day. The review sponsor, team leader and review manager should determine the exact format well in advance of the final day itself.

Example 1

11.00	Feedback presentation by review team and immediate questions for clarification
12.00	Immediate feedback/reaction from director of children's services
12.15	Prioritisation: attendees should be asked to indicate what they feel are the priorities for action arising from the review (one way to do this is to have the review findings on the wall of the room and ask attendees to indicate with a sticky dot the two or three that they feel are the priorities)
12.30	Lunch
1.00	Results of prioritisation fed back to plenary session. The four or five most urgent priorities will then be discussed in further detail in small groups to begin to develop action plans. These can be led by any agency and should be led where possible by the agency/individual that will have some responsibility/commitment to seeing the improvement achieved.
2.00	Feedback from groups and discussion
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Example 2

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/ reaction from director of children's services
11.45	Coffee

12.00	Small group working on prioritisation focusing on a) what are the key priorities identified? b) what immediate steps can be taken to move this forward?
1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Appendix 17 – Final letter

After the on-site stage, the council should be sent a final letter no later than three weeks after the review. This letter is not intended to be a comprehensive report. It should be an easy to read summary of the main findings of the review and the prioritisation conference.

The structure of the final letter is as follows:

- short introduction
- a narrative executive summary of the main review findings
- detail and good practice recommended to be shared regionally or via the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)C4EO
- summary strengths and areas for consideration (this is just the bullet points from the feedback presentation)
- findings from the feedback presentation bullet points (these should be annotated only where absolutely necessary for clarity)
- summary of the outputs from the prioritisation conference
- close (including details of follow-up)
- where the audit validation and/or case records exercise is undertaken the reports from these should be attached as an appendix

The review manager should prepare a draft of this letter and submit it to the team for comment. Once comments from the team (or just the team leader if there are no substantial points required from the team) have been received the review manager should send the draft to the LGA children's improvement adviser, the safeguarding review programme manager and the relevant local principal adviser for quality assurance.

Once all comments have been taken into account, the letter will be issued to the director of children's services by the LGA Safeguarding Team. A copy will sent to the council leader, lead member, chief executive, the LGA principal adviser and the regional sector-led improvement contact.

An example final letter is given in Appendix 17A.

Appendix 17A – Example final letter

Dear

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

We agreed to send you a letter confirming our findings. As you know the safeguarding challenge focused on six key areas including one specifically requested by you, ie the increase in number of looked-after children (LAC) and those subject to child protection plans (CPP). This letter sets out a summary of our findings on these areas. It includes the good practice we noted and areas which you might want to consider further. Some of the points raised during the feedback workshop held on 15 August 2011 are also included.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people.

Executive summary

A summary of the overall key conclusions of the peer team was that Noname Council (NC) and its partners have managed to continue to provide high quality services for vulnerable children and young people during a time of significant change and have a passion to improve services still further. In particular NC has excellent early years provision, good LAC outcomes and many excellent examples of incorporating the voice of the child into the development of its services.

This approach is supported by a culture of working together and a desire to continue to develop services suited to the complex needs of the diverse community.

The team were particularly impressed by the passion and commitment of all the staff they met. There was also consistent praise for the openness and accessibility of service leaders.

The council has undergone very significant change and financial challenges recently and has consciously protected its services for vulnerable children and young people during that time. Now that the immediate re-organisation is over it would be timely to take stock of the new context and financial restraints and consider how you will ensure sustainability and whether this would this be helped by fewer more focused activities. This consideration should then be distilled down into a new integrated strategy and efforts made to ensure that it is understood at all levels.

The passion of the council, staff and partners has already been mentioned. However, with this passion and desire comes potential difficulties in the current climate. Partly as a result of NC's desire to protect vulnerable children

and young people, the number of LAC and those subject to CPP's has risen. The team felt that a too risk-averse culture had developed and that NC and its partners need to examine the application of thresholds as part of a targeted plan to reduce LAC and CPP numbers. There is a danger that unless this is tackled the quality and sustainability of your overall services could be compromised. The plan should also ensure the avoidance of drift through more effective oversight and challenge from managers and reviewing officers and re-directing resources towards coherent, targeted activities for children at the threshold of care.

The new financial climate and need for even greater focus on determining priority areas and value for money will require even greater scrutiny and challenge among all partners. Key to this will be two main areas.

Firstly, there is a need to develop scrutiny functions that provide a sharp approach to ensuring that policy development and individual initiatives are providing the best possible value eg a possible area for this could be early intervention which appears to lack a costing model with targets for changes in activity and expenditure

Secondly, it would be timely to look at the structure of the local safeguarding children's board (LSCB) to ensure it is shaped to fulfil its changing role and to refocus activity on robust challenge and scrutiny.

These comments are made with the intention of supporting your desire to provide high quality services. They are not intended to detract from your major strengths of good relations, ambition, passion and 'can do' approach. Rather we hope you can use them to focus and build on your good progress.

The main strengths and areas for further consideration presented to you were as follows.

Summary strengths

- Continued high-quality services for vulnerable children and young people during a time of significant change
- High ambition to provide the best outcomes for children and young people
- Range of good performance indicators
- Good partnership working at strategic level
- Good LAC outcomes
- Desire to apply learning throughout authority
- Evidence of user engagement
- Excellent early years provision
- Some good engagement with diverse communities
- Exploitation of the advantages of the size of the authority and your sense of place

Summary areas for consideration

- Ensure that clear priorities are in place following service re-organisation

- Need for a coherent overall strategy that encapsulates all activity, including targeted intervention and prevention
- Unclear as to how the resource strategy supports the direction of travel
- Good strategic initiatives but not always understood on the ground
- Need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children
- Ensure the current LSCB is shaped to fulfil its changing role

Detailed findings

The table below highlights the good practice noted by the Peer Review Team and areas for further consideration by the council and its partners

Effective practice, service delivery and the voice of the child	**Strengths** • Service remodelled and developing Munro approach • High morale and highly committed staff, well supported through supervision • Good intelligent analysis of service pressures needs and demands • Repeat referrals have been reduced and set up case-load weighting • Systems in place to drive up quality of analysis in assessments and to improve decision making • Re-focusing on higher priority cases and closing down child in need cases • Effective leaving and after care service • Out of hours service and joint working is exemplary • Impressive range of activities to engage young people and capture their voice across the local authority and partners • Genuine commitment to do this and no hint of tokenism • Examples of real changes to physical environment as a result of children's voice • Increasing range of engagement and innovative ways of capturing young people's voice including use of social media • Increasing attendance in review process **Areas for further consideration** • High numbers and levels of case work activity is unsustainable and impeding effective practice • Improve quality of referrals and develop joint alternative strategies for managing concerns

	• Clearer strategy for managing workflow into, through and out of the service • Develop social workers skills and confidence to do direct work with families and to effect change • Asian children under represented at point of referral and need to continue to develop services for the particular needs of that community • Need to be able to show the impact of participation on outcomes • Voice of child not as evident in health • Need to be vigilant that new cohorts of children are equally engaged
Outcomes, impact and performance	**Strengths** • Good outcomes for children in most areas • Provision for LAC is good/outstanding • Placement stability of children is good • Most care leavers doing well • Most safeguarding indicators are good • Good recruitment of foster placements • Emerging understanding of diverse communities **Areas for further consideration** • Inconsistency in quality of assessments • Case Mapping identified possible issues regarding inter-agency working • Ensure that you are not too risk averse in the application of thresholds • Gaps in mental health provision for children and adolescents • Shaping services to meet the needs of diverse communities
Working together (including health and wellbeing board)	**Strengths** • Good partnership working at strategic level • Willingness and a culture of working together • Evidence of regional LSCB working • Multi-agency audits and serious case review work • Approach to training is innovative • Evaluation and response to expressed needs of diverse communities **Areas for further consideration** • Ensure the current LSCB Board is shaped to fulfil its changing role • LSCB needs to refocus activity on robust challenge and scrutiny role

	• Develop formal conduit between LSCB and children's partnership that focuses on safeguarding • Work needed with partners to challenge an over cautious application of thresholds • Strengthen cross agency ownership of core groups
Capacity and managing resources	**Strengths** • Continued commitment to invest in children's services • High morale and highly committed staff, well supported through supervision • Staff (and partners) praise for accessibility to management • Regular supervision dealing with both case and development needs • Good high level challenge from senior members • Suite of performance indicators used regularly **Areas for further consideration** • Unclear as to how the resource strategy supports the direction of travel • Early intervention lacks costing model with targets for changes in activity and expenditure • Wider commissioning needs to consider safeguarding priorities • Scrutiny appears underdeveloped as regards safeguarding • Is performance and management information actively used at team level?
Vision, Strategy and Leadership	**Strengths** • High ambition to provide the best outcomes for children and young people • Broad political commitment to safeguarding • Partners provide good collective leadership • Key plans are of high quality and give a clear sense of leadership and vision • Engagement with the broader health and wellbeing agenda • Good emerging work with diverse communities **Areas for further consideration** • Enhance the robustness of wider member challenge • Clear and communicable overall

	strategy required • More explicit statement of milestones and links with resources • Leaders need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children • Creation of a sense of urgency and purpose
Increase in LAC and CPP	**Strengths** • Awareness of the issues and understanding of the data • Investment to save approach (foster placements) has created additional capacity • Corporate parenting group monitoring LAC data every six weeks • ASU continues to divert young people from care successfully **Areas for further consideration** • There are too many children with a child protection plan/looked-after children • Commitment to reduce numbers needs to be matched by focused plan with targets and a less risk averse approach • Avoiding drift through more effective oversight and challenge from managers and reviewing officers • Re-directing resources towards coherent, targeted activities for children at the threshold of care • Clarify the purpose and availability of support services to enhance exit strategies • Redefine and remodel corporate parenting group to ensure wider ownership and collective responsibility

Following the team's presentation and answering of immediate questions, your authority then ran a workshop with a wide variety of stakeholders. The main points that came out of group working at the workshop were:

- need for new overarching strategy that recognises changing circumstances and is understood at all levels
- develop a culture that enables all agencies to take a more measured approach to risk
- improve quality and consistency of assessments
- creation of joint alternative preventative strategies
- increased information sharing – ensuring that all 'pieces of the jigsaw' are visible
- reduce looked-after children/child protection plan numbers

- review LSCB to reflect new role
- ensure all available agency details and contacts are known
- review corporate parenting panel to ensure that it operates with a membership and approach that supports fully the corporate parenting responsibilities.

You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector support through your regional arrangements or the LGA's principal adviser.

Once again, thank you for agreeing to receive a review and everyone involved for their participation.

Paul Curran

Children's Improvement Adviser (Peer Review)
Local Government Association

Appendix 18 – Guidance for councils in intervention

There are a number of additional factors that should be taken into account during the review process in the case of councils that are subject to intervention. The following points cover those most likely to be encountered but discussion should take place between the review sponsor, team leader and review manager as to how the review and feedback is undertaken to meet the key question: 'What will most help the council to move forward?'

Improvement board

As a minimum the chair should be added to the list of those individuals who should be interviewed during the on-site process. The Department for Education (DfE) representative on any improvement board may also be interviewed. The council should consider how else they wish to involve the board in the review process eg considering the scope and any key lines of enquiry, attendance at first thoughts presentation, feedback session etc.

Managing the feedback

In the case of a council in intervention, it must be borne in mind that the feedback presentation and letter will usually be seen by a wider group of stakeholders (e.g. the improvement board, Ofsted, DfE etc) and may be used by these stakeholders to help form judgements regarding the council's progress. There are also likely to be increased sensitivity generally around any feedback. While care should always be taken in preparing feedback, this is particularly important in the case of a council in intervention.

It is useful to help bear the following points in mind.

- Feedback must be measured and factual. Peer teams (and councils) should avoid any temptation to identify strengths unless these really are making a difference to safeguarding services (eg do not give praise just to give encouragement or balance number of points against areas for further consideration). Similarly, areas for consideration should only be included where these are of significance to general progress.
- Language used should be as simple as possible to avoid any chance of misinterpretation.
- Points must be as securely backed by evidence as possible. Whereas in non-intervention councils the peer team may flag up issues where there is only inconclusive evidence this should not be done in intervention cases (even in non-intervention cases the team should make clear that they have only gathered partial evidence).

Feedback letter

There are specific issues to take into account when preparing the feedback letter, although all the points under the general feedback should also be borne in mind.

There are two additional competing pressures.

- Councils will usually want the feedback letter ready for presentation to their next improvement board. The council review sponsor and review manager should discuss this when drawing up the review timetable to ensure that this is possible, reserve time to draft and agree the feedback letter with the team and council etc. Every effort should be made to try to ensure that the feedback letter is available for the next improvement board meeting and this may involve considerable shortening of the normal three-week timescale. If absolutely necessary – and with the review sponsor's agreement – a draft feedback letter may be made available for improvement board consideration.

- The points regarding the use of plain language in the general feedback section should be borne in mind and the general format of the feedback letter should not change. However, in feedback letters for council's in intervention it may be necessary to enlarge on the bullet points made in the feedback presentation to ensure absolutely that the point can be understood by someone who was not at the feedback session. This means that feedback letters to council's in intervention may need to be longer than with other councils (and produced in a shorter time!).

Review manager should also agree well in advance the dates for quality assurance with the children's improvement adviser and programme manager.

Prioritisation workshop

The purpose and sample agendas for the prioritisation workshop are given in Appendix 16. As an approved action plan will invariably already be in place, the format and questions posed at this workshop may require amending as it would not be appropriate to start another action plan 'from scratch'. A suggested agenda for councils in intervention is given below but the final format should be discussed and agreed between the review sponsor, team leader and review manager.

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/reaction from director of children's services
11.45	Coffee
12.00	Small group working on prioritisation focusing on:

      a) what does this say about the progress we are making on implementing our action plan?
      b) where has there been good progress and where do we need to move things forward still faster?

1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference (there may be a need for a final informal debrief between the team and council after the conference event)

Contact the Local Government Association
Telephone: 020 7664 3000
Email: info@lga.gov.uk
Website: www.local.gov.uk

For a copy in Braille, Welsh, larger print or audio, please contact us on 020 7664 3000.
We consider all requests on an individual basis.

Safeguarding children –

peer review guidance manual

May 2012
(V19)

Table of contents

1. Introduction

This guidance manual is designed to help councils, their partners, members of staff, peer teams and managers of reviews to understand the ethos and aims of a peer review and how they actually operate. It is not intended to be totally prescriptive as each review will have its own individual features. However, it contains the experience and learning from over 50 safeguarding reviews and the steps set out in the manual provide a firm base for ensuring that each review can be conducted successfully.

The fundamental aim of each review is to help councils and their partners reflect on and improve safeguarding services for children and young people.

The manual contains general areas of guidance for all those persons involved in the review. The manual also contains a number of specific appendices that only those concerned with that aspect of the review need read. Attention is drawn to these in the general sections of the manual.

It is important to remember that a review is not an inspection and should not be conducted like one by either the peer team or the host council. Rather, it is a supportive but challenging process to assist councils and their partners in recognising their strengths and identify their own areas for improvement. The key purpose of the review is to stimulate local discussion about how the council and its partners can improve safeguarding outcomes for children and young people.

Each review will be different and will be tailored to the individual needs of a council and its partners. There will be core elements common to each review but also optional elements from which the overall review can be designed. Which elements are used will be the subject of discussion with the host council and its partners.

The review is an interactive exercise. During the review the peer team will examine evidence from a number of sources. These will include:

- performance data (core)
- a variety of documentation (core)
- an online questionnaire undertaken by frontline staff (core)
- a case mapping exercise conducted by the host council/partners (core)
- an audit validation exercise (optional)
- case records review (optional)
- a wide range of interviews conducted with elected members and staff from the council, partners, commissioned services etc exploring standard themes (core) and other key lines of enquiry chosen by the council/partners (optional)

4

The review will conclude with a presentation by the review team. This will provide the team's views on the strengths of local safeguarding provision and areas for further consideration. The host council and its partners will then facilitate a workshop (assisted by the peer team) to consider the findings of the review and identify their immediate priorities.

A feedback letter covering the main points of the review and the workshop will then be sent to the host council.

Although this will be the end of the formal peer review, the Local Government Association (LGA) will ask the council for feedback on the impact and experience of taking part in the review. Opportunities for sector support and discussion of how good practice identified can be disseminated will be pursued through the regional sector support arrangements. In addition, the LGA principal adviser will discuss with the council any corporate implications of the review.

The words 'council and authority' are interchangeable in the manual depending on the context.

The Children's Improvement Board (CIB) commissions safeguarding children peer reviews as a national programme available to all councils at a time that makes sense for them. If councils ask for their review to be co-ordinated with an LGA corporate peer challenge, the principal adviser will discuss this with the council chief executive and the peer review team. Peer reviews are complementary to the 'peer challenge' arrangements agreed in each region. Peer challenge can be focused on any aspect of children's services and the methodology is agreed locally; it is helpful if peer challenge and peer review activity are co-ordinated so that councils have the space and capacity to take advantage of both processes.

Over time the LGA will use the learning from the reviews to contribute to the developing body of good practice to be used by councils in their own improvement journeys.

Peer reviews are a unique, and privileged, opportunity for peer teams and the host council to engage in challenge and to learn about safeguarding. Every council and every review team is different and so each review will be different. All those involved in planning and participating in the review should keep one question uppermost in their minds during the review process: "What will most help the council to move forward?" If you do this, it's hard to go wrong.

Good luck and enjoy your review.

2. The review themes

The review will be structured around key safeguarding themes and established probes which explore these themes in detail. To ensure robustness of the review process the following 'standard' themes will always be explored as part of the review:

- effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including with the health and wellbeing board)
- Capacity and managing resources
- Vision, strategy and leadership

In addition, councils may wish to identify specific areas within the themes for particular examination or to add additional themes that are particularly relevant to their situation. This should be discussed between the council, review manager and team leader at an early stage. Requests for additional key lines of enquiry will be accommodated if they are within the general safeguarding remit and realistic within the time constraints of the review.

Full details of the 'standard' themes and probes are given in Appendix 1 which the council and peer teams should read.

3. Basic stages in a review

The information in the table below sets out the basic stages in a review. Sections 6 to 12 and the supporting appendices contain more detailed information regarding how the actual methodology will work at each stage. The manual indicates which appendices need to be read by the council and which by the peer team.

Attention is also drawn to Appendix 18 which details specific issues relating to councils in intervention.

Stage	Time Period	Action
Initial enquiry	Any	Council indicates that it may wish to have a review. A discussion takes place between the council CIB safeguarding lead to discuss why a review may be appropriate, any particular focus, dates, peer team requirements and any necessary background information.

Set-up meeting and formal proposal, including the initial scope of the review	At least three months before date of review	Council confirms it wishes to have a review. CIB safeguarding lead issues formal proposal letter including confirmation of additional areas explored and date for on-site work.
Allocation of review manager and support. Advise Ofsted of the date of the review	As soon as council confirms date for a review	LGA allocate review manager, project co-ordinator and issue guidance manual to council.
Identification of peer team	As soon as council confirms requirements.	Review manager requests nominations, which are agreed with the council as soon possible.
Initial preparation	Commence as soon as council confirms date for a review	Review manager undertakes initial desk research regarding the council and contacts council review sponsor to discuss review arrangements. During this stage the review manager should personally visit the host council to discuss arrangements if they have not already done so.
Review preparation	At least two months before on-site review	The council and its partners start to collate documentation and begin the process of completing the frontline questionnaire. Council commences case mapping activity. Dates for optional audit validation or case records review agreed (if either of these options are to be used).
Audit validation (optional)	To be completed at least two weeks before review	An operational manager peer will conduct an audit validation and prepare report for the review team.
Case records review (optional)	To start at least four weeks before review, with initial report two weeks before on-site	An operational manager peer will conduct a case records review and prepare report.

	work and complete in the on-site week	
Final review preparation	To be completed **at least** two weeks before review. In practice the documents should be sent to the review manager and off-site analyst as soon as possible to allow for preparation of off-site analysis report	Case file mapping report completed, performance data compiled and frontline questionnaires completed. Council finalises interview programme for on-site work. All the above to be sent together with documents set out in Appendix 6 to peer team.
Pre-review analysis	At least 10 days before review	Review manager compiles front line questionnaire analysis report. Review analyst examines performance data, documents (audit validation and case records reviews, if chosen) case mapping report and questionnaire report. Review analyst produces off site analysis report and sends to review manager. Both reports to be sent to peer team.
'First thoughts' presentation preparation	Around a week before review	Team leader, review analyst and review manager (and optionally senior operational manager peer if a case records review has been undertaken) meet to prepare draft of 'first thoughts' presentation. Draft sent to peer team.
On-site	On-site stage	Council delivers overview presentation. Peer team deliver 'first thoughts' presentation, conduct interview programme, produce final presentation and council/team facilitates prioritisation workshop
Post review	Within three weeks of on-site stage ending	Review manager drafts feedback letter, agrees draft with team.

		Draft letter subject to LGA quality Assurance procedures and sent to host council for comment within three weeks of the review. Comments received from council within two weeks of letter being issued and final version issued to host council, regional CIB contact and LGA principal adviser. Discussions held re further support. Evaluation of review undertaken.

4. Confidentiality, data protection and personal data

Confidentiality

Each party (council, partners, LGA and peer review team) shall keep confidential all confidential information belonging to other parties disclosed or obtained as a result of the relationship of the parties under the safeguarding children peer review and shall not use nor disclose the same save for the purposes of the proper performance of the peer review or with the prior written consent of the other party.

The obligations of confidentiality shall not extend to any matter which the parties can show is in or has become part of the public domain other than as a result of a breach of the obligations of confidentiality or was in their written records prior to the date of the peer review; was independently disclosed to it by a third party; or is required to be disclosed under any applicable law, or by order of a court or governmental body or other competent authority.

As can be seen in the review stages there are optional parts of the review that may involve team members having access to personal data. **It is vital that the following principles are understood by the council, partners and members of the peer team and adhered to at all times.**

Data protection

The council, partners, LGA and peer team members agree that data (including personal data) as defined in the Data Protection Act 1998, relating to the processing of the peer review, to the extent that it is reasonably necessary in connection with the peer review, may:

(a) be collected and held (in hard copy and computer readable form) and processed by the peer review team and

(b) may be disclosed or transferred:

> (i) to the peer review team members and/or

> (ii) as otherwise required or permitted by law.

5. The peer review team

The LGA convenes a team to deliver each peer review. The team represents the variety of interests in an integrated children's sector, and typically might comprise the roles outlined in the table below.

Team member	Indicative number of days involvement
• A director/assistant director of children's services (team leader)	Seven (two off site, five on)
• A lead member for children's services	Six (five days on site, plus pre-reading)
• An operational manager/senior social work practitioner	Six (five days on site plus pre-reading), plus audit validation and/or case records review if required (around two days for each)
• An NHS manager/practitioner for children	Six (five days on site plus pre reading)
• In addition, a review analyst provides a summary of documentation and data with the review manager. Wherever possible the off-site analyst should also attend throughout the peer review on site work	Up to seven (two days report writing and assisting with first thoughts presentation plus on-site days)
• The review manager	Eleven (six off site, five on site)

The following points should be noted.

1) The above team is a 'standard team'. In practice it may be necessary to add additional team members (eg police, education specialist or a chair of a local safeguarding children board) depending on the areas to be explored, local circumstance, partnership arrangements etc. Where a council has significant representation from two or more political parties, a councillor from each of the two largest parties in the council will normally be invited onto the peer team. Likewise, the voluntary sector may be represented on the review team, where requested.

2) The indicative number of days should not be exceeded without prior approval from the CIB safeguarding lead. Similarly any additional peers must be specifically approved by them.

3) In practice it has been found to be very helpful if team members specialise or lead in examining one or more of the themes and in preparing the final slide presentation for that theme. The review manager should suggest and agree such specialisation during the run up to the on-site work.

4) The review manager will try to ensure that members of the team have 'down time' during the review to deal with any urgent personal/non-review matters. However, such time is usually very limited as the review process is very intensive.

In addition a project co-ordinator will be appointed to assist with logistical arrangements, payment of expenses etc. S/he will not normally attend the on-site work.

There may also be occasions when, for the purposes of gaining first-hand experience of a peer review, LGA may request the permission of a council for another LGA member of staff or prospective peer to participate.

Team roles, ground rules and skills required

Although they will work as a team throughout, each member of the team does have specific responsibilities and there are basic ground rules under which the team should operate.

These responsibilities and ground rules are summarised in Appendix 2, which all members of the peer review team should read. The peer team should also read Appendix 3, where the skills peers will need to fulfil their roles are outlined.

Liaison with the council

The review manager will liaise regularly with the council while the peer team is being drawn up in order to ensure the team matches the council's requirements as closely as possible. The aim is to have a complete team allocated at least six weeks prior to the on-site stage commencing. This is a guideline, as circumstances may dictate otherwise and the main priority is to ensure suitability of team members.

The council should be formally consulted by the review manager once the team has been drawn up to ensure acceptability. Acceptability includes ensuring that particular team members do not have a significant current or previous relationship with the council, which could affect their ability to be impartial (eg previous employment, a close relationship with a senior officer or member within the council to be reviewed etc) or a commercial interest.

Where a team member withdraws at short notice the review manager will propose an alternative as soon as possible, taking into account that the availability of peers will be limited.

Finalising the team

Once the team has been agreed, the review manager must request the peer support team to issue all team members with a purchase order to confirm the arrangements for their attendance.

'Safeguarding children' community of practice

Team members are encouraged to join the 'Safeguarding children' knowledge hub (KHub) group, which has replaced the community of practice. This is hosted on the Local Government Association website via Knowledge Hub and allows access to a wide variety of discussion forums, materials, knowledge etc.

The Knowledge Hub can be accessed at https://knowledgehub.local.gov.uk/ You will then need to register.

6. The council team and responsibilities

The host council must supply three individuals/groups of people to facilitate the smooth operation of the review. These are listed below and their responsibilities set out in Appendix 4, which the council should read, and include:

- council review sponsor
- council review organiser
- council case mapping chair and team.

In addition the council should be aware of its responsibilities in agreeing to and participating in the review process. These responsibilities are set out in Appendix 5 which the council should read.

7. Set-up and scoping stage

When a council indicates that it is interested in hosting a review, a member of the CIB safeguarding lead will arrange a meeting with a senior manager within the council who will act as the council's review sponsor. The chief executive should also be invited to this meeting together with the lead member for children's service, chair of the local safeguarding children board (LSCB) and key partners eg the NHS and the police.

The purpose of the meeting will be to confirm that a review is appropriate, consider the focus, additional key lines of enquiry, the timetable, peer team requirements and any necessary background information.

If it has not been done already, CIB safeguarding lead will seek the permission of the council to inform Ofsted that a review will be taking place and the proposed dates. It must be stressed that the sole purpose of this notification is so that Ofsted can take this into account when planning their own inspection programme.

A formal proposal letter will then be sent by CIB Safeguarding Lead to the council confirming the discussion and proposed arrangements for the review.

8. Initial preparation stage

The review manager will then commence the initial preparation stage. This should include a meeting between the review manager and the council's review sponsor and review organiser.

In advance of the meeting the review manager should:

- liaise with the relevant LGA principal advisor for background on the council
- read latest inspection letters and scan through the council's website
- brief themselves on the political composition of the council
- find out about the council's children's services plans and priorities.

The purpose of the meeting is to:

- confirm the council's aims for the review, ensuring that the agreed focus of review is still appropriate to meet their requirements
- develop the review manager's understanding of the key safeguarding issues faced by the council and local community

- confirm the key areas for the review to focus on
- consider the peer review methodology and expectations of the council, discuss the process and look at the practical arrangements
- confirm arrangements for the case mapping group and case mapping exercise are in place
- confirm arrangements for the audit validation/case records review exercises are in place, if these options are chosen
- consider arrangements for the final presentation and workshop

It is important that the review manager ensures that the council is aware of its responsibilities for ensuring a smooth and productive review as laid out in Appendices 4 and 5, which the council should read.

The review manager will also contact each member of the peer team to ensure that they understand the process, discuss team roles, make sure they have a copy of this manual, identify any queries or special requirements etc.

Communications and publicity

The purpose of a review is to promote learning and improved outcomes. In that context, the council should consider communications and publicity regarding the review and its findings as early as possible.

Although the final letter is the property of the receiving council and is not published by the CIB or LGA, its purpose is to enable improvement and learning; it is not a document intended to be kept a secret. Although untested, it is unlikely that a Freedom of Information request for the final letter could be resisted. It is safest to presume from the outset that the letter will be shared and plan to manage this positively.

The council will want to consider where and when the outcome of the review will be discussed eg the LSCB or the children's partnership. If the final letter is to be reported to the council executive, a scrutiny committee or a NHS body, it will become a public document. There may be local media interest but pro-active PR is not recommended.

It is likely that at a subsequent inspection the council will wish to take credit for participating in peer review and peer challenge. In that circumstance Ofsted are likely to ask to see a copy of the letter and request information about any actions taken in response.

There is a standard 'What's it all about' leaflet that the review manager will supply to the council and partners to act as a basis for communications with staff.

The final letter will be sent to the department of children's services (DCS) and copied to the chief executive, lead member and leader of the council.

9. Review preparation

These are crucial stages of the review process and vital to the ultimate success of the review. It requires considerable commitment by the host council and their prime responsibilities are set out in Appendix 5.

During this stage the host council and review manager must liaise closely and ensure that the following are prepared and supplied to the peer team in accordance with the timescales laid down:

- pre review documentation (see Appendix 6)
- performance data (see Appendix 6)
- case mapping report (see Appendix 7)
- audit validation and case records reports if these options are chosen (appendices 12 and 13)
- frontline staff questionnaire (see Appendix 9)
- on-site interview programme (see Appendices 10 and 11).

NB It is essential that the council read all the relevant appendices.

10. Audit validation

This is an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare a report for the peer team. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 12.

11. Case records review

This is also an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare an initial report for the peer team and council. A final report will be appended to final review letter. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 13.

12.   First thoughts presentation preparation

The review manager, team leader and review analyst should meet (if a case records review or audit validation exercise has been undertaken the operational manager peer should also attend) and prepare a draft first thoughts presentation. This will be **circulated to the peer team in the week before the on-site stage.**

The purpose of this presentation is to give the review team's initial reaction to the evidence provided and focus where further investigation is required during the on-site work. It is not intended to be a definitive or detailed statement of the team's opinion, as it is far too early in the review process for this to be given. Nor at this stage does every point have to be clearly evidenced. Instead it is to flag up to the council key issues that have caught the attention of the team and to start a dialogue with the council about these.

NB It is probable that the first thoughts presentation will vary considerably from the final presentation that will take place after the on-site stage.

The presentation should draw on the pre-review analysis report, the performance data, case mapping report, frontline questionnaires and any information supplied by the council itself (plus the audit validation and case records exercises if these have been conducted).

A standard format is available for this, which will structure the presentation. The review manager will provide this.

It is important that a date to prepare this presentation is fixed as soon as the team leader, review analyst and date of the review are known.

13.   On-site stage

The sub-sections below go through the key stages of the overall on-site stage. This is the 'centre piece' of the whole review process and is heavily dependent upon the review preparation stages having been undertaken thoroughly. It is a demanding week for both the peer team and the host council and requires considerable joint working and good will to ensure its success. It is a joint process and should be approached as one – including the 'no surprises' policy outlined below.

No surprises policy

A 'no surprises' policy should be adopted throughout the review. This means the council should be provided with regular feedback on the key issues emerging during the on-site work.

The team leader and review manager should also give the council's review sponsor a good understanding of what will be presented at the final presentation. This gives the chance to resolve any outstanding issues and ensure appropriate language and wording are used. However, it is the independent peer team's presentation and they should present what they have found (both strengths and areas for further consideration) in an open, easy to understand and constructive manner, albeit in a manner that is sensitive to the council's situation.

The peer team should aim to give a draft of their proposed final presentation to the review sponsor at around 17.30 hours on day four. Should this not prove possible it should be no later than first thing day five. This should then be discussed by the council review sponsor (and any of their team that they wish to invite), the team leader and the review manager (plus other members of the peer team as appropriate). This will allow for final crafting of the presentation the following morning.

There are particular matters to be taken into account where the host council is in intervention. These issues are covered in Appendix 18 which the council and peer team should read if relevant.

First peer team meeting

Prior to day one of the on-site stage the team will have its first meeting the afternoon/evening of the day before the review starts on site. The review manager will facilitate this meeting and it will cover:

- team introductions
- ensuring that the team is familiar with the methodology and programme of interviews
- agreeing who will specialise in any particular themes – if not agreed by e-mail beforehand
- agreeing who will conduct which interviews the following day – may be held over to day one if required
- answering any queries the team may have.

This meeting should be conducted with an informal yet business like approach. It is important that the team get to know each other, are comfortable with their roles, understand the methodology and tasks required to complete the review process.

The team may wish to share some initial thoughts regarding the council and the review but care must be taken to ensure that confidential matters are only addressed in a suitable environment.

Council overview presentation and peer team first thoughts presentation

The on-site stage starts with the team discussing among themselves in the base room the draft first thoughts presentation and agreeing the final version of this. At this stage the team should also try to capture for themselves the key issues that require exploration during the on-site review.

The team will then meet council and partner representatives during which the council may present a short overview presentation for the review team prior to the on-site stage. The presentation should be for no more than 20 minutes and consist of around four slides as follows:

- council and safeguarding context of the area
- areas of strength
- areas the council wishes to develop further
- planned key actions to achieve the desired development.

The team leader will then present the team's first thoughts presentation, which should last between 20 and 30 minutes.

The team and council representatives can then discuss the two presentations, identifying areas of agreement, apparent differences and refine areas of focus for the on-site stage. The intention is to start a dialogue between the council and that will continue throughout the on-site stage.

It is for the council and its partners to decide who to have at this meeting but a maximum of 12 is recommended. It is suggested that the council considers inviting, for example:

- lead member for children's services
- director of children's services/council review sponsor
- leader of the council
- chief executive
- relevant assistant directors/heads of service
- LSCB chair
- principal social worker
- relevant health colleague/s and/or director of public health
- police representative/s
- voluntary sector representative/s
- head teacher representative/s

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Both presentations and discussion should be completed by lunchtime on day one so that interviews may commence in the afternoon.

On-site interviews

This will form the main activity for the rest of days one to four of the on-site stage. The ground rules for how the peer team will operate during this stage are given in Appendix 2. A typical on-site programme is given at Appendix 11.

The feedback and prioritisation conference

The final phase of the on-site stage will be a feedback presentation by the peer team, led by the peer team leader, to the council and its partners. This will be followed immediately by a prioritisation conference, facilitated by the council (with support from the peer team), in which all the key players in the local partnership will have the opportunity to reflect on the findings of the review.

There is a standard format to the feedback presentation and the review manager will explain this to the team. Each member of the team will contribute to drafting the presentation, often taking personal responsibility for a specific theme(s). The language used should be straightforward and be an honest and open summary of the team's findings as regards both strengths and areas for further consideration.

The presentation should identify any good practice that the team think should be shared within the council's region or be submitted for validation as 'emerging, promising or validated' local practice through the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) process.

How the prioritisation conference should operate will be subject to the individual circumstances of the council. The council review sponsor, team leader and review manager should agree the format as early as possible during the review process. Appendix 16 gives further details regarding approaches to the conference which the council and peer team should read.

14. The written feedback

Following the on-site stage, the peer team will compile a letter based on the peer review findings comprising:

- an executive summary of the key issues
- good practice and areas for further development identified throughout the process
- the outcome of the prioritisation workshop.

The format, method of compiling and an example feedback letter are set out in Appendix 17. It should be borne in mind that the review is not intended to produce a judgment nor to make extensive recommendations. The feedback letter should include sufficient detail to enable readers who were not at the presentation to understand the findings of the review.

15. Post-review evaluation

The views of the receiving council are secured through a telephone interview with the DCS undertaken within a month of review completion.

Evaluation questionnaires are sent to the review team by the project co-ordinator after the final letter is issued to the council. The project co-ordinator should check whether questionnaires have been returned and arrange to issue a reminder if not.

Review managers will also feedback on the performance of peers.

Appendix 1 – Safeguarding children themes overview

In order to ensure the integrity and fitness for purpose a safeguarding review always includes the following 'standard' themes. However other key lines of enquiry may be added at the request of the council if relevant to safeguarding and practical within the time available. These include:

- effective practice, service delivery and the voice of the child
- outcomes, impact and performance management
- working together (including health and wellbeing board)
- capacity and managing resources
- vision, strategy and leadership.

Set out below is a summary of the individual points that the peer team will consider during the review. At Appendix 1A more detailed probes are supplied to give additional points of focus or depth of enquiry.

The principles of valuing equality and diversity are built into the themes and detailed probes. However, to aid the easy capture of these principles a set of detailed probes that the team should consider is set out at the end of Appendix 1A. These should not form a separate part of the final presentation but the team should consider whether they have been covered.

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- the child's journey leads to improving outcomes and the child's voice is present in service planning and care management?
- systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?
- children and young people and their families have access to the right services at the right time appropriate to their level of need?
- there is a culture of learning and reflective practice that leads to improved practice and outcomes?
- services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- performance against local and national priorities is improving and this has had an impact on the outcomes for children and young people?
- interventions (from early help to specialist services) are effective in improving outcomes?
- there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?
- there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?
- scrutiny and challenge is effective with a good understanding of safeguarding issues?

Working together (including health and wellbeing board)

How do the council and partners demonstrate that:

- all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?
- partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?
- there are up-to-date multi-agency policies and procedures including appropriate sharing of information?
- the LSCB business plan clearly identifies outcomes and is aligned with other children plans?
- the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?
- progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?

Capacity and managing resources

How do the council and partners demonstrate that:

- there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?

- commissioning has enabled support to reach the diverse community and resources are used equitably to meet the needs of the whole community?
- financial and physical resources are managed effectively to meet current requirements and future challenges?
- there is a sufficiently skilled, trained and supported workforce for children's services?
- training reinforces the importance of child-centred practice which focuses on improving outcomes?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children and which is informed by children, young people and families?
- priorities are based on locally determined needs and the voices of children and young people?
- the priorities recognise the diverse make-up of the community and are sufficiently stretching?
- there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?
- leading members and senior staff provide effective political, managerial and professional leadership for children services, and co-ordinate this with other key partners?

Appendix 1A – Safeguarding children themes, detailed probes

Set out below is a list of suggested probes that the peer team may wish to explore depending on the circumstances of the individual council and its partners

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- **the child's journey leads to improving outcomes and the child's voice is present in planning and care management?**
- **systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?**
- children are seen regularly and alone by a social worker/lead professional and given opportunities to disclose their concerns and experiences?
- frontline staff are enabled to use professional judgement effectively?
- there are clear pathways for children and young people through universal and targeted services, into specialist support services?
- children and families move easily through the system depending on their needs, with appropriate step-up and step-down processes?
- progress has been made in enabling social workers to spend more time with children and their families?
- case loads are appropriate to the capacity and experience of staff?
- children and young people are involved in their assessment and consulted on their care plan?
- case discussions, decisions and the reasons for them are clearly recorded with the analysis of risk clearly documented?
- managers – at all levels – regularly review the quality of practice through case audits and observing practice?
- children in care, children in need and child protection plans focus on outcomes and the difference that interventions will make, with clear timescales and accountabilities?
- there is a good understanding of the processes and tools to support integrated working and supporting children and families with additional needs, and that there is consistent adoption and use of these processes and tools eg common assessment framework (CAF)?
- systems are in place for monitoring how the whole child protection system is working including ensuring that cases can be tracked through the system and there are not hold-ups or 'log-jams' which result in delays or cases being unallocated?
- case files and/or electronic records across all agencies are kept up to date

- frontline staff, including foster carers and managers from all agencies are aware of safeguarding and child protection policies and procedures, and these are implemented consistently?
- the whole system approach to children services, as well as individual services, is regularly reviewed?

- **children and young people and their families have access to the right services at the right time depending on their level of need?**
- early help is having an impact such as reducing the number of referrals?
- there is integrated frontline delivery, organised around the child, young person and their family in a setting that supports family life rather than professional or institutional organisation?
- initial access arrangements – including frontline 'duty' services are regularly reviewed across all partner agencies?
- there is clarity about the roles and responsibilities of frontline staff and managers in making decisions about case work eg there is a scheme of delegation or similar document?
- children know who they can contact when they have concerns about their own safety and welfare?
- the views of children, young people and families are taken into account and feedback is given on action taken?
- children, young people, families and carers receiving services are aware of how to complain and make representations, and have easy access to advocacy services?
- accessible and comprehensive information about services for children, young people and families in the area, is available for all age groups and communities?
- comments, compliments and complaints from staff, service users and the community are taken seriously and impact on service delivery and performance?

- **services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?**
- outcomes for those children and young people who are most at risk are improving and performance information support this?
- services take account of the social and ethnic composition and economic environment of the community and are closing outcome gaps between vulnerable children and their peers?
- service planning and delivery take full account of the equality and diversity needs of the workforce and the community it serves?
- services are accessible and reaching all sectors of the community?

- **there is a culture of learning and reflective practice that leads to improved practice and outcomes?**
- supervision is regular and timely and staff feel adequately supported and have time for reflective practice?
- supervision, audit and other management arrangements enable practitioners to reflect on and manage risk positively and safely?
- workload pressures and the emotional needs of staff are taken into account in supervision as well as professional and management issues?
- mechanisms for gaining service users views on service quality and effectiveness, are in place and making a difference?
- staff surveys are undertaken and there is evidence that survey results impact on outcomes, service delivery, training and performance?
- there is regular self-assessment of safeguarding, child protection and the broader children's services, with a focus on achieving outcomes?
- children, young people, parents and carers are involved in developing, monitoring and training for safeguarding services?
- frontline staff and managers are asked for views on safeguarding/child protection services and this feedback informs service planning and delivery?
- staff and managers are given feedback on action taken?
- the culture ensures a child-based, outcomes approach as distinct from a focus on systems, processes and meeting time indicators?
- there is learning from serious case reviews, sector-led improvement, research and best practice?
- all managers have received relevant training to manage safeguarding and child protection issues?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- **performance against national and local priorities is improving and this has had an impact on the outcomes for children and young people**
- **interventions (from early help to specialist services) are effective in improving outcomes?**
- they are performing well against national and local priorities and have an impact on the outcomes for children and young people?
- through their actions, they are improving opportunities and outcomes?
- account is taken of the social and economic environment and they are closing outcome gaps between vulnerable children and other groups in the community?
- performance information indicates improved outcomes for those children and young people who are most at risk?
- there is evidence of service user satisfaction?

- vulnerable children, young people and their carers are involved in the determining and achievement of these outcomes?

- **there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?**
- **there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?**
- a clear and effective performance management framework is in place?
- there is a shared and accurate understanding of how the partnership is performing and that the critical success factors and costs, and how the partnership compares to others, is known?
- processes and systems help identify risk and address weak performance?
- the performance management framework and organisational culture focuses on outcomes for individual children and not just meeting targets?
- performance management is supported by high-quality, timely and well understood performance information?
- there is a local dataset across all partners that includes qualitative as well as quantitative indicators?
- the data set includes outcomes, quality is regularly reviewed and enables local and national comparisons?
- equality and diversity indicators are used explicitly?
- inspections, peer reviews/challenge and other sector-led improvement activities are used to improve performance?

- **scrutiny and challenge is effective with a good understanding of safeguarding issues?**
- the LSCB and council scrutiny function play a key role in monitoring and reviewing progress against objectives and outcomes, including informing the council and its partners with clearly researched conclusions and proposals?
- Members are aware of the performance management framework and provide effective challenge?

Working together (including the health and wellbeing board)

How do the council and partners demonstrate that:

- **all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?**

- **partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?**
- the children's partnerships, LSCB and health and wellbeing board have appropriate governance arrangements, clear roles and accountabilities?
- they are working together in an effective partnership manner and with integrated working arrangements?
- all partners are contributing effectively to the partnership arrangements and are devoting sufficient resources to fulfil their responsibilities?
- there is a process to ensure that innovative practice that improves outcomes or cost effectiveness is evaluated and shared?

- **there are up-to-date multi-agency policies and procedures including appropriate sharing of information?**
- partnership working is adding value and producing efficiencies, including through the provision of shared management and services or the operation of local budgets, as appropriate?
- the LSCB provides sufficient challenge on impact, outcomes and effectiveness of service delivery, to its member organisations?
- the LSCB is a learning organisation and encourages learning across the partnership?
- the LSCB contributes effectively to the overall performance management framework and challenges performance across partner agencies, ensuring that action is taken at organisational level, in services and individually, to address underperformance?
- the LSCB regularly reviews the effectiveness of supervision and management with particular regard to the quality of work, and risk assessment and decision making?
- the LSCB has an effective process for undertaking and learning from serious case reviews (SCRs) and there is a process for considering near misses?
- LSCB members regularly engage with frontline staff and managers in their agency and feedback their views on practice issues to the LSCB?

- **the LSCB business plan clearly identifies outcomes and is aligned with other children plans?**
- there is a clear LSCB business plan which identifies priorities, targets and accountabilities for achieving these?
- there is a clear relationship between the LSCB business plan and those of its individual partners?
- there is focus on child protection while the broader child safety issues such as road safety and bullying are managed effectively?
- there is transparency between all agencies on the resources and budgets allocated for safeguarding and child protection including staffing, with reference to One Children's Workforce and social work reform?

- there is clear accountability for safeguarding for each partner agency and this feeds down into their own respective organisations to the frontline?
- the LSCB periodically evaluates the effectiveness and overall impact of safeguarding, and child protection practice and services?
- there a multi-agency training strategy which identifies safeguarding and child protection training needs at all levels with a delivery plan that includes training for councillors, non-executive members of NHS partners and school governors?
- the multi-agency training strategy is evaluated effectively?

- **the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?**
- membership of the children trust or equivalent and the LSCB reflect the diversity of the community which they serve?
- policies and processes, including serious case reviews are understood and take account of diversity issues?
- all parts of the diverse community including those that services find are hard to reach and vulnerable children, young people and families, are engaged?

- **progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?**
- good progress is being made in ensuring that the health and wellbeing board arrangements are in place and functioning effectively?
- children's services are well represented and safeguarding children is seen as a priority for this board?
- there is a clear linkage between the work of the health and wellbeing board and the LSCB?
- effective contact is being made with local clinical commissioning groups as these become established?
- local commissioning groups are being encouraged to engage with children's services?
- the impact on outcomes and services of the changes in commissioning arrangements is closely monitored?

Capacity and managing resources

How do the council and partners demonstrate that:

- **there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?**

- **commissioning has enabled support to reach the diverse community, and resources are used equably to meet the needs of the whole community?**
- there is a clear, joint commissioning strategy that focuses on outcomes?
- commissioning processes and principles are understood and used to ensure value for money, efficiency and effective service delivery?
- agreed outcome priorities consistently and successfully drive commissioning and service development?
- commissioning is based on needs, priorities and outcomes and commissioning decisions are based on the evidence of what works?
- commissioning arrangements are in place to support sustainable improvement including joint commissioning where appropriate?
- commissioners across the children's partnership arrangements work effectively together?
- processes are in place to ensure the effective use of community budgets or similar, where appropriate?
- major service reconfiguration and change to improve outcomes has been achieved through commissioning and market development?
- partners and stakeholders, including children, young people and families understand and support the approach taken to commissioning?
- frontline staff and service users are involved in the commissioning processes, such as identifying priorities, service planning or service evaluation?
- there is good engagement with the third sector in terms of capacity building and market development, and the procurement process supports the third sector?
- commissioning arrangements provide an appropriate mix of delivery mechanisms and help to ensure value for money?
- models of service delivery are constantly challenged?

- **financial and physical resources are managed effectively to meet current requirements and future challenges?**
- the council's medium-term financial strategy and other agencies' financial plans take account of the needs and challenges within children services and safeguarding?
- there are robust arrangements for reviewing resourcing allocations and for the re-allocation of resources where required?
- resources are re-allocated to tackle changing priorities, inadequate performance and where improved outcomes can be achieved?
- resources and capacity are available to identify and support children and families who are vulnerable or 'in need', but who are not receiving direct safeguarding or child protection services?
- capital resources are used to support the achievement of service priorities?
- the ICT strategy is effective in meeting the needs of children services?

- resources such as buildings, staff, back-office functions, pooled budgets, etc are shared with other partners, where appropriate?
- better outcomes are being delivered at lower cost?
- new working practices have been adopted to maximise productivity?
- there is effective risk and project management?
- frontline staff are aware of the costs of prevention, early help, child protection and other safeguarding services and are able to assess value for money and service effectiveness?

- **there is a sufficiently skilled, trained and supported workforce for children's services?**
- **training reinforces the importance of child centred practice which focuses on improving outcomes?**
- the children and young people's workforce strategy includes an analysis of the capacity to deliver and keep children safe and that an employer's self-assessment has been undertaken?
- the standards for employers of social workers have been adopted and performance against them has been reviewed and acted on?
- a supervision framework is in place, and supervision is well developed and is regularly evaluated?
- there is sufficient opportunity for continued professional development and evidence of good take-up?
- reflective practice is supported and encouraged?
- the appraisal scheme has led to changes in training, supervision, continuous professional development opportunities, etc?
- there is a culture of learning from evidence-based practice and from research, inspections, complaints and serious case reviews?
- there is a culture that supports the achievement of its goals and which embraces the introduction and implementation of change?
- there is specialist and multi-agency training (including common induction) available for frontline staff, including specific training for staff who deal with initial referrals and access arrangements?
- all staff understand the part they play in children's services and how they are held to account?
- complaints are taken seriously and have led to improvements in services or practice?
- whistle-blowing procedures are used appropriately and the local authority designated officer (LADO) system operates effectively?
- there are systems in place for monitoring the quality, impact and effectiveness of safeguarding and child protection training, including multi-agency training?
- there are robust and effective recruitment and selection procedures in place to ensure that all staff, elected members and non-executives (including school governors and lay members of panels) are suitable to work with children and young people?

- the demography of staff reflects the demography of the community, including at management levels?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- **there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children, and which is informed by children, young people and families?**
- **priorities are based on locally determined needs and the voices of children and young people?**
- **the priorities recognise the diverse make-up of the community and are sufficiently stretching?**
- the ambition and vision is shared at all levels and by the community?
- the specific needs of vulnerable children and young people are taken into account when determining local priorities and service design?
- national priorities, and national policy initiatives are taken into account in implementing whole-system change locally?
- the children and young people's planning process involves an assessment of safeguarding and child protection needs?
- the local joint strategic needs assessment includes appropriate information on safeguarding and child protection?
- they have engaged with, listened to and taken account of the views of children, young people, parents, carers and the community in the planning, commissioning, delivery and review of services?
- the views of the local community are sought and feedback is given?

- **there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?**
- there is a children and young people's plan (CYPP) or similar document that outlines priorities, plans for safeguarding children and young people and clearly demonstrates how outcomes will be improved?
- consideration is given in the CYPP, of whether current resources across all agencies are sufficient and used in the right way, providing value for money?
- the CYPP outlines the importance of prevention and early help, the expected impact on improving safeguarding outcomes and demonstrates a whole-system approach to meeting the needs of children and their families?
- there is a prevention and early help/intervention strategy/plan that shows how the needs of children and families will be met and safeguarding outcomes will be improved?
- plans across the partnership are aligned, where appropriate?

- there is an information and communication strategy which ensures everyone, including the whole community, knows what they need to do to keep children safe?
- the CYPP demonstrates a good understanding of local needs and use of data and performance information to inform the commissioning strategy?

- **leading members and senior staff provide effective political, managerial and professional leadership for children services and co-ordinate this with other key partners?**
- members and senior officers are visible and known to frontline staff?
- there are agreed structures and responsibilities at leadership level for children services and these are supported by appropriate training and resources, including equality awareness training?
- all councillors are aware of their corporate parenting responsibilities, have attended appropriate training (including leadership where appropriate) and they have a personal involvement in driving the children services agenda?
- risk in children services is identified accurately and managed effectively and leaders create a climate where risk is openly and constructively discussed?
- the safeguarding and child protection accountabilities of the leader of the council, the lead member for children services, the chief executives of the council and the primary care trust (PCT), the director of children services, the chair of the LSCB and other key partners are transparent and rigorous?
- the relationships between the key members and officers are effective and productive?
- there is a good working relationship between the lead member and scrutiny?
- there is a clear and accountable decision making process for children services that functions effectively in practice?

Equality and diversity

- **the principles of equality and diversity are valued and are incorporated into all the partnership's functions?**
- there is an equalities, diversity and community cohesion strategy across the council and its partners that includes children services?
- outcomes are improving for all vulnerable children regardless of ethnicity, disability or other equality issues?
- the local communities and their diverse needs are well mapped and this is reflected in the JSNA?
- reports to council and senior managers include equalities impact assessments and equality and diversity indicators are used explicitly?
- there is good access to advocacy, translation and interpreting services and literature is available in a wide range of community languages, including Makaton?

- community groups are encouraged to plan, develop and run their own services?
- local communities are fully engaged in safeguarding?
- the equality framework for local government is embedded and reinforced by members and senior officers?

Appendix 2 – Peer review team roles and ground rules

The following summarises the key responsibilities of the peer review team. However, all peers should expect to work as a team and be flexible in the working methods adopted on site.

Peers should read the information relating to these roles and the ground rules that should apply to all peers, at the end of this appendix. **In addition they must ensure that they are aware of, and adhere to, the principles of data protection and confidentiality laid out in Section 4 of this manual.**

Review manager

The role of the review manager is to:

- manage the overall review process and advise the team and council
- act as the first point of contact for the council and support it in preparing for the review, including conducting the pre-meeting and liaising over the timetable and key documents
- source the peer team through the peer support section
- act as co-ordinator, facilitator and adviser to guide the team through the review process
- ensure that a pre-review analysis is undertaken and communicated to the team
- ensure that the interviews and visits schedule is communicated to the team
- prepare a report on the results of the frontline questionnaire and circulate this to the team
- together with the team leader and review analyst, prepare a first thoughts presentation and circulate this to the team
- facilitate team meetings as required
- ensure that the final presentation is prepared by the team on time
- draft, with the team leader, the final written feedback to the council and partners (using the relevant LGA quality assurance procedures) and liaise with the team and council to agree this
- provide insights into how the council and partners are performing against the themes including any specialist area allocated
- manage the formal evaluation process.

Review team leader

The role of the team leader is to:

- lead the team as regards professional safeguarding issues and judgements throughout the review

- act as the 'public face' of the review, fronting it to the council and partners, building positive and constructive relationships
- attend the scoping meeting with the council and review manager, if possible
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review, and read such other documents as may be necessary to conduct the review
- help prepare and contribute to the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and deliver this to the council and its partners
- lead the final feedback conference with support from the review manager
- help prepare and contribute to the final written feedback
- use relevant skills and experience to provide insights into how the authority is performing over the themes
- contribute to the formal evaluation process.

Other specialist peers (see also review analyst role below)

The role of other specialist peers is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the pre-review analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- optionally, the operational manager peer may also wish to attend the meeting to prepare the first draft of the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

NB The operational manager peer may also be required to undertake the audit validation and/or case records exercises, if these options are chosen

Member peer

The role of the member peer is to**:**

- provide a councillor perspective on the review particularly regarding policy, decision making and community leadership
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback.

Review analyst

To ease the burden of the peer team and to provide an additional level of input, a review analyst will also be appointed to undertake a document and data review. The role of this peer before the on-site week is to:

- undertake an examination of the key data, case mapping and frontline questionnaire report and documentation provided by the council
- produce a report on his/her findings (the review manager will supply a sample report if required)
- help prepare and contribute to the first thoughts presentation

The role of this peer on site is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

Project co-ordinator

LGA will appoint a project co-ordinator who will:

- ensure general liaison with the team, and the council and partners regarding logistics, accommodation and expense payments
- liaise with the team to identify any dietary requirements, mobility issues etc.

- provide all members of the peer review team with the following, two weeks before the on-site week commences:

  - copies of key documentation provided by the council
  - team, council and LGA contact details
  - administrative details eg claiming expenses, hotel arrangements

- organise the formal evaluation process
- provide general support to the review manager.

Team ground rules

Some team members may not have met before or previously taken part in a review and it is important that everybody is clear about the parameters within which they will be operating. To aid this, a set of ground rules have been developed and peers should be familiar with these and ensure they are comfortable with them. The review manager should discuss and agree ground rules with the team at the meeting on the evening prior to the on-site week, although it is also good practice to flag up the rules at first contact.

i) Ensure a positive experience for the council and its partners and the peer team

It is important to focus on the strengths of the council and their partners, as much as the areas for possible improvement.

Every team member will have their own professional and personal responsibilities during the week of the peer review, and will want to be in regular contact with their family. However, the council and its partners must always feel that their needs are being prioritised. The review manager will try to ensure that team members are provided with opportunities in the timetable during the course of each day to make phone calls and look at emails. Mobile telephones should be turned off at all other times.

A peer review is a people-focused process and it is vital that everyone the team comes into contact with perceives them as professional, attentive and courteous.

ii) Value colleagues' input

Team members will have different views, perspectives and knowledge, which should be respected and valued. Assimilating the views of all team members into the feedback presentation requires all team members to be willing to listen and engage in constructive debate, and to be prepared to challenge and be challenged. It is important that people feel comfortable expressing their views.

The review process can be intense, demanding and tiring so it is important that people are tolerant and supportive of one another during the week.

iii) Confidentiality and dealing with sensitive issues

Information that team members glean during their interviews and visits is absolutely non-attributable to individuals and this must be emphasised by the peer team at the start of every interview, focus group etc and respected at all times, without exception.

Again, attention is drawn to the principles set out in Section 4 of the manual and which must be adhered to at all times.

It is vital for the credibility of the review that the team establishes a climate of trust in which people feel they can be open and honest.

A key motivation for peers is the opportunity to learn from others. Peers are encouraged to return to their own authority at the end of the process and talk about their experiences. However, in doing so, peers should respect the fact that some of the information the team comes across may be sensitive in nature and must not be used in a way that could undermine the council, or the integrity of the peer review process.

It is difficult to predict what issues may arise during the course of a review. If a team member comes across anything in an interview, visit or workshop etc. of a 'whistle-blowing' nature, it is important that they share this with the review manager and team leader immediately – **before acting on it in any way**.

The review manager and team leader will need to make a judgement as to whether the matter is sufficiently serious to be raised with the authority eg where there are serious concerns about the safety and welfare of children. The review manager will involve the council review sponsor at this point. It will be for the council to decide on any appropriate action.

When compiling the peer written feedback or feedback slides, every effort must be taken to ensure that we do not present information which criticises individuals directly or in a way which enables them to be identified. However, the review team may decide that it is important to report back in a general way on issues relating to individuals, where a body of evidence exists.

v) Guidance for interviews

Wherever possible, interviews will be conducted by two persons. There may be circumstances, however, where the interview programme means that this is not possible.

All peer team members should follow the basic principles below.

Ahead of each interview or visit, if opportunity allows, agree with your partner the areas to be covered. In addition, agree who will provide the initial introductions and scene setting, and who will take notes (if not both of you).

At the start of each session, first introduce yourself, and then invite your colleague/s to do the same. Also take the lead in outlining that:

- the review is not an inspection – it is a supportive but challenging process to assist councils and their partners in celebrating their strengths and identifying their own areas for improvement; the key purpose of the review is to stimulate local discussion about how the council and its partners can become more effective in delivering improved outcomes for children and young people
- the team is only there at the request of the council; it is not being imposed on the council
- team members are acting as 'critical friends', looking at both strengths and areas for further consideration
- the views of a wide range of people both inside and outside the council are being gathered
- the process depends on people being open and honest about what the council is good at, and what issues need to be addressed
- all the information that the team gleans is absolutely non-attributable to individuals or specific groups.

A set of example interview questions is set out in Appendix 14 which may be useful to help frame each interview. Outside of the introductions, peers should not talk about their own council and experiences unless it is strictly relevant to do so. Ensure everybody is enabled to contribute in workshops and that nobody monopolises them. Do not mention comments made by named interviewees in other forums.

Remember that these interviews are for the team to gain information. They should be conducted in an informal manner and with open questions. Peers should not use the interviews to give opinions/judgements.

At the end of each interview or workshop, peers should ask if those being interviewed have any questions they would like to ask, or any concerns they would like to raise. Thank colleagues for their time and, assuming it has been the case, their openness and honesty.

It is absolutely essential that interviews are conducted within the agreed time limits for the discussion. Any over-running will create logistical difficulties. If there is a need for further discussion the review manager should arrange for a second interview.

vi) Capturing information

All team members must keep notes from interviews, focus groups etc. in a clear and accessible way, using proportionate and objective language and ensuring that all points are based on substantiated information. The notes of interviews and focus groups will be collected by the review manager, retained as part of the supporting evidence for the review and archived. These written notes should be factual records of the discussions that have taken place.

Where statements are made by individuals, it is important that peers ask for details of examples and evidence to illustrate the point made – this provides vital evidence for the team. The team should not at any time act on 'hearsay' or unsubstantiated information. All evidence should be triangulated and robust.

Members of the team will be provided with notebooks in which to make their notes. However, a commonly used technique is for team members to also complete a 'post it' for each relevant point and place these on flip charts in the base room under the relevant themes. This allows the team to easily share information, have a 'feel' for what has been covered, identify gaps and disagreements etc. The review manager will agree with the team exactly how such an approach will operate.

Appendix 3 – Peer team skills

Delivering a peer review requires a considerable number of different skill sets and competencies. The following is a summary of the attributes that peers will require when undertaking the roles outlined in Appendix 2.

Interpersonal skills and 'emotional intelligence'
- Being able to gain trust quickly and be able to build rapport
- Being able to convey a true interest in the council's work
- Having empathy and awareness of sensitive issues (especially where, for example, the receiving council had just had an inspection)
- Understanding of the context of the receiving council
- Being able to ask challenging questions in a sensitive and constructive manner
- Having good listening, communication and facilitation skills

Good 'subject' knowledge

- Knowing what good practice looks like
- Frontline knowledge and practical experience
- Personal credibility and a proven track record of delivery
- Up-to-date knowledge of service trends, examples of innovation etc
- An appreciation of the perspective of service users
- Respect for how other authorities work, and recognise that authorities have the right to accept or decline recommendations for changing ways of working.

Analytical skills
- Being able to assimilate and analyse lots of information quickly
- Being able to review the evidence and distil it down to the key messages
- Being able to triangulate evidence and look at messages from different sources
- Being able to recognise inconsistencies and/ or identify lack of evidence
- Curiosity and questioning skills.

Challenge and objectivity
- Being able to identify the questions that require exploration
- Being able to pursue lines of enquiry with rigour and thoroughness, including asking sensitive questions in a constructive manner
- Being able to identify both strategic and detailed issues
- Being able to explain the reasons for peer findings and to deal with questions arising from this

- Being able to deliver 'difficult' messages in a professional and consistent manner
- Being able to listen to challenge and assess it correctly in an objective manner
- Being able to contribute actively to team discussions, put forward ideas and appreciate and assess others input

Personal management and attributes

- Being able to plan one's own time
- Being able to produce concise and accurate summaries/presentation whilst under time pressure
- Adaptability to deal with changes to interview schedules etc
- Team player
- Physical and mental stamina (review managers will ensure any mobility or special requirements are taken into account throughout the review process)

Appendix 4 – Council team roles

The following summarises the key responsibilities of the council team.

Council review sponsor

This should be a senior manager within the council (preferably the director or assistant director of children's services). The role of the review sponsor is to:

- commission the review
- ensure there is high level commitment to the review process within the council and its partners
- where necessary ensure that people are available for interview
- be the main link between the council and LGA on points of principle regarding the review, themes to be explored etc
- ensure that the council overview presentation is prepared for delivery on the morning of day one of the on-site stage
- to ensure that all the facilities and organisation required for the audit validation exercise to be undertaken (if chosen) are in place
- to ensure that all the facilities and organisation required for the case records exercise to be undertaken, (if chosen) are in place
- provide oversight for the council's case mapping chair and ensure that the case mapping report is prepared and delivered to the review manager within the timescales stated
- provide oversight for the council's review organiser and ensure that all their responsibilities are completed within the timescales stated
- receive and collate comments on the draft feedback letter
- contribute to the formal evaluation process.

Council review organiser

The role of the council review organiser is to:

- be the 'single point of contact' with the review manager and LGA project co-ordinator on all logistical details eg base room, catering, transport etc
- prepare the draft timetable in consultation with the review sponsor and ensure that people are available for interview
- supply the required documents to the review team
- distribute the frontline questionnaire
- establish and monitor the work of the case mapping group
- be available during the on-site stage for requests from the team additional documents, meetings etc – in practice the review manager will need to see the council review organiser at fairly frequent intervals during the on-site stage.

Case mapping chair and team

The role of the case mapping chair and team is to:

- ensure that all the requirements of the case mapping exercise outlined in Appendix 7 are met
- compile a case mapping report and ensure that this is submitted within the time-frames required
- be available during the on-site stage to discuss the case mapping findings.

NB If the audit validation and/or case records review options are also chosen it is likely that the case mapping chair will also be required to support and facilitate those exercises.

Appendix 5 – Key council responsibilities

The council should be aware of its responsibilities when requesting a review. These can be summarised as follows:

- identification of a review sponsor, review organiser and case mapping team to undertake the responsibilities outlined in Appendix 4
- attendance at a set up meeting by the review sponsor and director of children's services (if not the same person), review organiser and, if possible, the lead member for children's services and key partners
- assurance that key personnel will be available and participate as required in each element of the review – this may involve taking part in the case mapping exercise, completion of the frontline questionnaire, taking part in a one hour interview, and/or attending the final prioritisation conference day at the end of the on-site week
- organisation of the interview schedule in conjunction with the review manager and ensuring that people will attend – this should be completed and finalised with the review manager two weeks before the on-site stage
- management of the frontline questionnaire distribution, completion and return to LGA by the agreed deadline
- provision of the data and documentation to LGA as outlined in the methodology (Appendix 6), by the agreed deadline
- ensuring that on-site rooms for the first thoughts presentation and feedback and prioritisation conference are organised – both need PowerPoint projectors and flipcharts – please ensure that any security/ encryption issues are identified and resolved to allow for presentations to be loaded onto local computer systems
- attendance at the initial workshop and feedback and prioritisation conferences by personnel from the council and its partners, as agreed with LGA review manager
- provision of a base room for the peer review team for the duration of the on-site week as outlined in the guidance manual, including the provision of appropriate refreshments – the requirements for this room are set out at the end of this appendix
- provision of suitable rooms for all interviews (people's individual offices are fine for these)
- ensure that comments on the draft feedback letter are returned within two weeks
- contribute to the feedback and evaluation process
- commitment to ensuring the agreed action plans are followed through and an appropriate monitoring mechanism put in place.

Team base room

The council must ensure that there is a suitable base room for the team throughout the on-site stage. This must be close to where the bulk of the on-site interviews will be held. The team will spend a considerable amount of time in this room and so consideration should be given to ensuring that it is large enough to accommodate comfortably all members of the team, equipment and has adequate light and ventilation.

The room must be for the sole use of the team members, with all interviews and focus groups being held elsewhere. It needs to be private and lockable, with sets of keys for team members going in and out at different times. It also needs to be accessible to the team after hours. The room will need to be equipped with the following:

- a telephone
- two computers – one with access to the internet and the council's Intranet and email system
- a high-speed, good-quality black and white printer
- two flipcharts with marker pens and replacement paper (flip charts should be able to be hung on the walls)
- a central meeting table providing adequate room for each person on the review team.

The team will require around 200 large-sized post-it notes of different colours, for use in the team base room and during workshops and focus groups. A box of biro pens and some blue tac, plus access to a nearby fax machine and photocopier are also needed.

Catering

Tea, coffee, water, fruit juice, fruit, biscuits and other light snacks should be provided in the room or nearby and be accessible at any time throughout the day and evening. The team will need to be provided with lunch each day, either in the team base room or from the canteen. It is important that catering arrangements are planned in conjunction with the timetable for the week.

The project co-ordinator will liaise with each of the team members in advance and notify the council in good time of any specific dietary requirements they may have.

Appendix 6 – Documentation and data required at review preparation stages

During the initial review preparation stage, the host council should assemble the key documents that the peer team will need to see before arriving on site, and supply appropriate performance information. **These must be sent to the review manager and project co-ordinator at least two weeks before the on-site stage and preferably four to six weeks before the on-site stage.**

The council should consider what documents the peer team will need to see in order to understand the council's context, strategy, action plans, performance and ways of working. Wherever possible these should be the actual documents themselves rather than links to web sites. Details of significant developments and initiatives should also be provided.

However, the council must recognise that the peer team has a finite amount of time to read and understand documentation and so must not be swamped with unnecessary detail. It is far more important at this stage that the team has a clear understanding of the key issues and is able to ask for any supplementary information it may require while on site.

It is helpful, therefore, if councils can highlight or draw to the team's attention the key parts of any documentation (and why this is key).

The following is a list of the typical documents that should be provided at this stage **in addition to the case mapping report and performance data below:**

- local safeguarding children board (LSCB) business plan, annual report, policies and procedures and minutes of last six meetings
- children and young people's plan (CYPP) or equivalent
- Ofsted annual performance profile/annual assessment letter for last three years
- any self-assessment, if available
- extract from joint strategic needs assessment (JSNA) for children and young people
- extracts from other strategic or corporate plans relating to children's services
- joint commissioning strategy
- summary of directorate's budget
- Ofsted inspection reports of children's services
- reports from peer reviews or peer challenge processes
- workforce strategy
- recent Section 11 audits
- executive summaries and recommendations of serious case reviews for last two years

- local 'working together' and child protection procedures
- examples of a case record and other audit reports
- caseload management reports
- any scrutiny reports on safeguarding and reports to scrutiny
- any guidance to staff/other agencies on safeguarding thresholds
- reports on engagement with children, young people, and communities regarding safeguarding
- results of any surveys of children, young people and parents on staying safe for last three years
- staff survey reports relating to children's services
- sample child protection (CP) policies from schools, commissioned services, other agencies
- examples of commissioned/funded services relevant to safeguarding
- equalities impact assessment reports relating to children services, if available
- other relevant documents the authority wishes the peer team to consider – but only if absolutely essential to aid the team's understanding (the team will feel free to ask for additional documentation while on site).

Specific health related documents to be provided include:

- any Health CP report and action plan resulting from a serious case review (SCR) or child concern event
- health board reports and minutes from safeguarding committees/groups/clinical commissioning/health and wellbeing board
- annual report for the NHS boards and annual public health report
- section 11 audits – compliance reports from commissioning bodies and individual providers where these are not included in annual reports to LSCB
- safeguarding children audits and assurance to the relevant Health Boards (or similar documents)
- training needs analysis and how effectiveness is measured
- organisation structures for safeguarding children specialists
- information sharing arrangements within health
- updated health CP policy and procedures
- information on how the authority shares information on at-risk families to health organisations and in particular accident and emergency departments, walk-in clinics, GP practices and NHS Direct
- Care Quality Commission (CQC) return
- health policies and procedures relevant to safeguarding.

Team members will need to read those documents that are relevant to their particular focus during the review (the review analyst will read them all). However, all team members will read as a minimum:

- LSCB business plan
- CYPP or equivalent
- JSNA extract
- self-assessment, if available
- off-site analysis report

Hard copies of any documents provided should also be placed in the team base room.

Obviously the above presents an enormous amount of reading for the peer review team. As stated, councils are encouraged to draw attention to the key parts of documents that will be of use to the team.

Performance data

In addition to the above documents, please send your most recent performance monitoring reports regarding safeguarding. These should include England and nearest neighbour/regional comparative data and trend data where available. The children's improvement board data set and/or Ofsted's performance profile would also be helpful.

Appendix 7 – Case mapping

Guidance for case records mapping group exercise

The mapping group's work should begin as soon as possible after the initial set-up meeting has taken place. The final report should be submitted to the review manager two weeks before the review team is due to come on-site. The report will feed into the 'initial thoughts' presentation and feedback prioritisation conference. The exercise is not intended as a substitute for the LSCB case file audit process, but might identify some issues that the LSCB may wish to pursue.

The task

The task of the mapping group is to build a three-dimensional picture or 'thick description' of safeguarding, with particular attention to interfaces between different agencies and levels of the system. It is a multi-agency qualitative overview rather than a single agency quantitative audit. Two kinds of question frame the work of the mapping group:

- in what way are the processes of different agencies working well or encountering difficulties in achieving improved outcomes for children and young people?

- what is the evidence for progress or lack of progress in creating partnerships to safeguard children?

The mapping group are asked to examine case records in four areas of practice to build the local picture of multi-agency functioning. The four areas are:

- cases where domestic violence/drugs/alcohol/adult mental health/learning disabilities is evident
- cases not quite reaching the thresholds for child protection
- cases where children have been harmed while being subject to a child protection plan
- cases where children have been re-registered.

The process

The authority provides the peer review manager with a list of 10 case record numbers from each of the above four areas. It is important to remember that processes and procedures have changed significantly over that last few years and while an historical overview of long-term work is useful, for the purposes of this work, it is best to concentrate on files that are relatively recent for all agencies.

The review manager randomly selects three case records numbers from each list. Once made available, the mapping group select one case (from each set of three) to map for each area. The group can select more than one case from each set but one from each should be the minimum.

The authority will need to identify what records are held by other agencies. Representatives from partner agencies should map the data held on their agency records and bring their 'maps' to the mapping group. It is essential that reports from all agencies working with the child/family are included in the group's deliberations.

All records will be held by the authority/agencies in their usual place of keeping at all times, but made available to the appropriate mapping group team members as required. The records will be accessed by the mapping group team members in the usual place of keeping and not removed from this location.

To respect the confidentiality of the case records, the peer review team will at no point access the records.

Who is involved?

The local children's services authority will identify six to eight sector-wide practitioners (ie operational staff/practitioner level 3 and 4 across the sector) to undertake the mapping work. Group members will work in pairs.

It is suggested that a third-tier officer responsible for safeguarding should lead the group.

The team should comprise at least:

- social workers undertaking initial assessments and long term child protection work
- a health visitor/frontline health professional
- a child abuse investigation team (CAIT) or frontline police officer
- a child and adolescent mental health services (CAMHS), youth offending team (YOT) and/or youth worker
- a designated teacher
- a voluntary sector representative.

NB The team should not include any person who has previously managed any of the cases.

Milestones

Over the course of the mapping group exercise, the group will work together to map the local picture through their study of the case records. It is proposed that they meet as a group a minimum of three times. Meetings may be structured as follows:

- first meeting: to establish the various tasks, select the case records for review, agree roles, agree who should offer guidance if difficulties are encountered, and set dates for meetings two and three – the first meeting may also wish to add to the guidance questions, any issues relevant to local circumstances
- second meeting: for a progress check and troubleshooting, and to prepare interim findings
- third meeting: to finalise report back to peer review team (via the review manager) using the template below.

The team members, working in pairs, should try to address the 12 groups of questions (see below) probably in two sessions and feed their findings into the overall group meetings.

The mapping group will need to provide the peer review team with their findings at least two weeks before the review team come on site.

Defining a plan of work

At the first meeting it will be necessary to:

- select the four or more case records defined above and consider how best to review these, identifying which agencies hold records relating to the particular case
- confirm the pairs and lead responsibility for each case
- taking on board the milestones set out above, agree a timescale for completion and reporting back to the third meeting of the mapping group – also agree how to draw together findings from each strand of work and feed this back to the review team.

What kinds of questions?

It is important to establish at the outset that the aim of this exercise is essentially descriptive – the questions being asked are 'what' and 'how' questions rather than 'why' or 'who' questions. Above all the mapping group is **not** interested in asking 'Who is to blame for something not working well?'

The group should assume that some things they encounter will be going well, and some not so well. It is important that they consider all aspects.

A set of questions (see below) is for use by the mapping group to help direct their focus in reviewing each case. These are not exclusive and may not be relevant in all cases.

Producing findings

The aim is to generate snapshots of partnership working regarding safeguarding in the sector. They can provide clear indicators of where improvement in practice or working relationships is needed. Where the mapping exercise identifies 'problems', this should focus on ways in which processes such as information sharing can be improved.

Feedback to the peer review team should cover the following issues:

- outline difficulties experienced in undertaking the task such as access to records, changes in personnel through the life of the mapping group, inadequate recording, lack of co-operation of partner agencies, etc
- identify strengths and challenges in the following areas:
    - o the effectiveness of practice (outcomes specified and achieved)

- quality of interventions
- rigorousness of recording and management oversight
- responsiveness and timeliness of interventions
- joint working and information sharing
- impact of the common assessment framework (CAF)
- accessibility of information particulary from a child or carer's perspective.

The following is suggested as a template for this feedback:

1) Introduction

1. How was the exercise carried out, over what period of time, who was involved, who led the work?
2. Which cases were selected (in brief, eg child living with domestic violence)?
3. Which records were accessed/which could not be accessed?

2) Brief outline of each case to include:

1. reason for contact/involvement
2. agencies involved
3. what worked well/did not work well
4. which records were accessed, were they clear and up to date, were there chronologies and contact information sheets, single/common assessments or multiple assessments, timeliness and appropriateness of conferences and reviews, who attended, were there outcome-based plans?

3) Thematic findings, for example:

1. file/record management
2. service planning
3. children's engagement and voice of the child
4. interagency working
5. participants' observations
6. funding and systems.

4) Conclusions and learning points following key questions from guidance as appropriate.

Generic questions for mapping group

In respect of the four (or more) cases, the mapping group pairs should consider the following questions.

i. Is there clear identification of the lead agency/professional in the case, and is there evidence that this is clear to the child/young person and their family/carers?
ii. Is there evidence that children are seen alone, their voices heard and their views taken into account during assessment, care planning and review?

iii.   Do initial and core assessment processes look as though they are sector-wide and unified among core partners in the local sector? Is assessment information shared appropriately, both in professional and electronic (accessibility) terms?

iv.   Is there evidence of multiple/duplicated assessment processes in the case? What steps, if any, are agencies known to be taking to integrate assessment processes, or agree protocols which will reduce duplication? How far has the CAF impacted on reducing multiple assessments?

v.   Are the records of all agencies well kept, with up-to-date basic and case summary/chronology information? Can chronologies be accessed from the integrated children's system? What would a child/young person say about the case file maintenance and clarity of the story?

vi.   Where the case has moved between agencies, or between tiers within the same service, are referral/intake processes efficient and responsive? If not, what are the patterns of difficulty?

vii.   Is there evidence of effective multi-agency co-operation and risk assessment on cases? Do any risks in the case seem to be appropriately assessed (multi-agency), recorded and acted on?

viii.   What evidence is there that actions and plans are being explained properly to the child/young person? Are children and young people asked what difference the interventions have made? Is practice in the case driven by the outcomes sought for the child/young person and are these specified anywhere?

ix.   Where a case moves across agency boundaries, or where significant costs are associated with decision-making (eg out of borough/county placements or school transport), do effective resource mechanisms/protocols exist to facilitate decisions, allow money to follow cases etc.? Does the case reveal evidence of significant resource deficits in respect of workforce, budgetary or commissioning issues?

x.   Do the case records reveal evidence of effective frontline practice and management? Is there evidence of the provision of regular and effective supervision within the services involved with the case, but with particular reference to the lead professional? Are decisions clearly recorded and signed off by senior managers?

xi.   Is there evidence that different agency information systems are integrated, or capable of managing the flow of information between different systems, so that information follows the child/young person?

xii.   Is there evidence that recruitment and retention issues have any effect on the outcome of the cases? Did the cases have a practitioner allocated that is/was an agency or permanent member of staff? (Please record the number of lead professional changes in the life of the child.)

xiii.   What mechanisms are in evidence to show that the agencies involved in the child/young person's life, are measuring the impact and difference that they are making through the services that are provided? Is there evidence that the frontline staff are aware of the particular set of performance indicators that are relevant to these cases?

(The 13 questions should be addressed by the team members working in pairs – perhaps in two sessions, each pair session being interspersed with a meeting of the mapping group to share findings.)

Appendix 8 – Pre-review analysis report

Purpose

The pre-review analysis report is intended to help the peer team focus on key issues affecting the council and give an overview of its performance. It is at its most helpful when it contains an overview of performance and comments against each of the themes and additional areas of focus that the team has been asked to explore. It will form a major part in the compilation of the first thoughts presentation and in focusing the team's activities while on site.

The report should consist of:

- a narrative summary of what appear to be key points arising from the analysis
- a table which states in bullet point format the strengths, areas for consideration and areas for clarification on site for each of the themes set out in Appendix 1 i.e.
    - Effective Practice, Service Delivery and the Voice of the Child
    - Outcomes, Impact and Performance Management
    - Working Together (including Health and Wellbeing Board)
    - Capacity and Managing Resources
    - Vision, Strategy and Leadership

Ideally this will cover all of the headline probes in Appendix 1 (not the detailed probes in Appendix 1A) although it is accepted that whether this is possible will depend upon the documents and data sent.

- It is helpful if the table can also state the key pieces of evidence used in compiling the bullet points.

The extent to which this is possible will depend to some extent on the quality of the documentation submitted by the council, the thoroughness of the case mapping exercise etc. It may be necessary for the report to highlight issues that require further evidence or questions that the team may wish to explore on-site.

The review manager can provide the review analyst with an example of an off-site analysis report in order that they may appreciate the requirements of the report.

Process

The review analyst should undertake an analysis of key documentation (see below) the case mapping report and the performance data. If available in time, it should also take into account the questionnaire analysis report compiled by the review manager.

The report should be sent to the team leader and review manager in time for them to read and understand its contents before they meet the week before the on-site stage to prepare the draft of the first thoughts presentation. The minimum documents that should be used to compile the report are set out below:

- performance data

- case mapping report
- council's self-assessment' (if provided)
- children and young people plan (CYPP)
- local safeguarding children board (LSCB) business plan
- prevention and early intervention strategy
- extract from joint strategic needs assessment
- Ofsted inspection reports and other review/challenge reports
- local 'working together' and child protection procedures
- examples of consultation with and feedback from children and young people.

In practice, it is also useful for the review analyst to look at relevant sections of the council's website.

Appendix 9 – Frontline questionnaire

The peer review process includes a survey through a questionnaire of frontline staff (key strategic personnel are seen individually during the on-site process). The questionnaire asks the staff to reflect on, and offer their perceptions of local safeguarding.

The questionnaire is completed electronically by means of a Survey Monkey and the LGA project co-ordinator will send the council review organiser a link to be sent to staff invited to complete the questionnaire.

It is suggested that the link be sent to a wide range and large number of frontline staff who interact with service users as set out below.

Local authority and schools

- Frontline professional social workers
- Other frontline staff in social work teams
- Immediate supervisors of social work teams
- Case conference chairs
- Independent reviewing officers
- Education welfare officers
- Designated teachers
- Special educational needs co-ordinators
- Local authority designated officers

Health and related

- Health visitors
- Midwives
- School nurses
- Designated doctors
- Designated nurses
- Accident and emergency staff
- Child and adolescent mental health services (CAMHS) staff
- Other frontline health professionals

Police
- Child protection teams
- Other frontline staff concerned with safeguarding

Voluntary sector

- Frontline voluntary staff

The frontline questionnaire should be completed at least two weeks before the on-site stage.

Obviously how the council chooses to communicate with staff and partners regarding the questionnaire is at their discretion but it is strongly suggested that the following are stressed during any communication.

a) The council has invited the LGA to provide a peer review of safeguarding services for children and young people.
b) This is not an inspection – the review team will be serving officers and members from other local authorities who will act as critical friends and be looking to highlight areas of good practice and where some further development may be required. There is no judgement or rating arising from the review.
c) The team will be gathering information from a wide variety of sources including documents, statistical data and interviews with key individuals and groups of staff and partners.
d) As part of the information gathering, they would like to understand the views of frontline staff on how safeguarding services are operating. Although there will be a staff focus group arranged as part of the interview programme this obviously cannot accommodate all staff and so you are invited to complete a questionnaire to provide your views. The link to this is attached.
e) Please note that the individual responses go directly to the Local Government Association peer team. The council will not see individual responses and the peer team will only report back on general trends from the questionnaire with individual confidentiality being totally respected.
f) We hope as many people as possible will respond.

Based upon the responses received, the review manager will compile a report on the key points emerging from each question. This report will then be used to inform the preparation of the first thoughts presentation and will be sent to the team as part of the pre-reading.

The questionnaire is set out below.

1. **Name**

2. **Name of Organisation**

3. **Is the organisation you work for:**

   Local Authority
   NHS Organisation
   Police
   Voluntary or community sector organisation
   Other (please state nature of organisation)

4. **How confident are you that multi-agency safeguarding procedures you experience are working well?**

   Very confident

Confident
Neither confident or not confident
Not confident
Not very confident at all
Don't know

If not confident or not very confident at all, how could your multi-agency safeguarding procedures be improved?

Comment box

5. **How well established is the use of the common assessment framework (CAF) in your area or service?**

Very well established
Well established
Not well established
Don't know

6. **Are the outcomes intended for children and families clear in the care plans you see?**

Outcomes are always clear
Sometimes clear
Rarely clear
Don't know

7. **How would you rate the arrangements for information sharing as regards safeguarding?**

Very good
Good
Neither good nor poor
Poor
Very poor
Don't know

If neither good nor poor, poor or very poor, how could arrangements for information sharing be improved?

Comment box

8. **Are multi-agency risk assessments undertaken?**

Always
Most of the time
Sometimes
Never
Don't know

9. **Are you clear about who can make safeguarding decisions in respect of individual children?**

   Yes
   No
   Don't know

   If no, please briefly outline below in what circumstances you are unclear.

   Comment box

10. **Are children/young people seen alone when required by your safeguarding procedures?**

    Yes
    No
    Don't know

11. **Are children and young people appropriately involved in decisions affecting them?**

    Yes
    No
    Don't know

    If no, how could children and young people be better involved?

    Comment box

12. **Are parents and carers involved effectively in case conferences?**

    Yes
    No
    Don't know

    If no, how could parents and carers be better involved?

    Comment box

13. **Are child protection referrals always dealt with according to your local LSCB procedures?**

    Yes
    No
    Don't know

    If no, what are the reasons for this?

    Comment box

14. Are child protection services meeting the needs of vulnerable and hard-to-reach groups in your community?

Yes
No
Don't know

If no, which groups or children are not being offered a good service?

Comment box

15. Do you think all non-specialist staff (eg school classroom assistants, GP receptionists etc) know what to do if they are worried a child is at risk?

Yes
No
Don't know

If no, what action needs to be taken to ensure all non-specialist staff know what to do?

Comment box

16. Does the supervision/clinical oversight offered to you and your colleagues enable reflective practice?

Yes
No
Don't know

If no, how could supervision be improved?

Comment box

17. Is your multi-agency training helping you deliver a better service?

Yes
No
Don't know

If no or unsure, how could the training be improved?

Comment box

18. Have you heard about the learning from your areas serious case reviews, child death reviews, inspections and audits?

Yes
No
Don't know

If no, how could sharing the learning be improved?

Comment box

19. How regularly are you given opportunities to learn from research and best practice?

Regularly
Irregularly
Rarely
Never
Don't know

If anything other than regularly, how could opportunities to learn from research and best practice be improved?

Comment box

20. Do you know how well your team and service is performing?

Yes
No
Don't know

If no, how could the information and its availability be improved?

Comment box

21. Does the performance information include comparison with similar services?

Yes
No
Don't know

22. Do you know what the safeguarding board priorities for improvement are?

Yes
No
Don't know

23. Do you think these priorities are appropriate for your authority?

Yes
No
Don't know

If no, what should they be?

Comment box

24. Do you think safeguarding has enough priority in your service or agency?

Yes
No
Don't know

If no, what else should the trust be doing?

Comment box

25. Are the arrangements for dealing with professional differences working effectively?

Yes
No
Don't know

If no, how could they be improved?

Comment box

26. Are there enough frontline staff in all agencies[1] to meet the demand for safeguarding services?

Yes
No
Don't know

If no, in which services or localities are the problems most critical?

Comment box

27. Are paper and electronic case records in your agency accurate and up to date?

Yes – both are up to date
Yes – electronic records only
Yes – paper records only
No
Don't know

If no, how could recording be improved?

Comment box

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[1] The term agency applies to all partners working with children including the local authority, the NHS, police, voluntary sector, etc.

28. How effectively do the IT systems you use support your professional practice?

Very effectively
Quite effectively
Not very effectively
Not at all
Don't know

What improvements would you suggest?

Comment box

29. Are the offices and other facilities available to you and your colleagues fit for purpose?

Yes
No
Don't know

If no, how could they be improved?

Appendix 10 – On-site interview programme

The on-site stage is the 'centre piece' of the whole review process. Its smooth operation is vital to the success of the review and requires careful planning. It is essential that during the preparation of this stage that there is good liaison between the council review organiser and the review manager (who will advise on practicalities etc). The timetable should be finalised two weeks before the actual on-site stage commences

Practical timetable pointers

Compiling the programme and taking into account all diary commitments of those involved, practical arrangements, etc can be time consuming. It is strongly suggested that this work is commenced as soon as possible with a rough draft being given to the review manager at an early stage so that s/he can advise on any practical difficulties they can foresee.

It is important to understand how the review team will operate during the review and how this will affect the on-site programme.

The peer team will not operate as one single team during the review. Instead they will split into smaller teams (usually two people) to ensure that between them they can see all the people required during the review period.

Generally there should be two interview streams running at any one time (see example interview programme below). However, if required and where the size of the team permits, three streams may operate on occasion to allow for full coverage of all those who need to be seen or where diary commitments force this to be necessary.

The membership of the teams will alter during the period of the review. This means that all interviews, focus groups etc must end at the same time so that review team members can swap over.

Individual interviews should be scheduled for one hour. In practice the peer team should interview for three quarters of an hour and use the remaining time to allow for crossover of teams, note writing etc.

Focus group sessions should be for one and a half hours.

The teams will need to visit a number of key sites such as referral/intake team base, accident and emergency, commissioned services, etc. Transport arrangements and time for travel for these visits need to be taken into account particularly in large county areas.

Site visits are time consuming and should only be built into the programme where they are essential to the teams understanding of the performance and good practice of the council and its partners. However, a visit to accident and emergency should always be part of the programme.

Parking arrangements for the team while on site should be in place.

If it's not possible for an interviewee to be on-site, a phone call may be acceptable if agreed with the review manager beforehand.

The review team will need to meet together at stages of the review to compare notes, ask for additional information, etc. Slots for this need to be built into the timetable.

In order to cover as much ground as possible, the timetable may include evening sessions, but be careful people aren't too overloaded.

Workshop venues need to be big enough to divide into smaller groups.

Practicalities of transport to and from the council and the team hotel should also be taken into account.

Peer teams need breaks for lunch and comfort breaks!

Peer teams should not arrange to see individual children or groups of children and young people during the on-site week.

There may be some exceptions where it is appropriate to meet a focus group of young people eg to see a group of youth MPs, children in care council etc. In such circumstances the review manager must discuss the arrangements for holding such discussions with the council review sponsor and this must include a representative from the council.

People the team should see during the on-site stage

It is important that the council thinks about who the team should see while on site in order to be able to understand how the council and its partners are organised, their strategies, performance etc. This must take account of any particular themes that the council has asked the team to explore.

As the roles and circumstances of each council are different, it is impossible to give a definitive list as to who should be seen by the team. Set out below is a list of people that the team would normally expect to see. Key strategic members and officers will need to be seen individually but, where appropriate, other groups of staff etc may be seen in the form of focus groups.

Who	Notes
Council eader	
Lead member for children's services	
Opposition member for children services	
Chair of children's scrutiny	
Council chief executive	
Director of public health	
NHS senior managers	
Director of children's services	

Assistant director of safeguarding	
Assistant director of school improvement	
Children's improvement adviser	
Principal social worker	
Lead of case mapping group (if not included in above)	
Case mapping group members	Focus group
Assistant director business support	
Head of youth services	
Frontline staff (practitioners)	This should be a focus group of around six to eight frontline practitioners. The purpose of this group is to discuss safeguarding practice 'on the ground'
Council and partners focus group	This should be a focus group of around 12 people from across the partnership. The purpose of this focus group is to discuss how partners work together 'on the ground', leadership, information sharing etc.
Focus group of 'lay people' involved in safeguarding eg foster parents	
Director of adult services	
Chair of LSCB	
Manager of LSCB	
Designated teacher(s)	
Chair(s) school governors	
NHS managers	
Designated doctor(s)	Can be focus group with designated nurses and midwives
Designated nurse(s)	Can be focus group with designated doctors and midwives
Head of midwifery/health visitor services or midwives' focus group	Can be focus group with designated doctors and nurses
CEO(s) of commissioned services	Can be focus group
Other members of LSCB not included above	Can be focus group
Head of children and adolescent mental health services (CAMHS)	
Mental health trust CEO	
Senior police officer/borough commander and other relevant police representatives	
Police domestic violence lead	
Voluntary sector representatives	Can be focus group
Reps from both commissioners and providers	Can be focus group
Acute trust CEO/safeguarding leads	

Where a council has requested themes in addition to the standard themes it is essential that they also consider who else should be seen to allow for an exploration of these themes

Site visits

The review team should also have the opportunity to undertake site visits (eg to commissioned services etc) where the council has identified that these add real benefit to the knowledge of the team. As these visits are time consuming they should only take place where they really do add benefit and consideration should also be given where possible to the visit combining one or more of the interviews/focus groups above.

It is essential that these site visits include a visit to:

- accident and emergency
- duty desk/frontline access points.

Appendix 11 – Sample on-site programme

The timetable below gives an indication of how an on-site programme may look. It should be studied in conjunction with Appendix10. Please note that this is intended as a guide, and will need to be amended to suit the needs of the individual review.

For each interview, the council should supply name/s, job title/s and location.

Day 1 – Monday

TIME	A	B
08.30-9.00	Team shown to base room, domestic arrangements etc.	As stream A until after lunch
9.00-11.00	Team finalise first thoughts presentation and capture main issues etc.	
11.15-1.00	Council overview presentation and team first thoughts presentation	
1.00-2.00	Lunch	
2.00-3.00	Director of children's services	Chair of school governors
3.00-4.00	Children's improvement adviser	Council leader
4.00-4.15	Break	Break
4.15-5.30	Lead member for children's services	Designated nurse/s
5.30-6.30	Head of child and adolescent mental health services	Police domestic violence lead
6.30 onward	Team meeting	Team meeting

Day 2 – Tuesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room	Team gathers in on-site room	
9.00-10.00	Local safeguarding children board chair	NHS senior manager/s	
10.15-12.30	Commissioned service visit or focus group (commissioned services/ voluntary sector etc)	Duty desk/ Frontline access point and practitioner focus group	
12.30-1.30	Lunch	Lunch	
1.30-2.30	Assistant director safeguarding	Assistant director business support	Review of case recording system (if this option taken)
2.30-4.00	Council and partners focus group	Focus group lay people (foster parents etc)	
4.00-4.15	Team break	Team break	
4.15-5.15	Principal social worker	Mental health trust CEO safeguarding lead	
5.15-6.16	Head of youth services	Director of adult services	
6.15	Team meeting	Team meeting	

Day 3 – Wednesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	Assistant director, school improvement	
10.15-12.30	Visit accident and emergency	Commissioned service visit or focus group (commissioned services/ voluntary sector etc.)	Case record review group (if this option is taken)
12.30-1.30	Lunch	Lunch	
1.30-2.30	Designated doctor/s	Council Chief Executive	
2.30-3.30	Acute Trust CEO/Safeguarding lead	Senior Police officer/Borough Commander	
3.30-4.30	Designated teacher/s	Head of Midwifery/midwives	
4.30-5.00	Team break	Team break	
5.00-6.00	LSCB members (not included elsewhere)	NHS Senior Managers	
6.00	Team meeting	Team meeting	

Day 4 – Thursday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	LSCB manager	
10.10-11.00	Chair of children's scrutiny		
11.00-12.00		Leader/opposition spokesperson	
12.00-1.00	Lunch	Lunch	
1.00-5.30	Peer review team prepares final presentation and prioritisation conference	Peer review team prepares final presentation and prioritisation conference	
5.30-6.30	Team leader, review manager and other team members if required submit draft final presentation to director of children's services/senior team – discussion held		
6.30	Team meeting	Team meeting	

Day 5 – Friday

TIME	
08.30-11.00	Team completes final presentation, prepares for workshop and gathers notes
11.00-3.00 (approximately)	Final presentation and workshop (see Appendix 16 for suggested programme)

Appendix 12 – Audit validation

Purpose

If chosen the exercise described below must be conducted in accordance with the principles set out in Section 4 of this manual as regards personal data, data protection and confidentiality.

This process will examine how the council uses case audit to assess and improve the quality of practice. Prior to the on-site stage the operational manager peer will undertake an audit validation and prepare a report for the review team. The report should look at three questions:

a) how effective is the local audit process in assessing the quality of practice (through looking at previously audited cases)?
b) how well are the audit reports used by managers?
c) what action is taken in response to audit reports?

Method

Six weeks ahead of the on-site week the council will provide a list of 20 cases that have been audited on a single or multi agency basis during the previous three months: the review manager will choose five cases randomly from the list to be reviewed. In order to prepare the report the peer will attend the council for one day, approximately a month ahead of the on-site week to review the audits and the case files. They will also have a conversation with the social workers and their managers and this should be arranged with the council in advance of the visit. The peer will be allocated a further day to write up their findings and prepare a report for the peer review team (which will also be appended to the final feedback letter).

It is very important that the conversations with staff are conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

a) The local audit

The peer should examine the case audit process itself and also look at examples of completed case audits. This will require the peer to look at a sample of five cases that have been audited by different managers, and comment on how accurately the case audit has been able to assess the quality of practice in the case examples.

A good case audit process should include the essential elements outlined below. The peer should assess how well the council's approach covers these elements.

Practice area	What to look for
Basic information	The case audit should identify if basic information about the family has been provided on file. This would include case details such as ethnicity of children, family relationships, the key concerns or difficulties that families are facing.
Effectiveness of current and previous interventions	The case audit should be able to identify the impact of previous and current intervention, whether it has been positive and achieved desired changes within the family. If possible the case audit should be able to identify particular factors associated with the success of any help the family have received. A good case audit should be able to separate out the contribution of both the competence of the worker involved and the actual intervention itself and how it helped.
Assessment of need and analysis – have risk and protective factors been considered?	The case audit should be able to identify clearly the risk factors that impact on the child in the family, for example, domestic violence, drug and alcohol abuse, mental health problems, isolation etc. The case audit should also be able to see if protective factors have been considered by the agencies involved. It should be possible for the case audit to identify how the risk and protective factors have been balanced to produce a good assessment which looks not only at the difficulties within the family but also at their strengths. The case audit may focus on the quality of the analysis provided in assessments.
Service response	The case audit should be able to identify whether the service response has been efficient and timely. This is likely to be mainly in response to referrals to the agency and will include whether the agency acted promptly, kept the referrer informed of actions, and took appropriate action following the referral or receipt of new information.
Effective planning and review	Case audits will often look at care plans, child protection plans and other documents which set down plans for a child. The case audit should be able to identify if such plans are child centred, have clear and measurable objectives and identify who is doing what and when. The case audit should look at the timeliness and effectiveness of reviews of care plans.
Building a trusted and effective relationship	The core of good social work practice, the case audit should be able to comment on the extent to which the family are involved in decision making and planning and the skill of the practitioner in building a relationship with

	the child and family. Particular features for example, proactive approaches to involving extended family in safeguarding or the involvement of fathers, may be pertinent in some cases and would be expected to be considered within the case audit.
A child-centred approach including attention to equality and diversity	The case audit should look at whether the child has been seen alone and his or her views considered in decisions and case planning. The audit should look at evidence of practice which pays attention to a child's individual needs, and the response to factors relating to their age, ethnicity, or disability.
Multi-agency involvement	The case audit should look at the effectiveness of multi-agency working and the impact on the case of other agency involvement. Communication and information sharing will be key elements which should be considered by the case audit. Specific difficulties within and between agencies should be identified in order to identify themes and patterns which may emerge across a number of cases.
Management, supervision and oversight of practice	Most agencies will require first line managers to provide evidence of supervision on the case file itself and in these instances the case audit template should include attention to supervision notes or management direction and sign off at various stages. However the agency may use other mechanisms for checking the quality of supervision which are outside any case file audit and which should be considered. In particular it is unlikely that any critical reflection activity will be documented on the case file but would be an important element of supervision.
Quality of case recording	The case audit should look at the standard of case recording including factors such as clarity of information, concise report writing, up-to-date entries in the file, recording of basic information, and the presence of key documents for example, chronologies, core assessments etc.
Process monitoring	There are various processes which need to operate smoothly to support good practice. In particular, child protection procedures being implemented in line with statutory guidance but also other organisational processes such as case allocation, transfer, use of threshold criteria and referral to other agencies. The case audit should consider how well these processes have been followed in any one case.

b) Reports received by management

The peer should examine the reports received as a result of case audits and should consider the following factors:

1. How well have patterns and themes been identified in the case audit report?
2. How detailed is the report and does it provide concise findings which are accessible to the reader?
3. What is the time lag between the audits being carried out and the report being received by management?
4. Do the reports provide a good balance between quantitative, qualitative and outcome measures?
5. To what extent do the reports focus on quality of practice and the impact on families?
6. Is it possible to identify effective interventions with families and the skills of practitioners in helping children and their families to achieve improved outcomes?
7. Is it possible to identify shortfalls in practice in different parts of the service or even down to individual practitioners and if so, are there any contextual issues that should be considered, for example staff shortages or other resource issues?
8. Is good practice recognised and if so, to what level of detail?
9. Is there a clear set of recommendations in the report and are they 'specific, measurable, attainable, relevant and timely' (SMART)?
10. Have case audits been directed at priority areas of concern within children's services?

c) Actions taken in response to case audit reports
The peer should establish the following, primarily through interview with managers and quality assurance staff, but also by looking for written evidence of the way the whole process operates:
1. Is there evidence that recommendations have been acted on?
2. Is there a structure for regular monitoring of casework audits with follow up checks that actions have been completed?
3. How are learning feedback loops built in to the case audit and to what extent do the lessons from audits reach front line managers and practitioners?
4. Are there any mechanisms for receiving feedback about the service from children and families, and if so, are they aligned with the findings from case audits?

The report

The report (four to six pages) should be completed at least two weeks before the team arrive on site so that it can be included in the preparation of the first thoughts presentation. This report will be made available to the council and will be appended to the final feedback letter.

Appendix 13 – Case records review

Optional case record review

If chosen the exercise described below must be conducted in accordance with the principles set out in section 4 of this manual as regards personal data, data protection and confidentiality.

For authorities wishing to have a more in-depth look at effective practice, the peer review team can undertake an additional process looking at a limited number of case records. While this would not be the equivalent of the Ofsted case record inspections, it would help authorities to identify key practice issues such as:

- outcome focus
- chronologies
- evidence of the voice of the child
- evidence of reflective thinking and analysis
- management oversight
- multi-agency risk assessments.

The case record review will consist of two elements:

- an exploration and discussion of six to eight case files before the on-site stage
- on-site review of current referrals and assessments.

The purpose of the first element is to consider frontline case management and good practice and to see if the content of the records is consistent with views expressed by social workers and managers.

The second element is intended to provide an up to the minute view of current practice in managing referrals and assessments.

It is very important that this exercise is conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

The process

Approximately six weeks before the on-site stage, the review manager will request a list of around 30 open safeguarding cases for selection. The 30 cases should be selected at random from current allocated cases. The list provided to the review manager should include:

- integrated children's system (ICS) number
- date of birth
- gender
- language
- religion
- case status child in care (CLA)
- child protection (CP) including dates CP plans

- child in need (CIN)
- disability status
- ethnicity
- start date
- team where case held.

Depending on the issues identified in the authority's self-assessment (if any), Ofsted inspections and/or set up meeting, six to eight files will be selected for review by an operational manager peer. The details of the chosen files will be forwarded to the authority at least four weeks before the on-site week. Which cases are selected should take into account, for example, re-registration, CP and disability, cases held in assessment teams for a lengthy time still with CIN status, section 20 in child protection team for a long time, babies open with CIN category for several months, team with disproportionately high caseload, etc.

The peer assigned to the case records review will set aside two days to review the actual records and consider data quality, quality of assessment and work undertaken, management direction and oversight and write a report. During the on-site week peers will meet with the social workers and managers to discuss the cases. During these discussions peers may wish to make use of the questions outlined for the practitioner focus group set out in Appendix 15.and explore to what extent the social worker and manager:

- have identified the salient issues for the child and are addressing these
- have a good understanding as to what is going on in the case
- have an outcome focus
- are tracking progress
- understand the purpose of case recording.

NB Social workers interviewed in this process should not be included in other focus groups.

Feedback from the initial review of cases will be available to the review team and council through the peer completing a case record outcome report (see Appendix 13 A below) for each case and a narrative report on any trends or key issues identified. Feedback from the discussions with staff will also be shared during the on-site week. A final report should then be prepared and will be appended to the final feedback letter to the authority.

On-site work

Early in the on-site work, the peer(s) undertaking the case record review will access the case recording system and review a selection of records focused on current referrals and assessments, up to six cases again using the outcome report sheet below.

Appendix 13A – Case record outcome report

Question	Response with comments
Are care plans outcome focused with timescales?	
Are the outcomes regularly reviewed and is there evidence that alternative approaches are employed if outcomes aren't achieved in a timely manner?	
Is there evidence that the child has been spoken to on their own and their views taken into account in care planning?	
Is there a good quality, multi-agency assessment, completed within appropriate timescales?	
Is there evidence of reflective practice and analytic thinking in the development of care plans?	
Is there a multi-agency risk assessment?	
Is there evidence of partnership working and appropriate contributions by partners to assessment, care planning and service delivery?	
Is there evidence of management oversight?	
Is there evidence that supervision is regular and effective?	
Is there an up to date chronology and does it include all relevant data?	
Are all appropriate data fields and contact details completed and up to date? (On-site review stage only)	
General Case Comments	

Appendix 14 – Example interview questions for safeguarding peer reviews

These questions are your prompts and not a script. You will need to adapt them to the person (or group) you are meeting and in response to the initial findings. For example, in the section on frontline practice you may need to ask about staff shortages and morale in areas other than social work and health visiting.

1. Introduction

What is your direct involvement in safeguarding?
What areas of safeguarding activity are you responsible for?

2. Overview

What do you see as the strengths in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

What are the key safeguarding outcomes in your service or area of responsibility?

What do you see as the areas of concern or for development in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

3. Personal responsibility and quality assurance

How do you find out about and know what the quality of safeguarding work is:

- in your service or area of responsibility?
- in other areas of children's services?

4. Outcomes

- how are outcomes monitored and measured?
- what is their direction of travel?

5. Partnership

What is the quality of the relationship between children's services (in particular social care) and for example?

- adult mental health services?

- adult learning disability services?
- drugs and alcohol services?
- domestic violence services?

6. Frontline management

How do you know how effective your frontline managers are in delivering safe and good quality practice?

How are frontline managers supported to deliver better practice?

In what ways are they involved in developing and evaluating plans to improve safeguarding?

7. Frontline Practice

What percentage of social worker/health visitor posts have permanent staff and agency staff in them?

What percentage is vacant and are not covered by temporary staff?

How long, on average, do social workers/health visitors stay?

What is the size of average caseloads?

Is morale among social workers/health visitors poor/good/very good?

What is the quality of supervision?

Are information systems working efficiently and effectively to support good practice?

8. Local safeguarding children board

How is the LSCB improving safeguarding in the area?

What difference has the LSCB made to the lives of local children?

How effective is the LSCB in holding children's services and other agencies to account?

9. Involving children/parents and using the evidence base

How are safeguarding services for children changed and developed in response to:

- the views of children, young people and families?
- evidence from research about what works?
- the diverse needs of the community?

10. Political oversight

In what ways are councillors involved in safeguarding in the area?

How do they support and encourage improvements in safeguarding in the area?

Always try to obtain a specific example that evidences their answers.

Appendix 15 – Practitioner focus group

The purpose of the practitioners focus group is to allow for a face-to-face discussion regarding effective practice at frontline level.

The following are suggestions as to questions and issues that can be explored during the structured practitioner focus group**.**

General questions/issues

- Encourage them to identify what they think they do well, most people find it really hard to do this but it pushes them.
- Seek stories about the best of the past: knowledge and experience of self and others and the context; what helps, for example enabling policies/procedures, practice/ethos, culture, and environment.
- Ask for their proudest moments, the high points and why they think it worked so successfully (what they think ingredients for success are).
- Find out what is valued about the present, what they think works.
- Invite wishes for the future to enable individuals to reframe the challenges and identify where they want to get to.
- Find out about what they want more of.

Specific questions

Ask them to think about a couple of their recent cases. Then explore:

- how did they focus on the child and young person?
- how did they ensure they achieved the outcomes of the care plan and if they have not what did/are they doing about them?'
- what was their thinking?
- who did they work with?
- how were they supported?
- how were they challenged?
- how did they overcome obstacles?
- how did their manager know what was happening?
- how did they record their work, did it reflect what actually happened, or what they thought, including safeguarding risks and concerns?
- how do or are they demonstrating to others the effectiveness of what they are doing?
- what do they think the child or young person would say about what they did?
- what evidence, theory, and models do they use to help inform your assessment and professional judgement?

Appendix 16 – The feedback and prioritisation conference

The process and purpose

The final phase of the on-site stage of the review will be a feedback presentation from the team, immediate questions for clarification etc and then a conference in which the key players in the local partnership will have the opportunity to reflect on the findings of the review and to begin to take forward the work arising from it. **This requires planning by the host council and peer team.** This planning should be discussed by the review sponsor, team leader and review manager as early as possible and checked throughout the review process.

The purpose of the prioritisation conference is to:

- allow for discussion and understanding of the findings of the review
- to ensure that there is ownership and agreement of these findings
- to identify priorities for action
- to enable all partners to share in this exercise.

Conditions for success of the feedback conference

The following have been found to be essential to ensuring the success of the feedback and prioritisation phase:

- the 'whole system' should be there – attendance should include a cross-section of all relevant parties and particularly those people who have either taken part in the review and any senior figures who were unable to do so
- time should be split between both large and small group discussion
- the emphasis is on identifying priority areas for action (it is not intended that detailed action plans be formed at this stage)
- there is an emphasis on problem solving and sharing rather than being backward-looking or apportioning blame
- responsibility for taking forward priorities is established
- a suitable venue with space for all participants to move around.

Outputs from the conference

It is anticipated that the conference will:

- enable participants to gain a better understanding of each other's perspectives and concerns about safeguarding
- improve the development of a common language and culture
- identify priorities and a way forward.

Feedback and prioritisation conference – example agenda

The appropriate timetable and process for the feedback and prioritisation phase will depend on the individual circumstances and need of each council (see also Appendix 18 dealing with councils in intervention).

The following are two suggested agendas for the final day. The review sponsor, team leader and review manager should determine the exact format well in advance of the final day itself.

Example 1

11.00	Feedback presentation by review team and immediate questions for clarification
12.00	Immediate feedback/reaction from director of children's services
12.15	Prioritisation: attendees should be asked to indicate what they feel are the priorities for action arising from the review (one way to do this is to have the review findings on the wall of the room and ask attendees to indicate with a sticky dot the two or three that they feel are the priorities)
12.30	Lunch
1.00	Results of prioritisation fed back to plenary session. The four or five most urgent priorities will then be discussed in further detail in small groups to begin to develop action plans. These can be led by any agency and should be led where possible by the agency/individual that will have some responsibility/commitment to seeing the improvement achieved.
2.00	Feedback from groups and discussion
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Example 2

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/ reaction from director of children's services
11.45	Coffee

12.00	Small group working on prioritisation focusing on a) what are the key priorities identified? b) what immediate steps can be taken to move this forward?
1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Appendix 17 – Final letter

After the on-site stage, the council should be sent a final letter no later than three weeks after the review. This letter is not intended to be a comprehensive report. It should be an easy to read summary of the main findings of the review and the prioritisation conference.

The structure of the final letter is as follows:

- short introduction
- a narrative executive summary of the main review findings
- detail and good practice recommended to be shared regionally or via the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)C4EO
- summary strengths and areas for consideration (this is just the bullet points from the feedback presentation)
- findings from the feedback presentation bullet points (these should be annotated only where absolutely necessary for clarity)
- summary of the outputs from the prioritisation conference
- close (including details of follow-up)
- where the audit validation and/or case records exercise is undertaken the reports from these should be attached as an appendix

The review manager should prepare a draft of this letter and submit it to the team for comment. Once comments from the team (or just the team leader if there are no substantial points required from the team) have been received the review manager should send the draft to the LGA children's improvement adviser, the safeguarding review programme manager and the relevant local principal adviser for quality assurance.

Once all comments have been taken into account, the letter will be issued to the director of children's services by the LGA Safeguarding Team. A copy will sent to the council leader, lead member, chief executive, the LGA principal adviser and the regional sector-led improvement contact.

An example final letter is given in Appendix 17A.

Appendix 17A – Example final letter

Dear

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

We agreed to send you a letter confirming our findings. As you know the safeguarding challenge focused on six key areas including one specifically requested by you, ie the increase in number of looked-after children (LAC) and those subject to child protection plans (CPP). This letter sets out a summary of our findings on these areas. It includes the good practice we noted and areas which you might want to consider further. Some of the points raised during the feedback workshop held on 15 August 2011 are also included.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people.

Executive summary

A summary of the overall key conclusions of the peer team was that Noname Council (NC) and its partners have managed to continue to provide high quality services for vulnerable children and young people during a time of significant change and have a passion to improve services still further. In particular NC has excellent early years provision, good LAC outcomes and many excellent examples of incorporating the voice of the child into the development of its services.

This approach is supported by a culture of working together and a desire to continue to develop services suited to the complex needs of the diverse community.

The team were particularly impressed by the passion and commitment of all the staff they met. There was also consistent praise for the openness and accessibility of service leaders.

The council has undergone very significant change and financial challenges recently and has consciously protected its services for vulnerable children and young people during that time. Now that the immediate re-organisation is over it would be timely to take stock of the new context and financial restraints and consider how you will ensure sustainability and whether this would this be helped by fewer more focused activities. This consideration should then be distilled down into a new integrated strategy and efforts made to ensure that it is understood at all levels.

The passion of the council, staff and partners has already been mentioned. However, with this passion and desire comes potential difficulties in the current climate. Partly as a result of NC's desire to protect vulnerable children

and young people, the number of LAC and those subject to CPP's has risen. The team felt that a too risk-averse culture had developed and that NC and its partners need to examine the application of thresholds as part of a targeted plan to reduce LAC and CPP numbers. There is a danger that unless this is tackled the quality and sustainability of your overall services could be compromised. The plan should also ensure the avoidance of drift through more effective oversight and challenge from managers and reviewing officers and re-directing resources towards coherent, targeted activities for children at the threshold of care.

The new financial climate and need for even greater focus on determining priority areas and value for money will require even greater scrutiny and challenge among all partners. Key to this will be two main areas.

Firstly, there is a need to develop scrutiny functions that provide a sharp approach to ensuring that policy development and individual initiatives are providing the best possible value eg a possible area for this could be early intervention which appears to lack a costing model with targets for changes in activity and expenditure

Secondly, it would be timely to look at the structure of the local safeguarding children's board (LSCB) to ensure it is shaped to fulfil its changing role and to refocus activity on robust challenge and scrutiny.

These comments are made with the intention of supporting your desire to provide high quality services. They are not intended to detract from your major strengths of good relations, ambition, passion and 'can do' approach. Rather we hope you can use them to focus and build on your good progress.

The main strengths and areas for further consideration presented to you were as follows.

Summary strengths

- Continued high-quality services for vulnerable children and young people during a time of significant change
- High ambition to provide the best outcomes for children and young people
- Range of good performance indicators
- Good partnership working at strategic level
- Good LAC outcomes
- Desire to apply learning throughout authority
- Evidence of user engagement
- Excellent early years provision
- Some good engagement with diverse communities
- Exploitation of the advantages of the size of the authority and your sense of place

Summary areas for consideration

- Ensure that clear priorities are in place following service re-organisation

- Need for a coherent overall strategy that encapsulates all activity, including targeted intervention and prevention
- Unclear as to how the resource strategy supports the direction of travel
- Good strategic initiatives but not always understood on the ground
- Need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children
- Ensure the current LSCB is shaped to fulfil its changing role

Detailed findings

The table below highlights the good practice noted by the Peer Review Team and areas for further consideration by the council and its partners

Effective practice, service delivery and the voice of the child	**Strengths** • Service remodelled and developing Munro approach • High morale and highly committed staff, well supported through supervision • Good intelligent analysis of service pressures needs and demands • Repeat referrals have been reduced and set up case-load weighting • Systems in place to drive up quality of analysis in assessments and to improve decision making • Re-focusing on higher priority cases and closing down child in need cases • Effective leaving and after care service • Out of hours service and joint working is exemplary • Impressive range of activities to engage young people and capture their voice across the local authority and partners • Genuine commitment to do this and no hint of tokenism • Examples of real changes to physical environment as a result of children's voice • Increasing range of engagement and innovative ways of capturing young people's voice including use of social media • Increasing attendance in review process **Areas for further consideration** • High numbers and levels of case work activity is unsustainable and impeding effective practice • Improve quality of referrals and develop joint alternative strategies for managing concerns

	• Clearer strategy for managing workflow into, through and out of the service • Develop social workers skills and confidence to do direct work with families and to effect change • Asian children under represented at point of referral and need to continue to develop services for the particular needs of that community • Need to be able to show the impact of participation on outcomes • Voice of child not as evident in health • Need to be vigilant that new cohorts of children are equally engaged
Outcomes, impact and performance	**Strengths** • Good outcomes for children in most areas • Provision for LAC is good/outstanding • Placement stability of children is good • Most care leavers doing well • Most safeguarding indicators are good • Good recruitment of foster placements • Emerging understanding of diverse communities **Areas for further consideration** • Inconsistency in quality of assessments • Case Mapping identified possible issues regarding inter-agency working • Ensure that you are not too risk averse in the application of thresholds • Gaps in mental health provision for children and adolescents • Shaping services to meet the needs of diverse communities
Working together (including health and wellbeing board)	**Strengths** • Good partnership working at strategic level • Willingness and a culture of working together • Evidence of regional LSCB working • Multi-agency audits and serious case review work • Approach to training is innovative • Evaluation and response to expressed needs of diverse communities **Areas for further consideration** • Ensure the current LSCB Board is shaped to fulfil its changing role • LSCB needs to refocus activity on robust challenge and scrutiny role

	• Develop formal conduit between LSCB and children's partnership that focuses on safeguarding • Work needed with partners to challenge an over cautious application of thresholds • Strengthen cross agency ownership of core groups
Capacity and managing resources	**Strengths** • Continued commitment to invest in children's services • High morale and highly committed staff, well supported through supervision • Staff (and partners) praise for accessibility to management • Regular supervision dealing with both case and development needs • Good high level challenge from senior members • Suite of performance indicators used regularly **Areas for further consideration** • Unclear as to how the resource strategy supports the direction of travel • Early intervention lacks costing model with targets for changes in activity and expenditure • Wider commissioning needs to consider safeguarding priorities • Scrutiny appears underdeveloped as regards safeguarding • Is performance and management information actively used at team level?
Vision, Strategy and Leadership	**Strengths** • High ambition to provide the best outcomes for children and young people • Broad political commitment to safeguarding • Partners provide good collective leadership • Key plans are of high quality and give a clear sense of leadership and vision • Engagement with the broader health and wellbeing agenda • Good emerging work with diverse communities **Areas for further consideration** • Enhance the robustness of wider member challenge • Clear and communicable overall

	strategy required • More explicit statement of milestones and links with resources • Leaders need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children • Creation of a sense of urgency and purpose
Increase in LAC and CPP	**Strengths** • Awareness of the issues and understanding of the data • Investment to save approach (foster placements) has created additional capacity • Corporate parenting group monitoring LAC data every six weeks • ASU continues to divert young people from care successfully **Areas for further consideration** • There are too many children with a child protection plan/looked-after children • Commitment to reduce numbers needs to be matched by focused plan with targets and a less risk averse approach • Avoiding drift through more effective oversight and challenge from managers and reviewing officers • Re-directing resources towards coherent, targeted activities for children at the threshold of care • Clarify the purpose and availability of support services to enhance exit strategies • Redefine and remodel corporate parenting group to ensure wider ownership and collective responsibility

Following the team's presentation and answering of immediate questions, your authority then ran a workshop with a wide variety of stakeholders. The main points that came out of group working at the workshop were:

- need for new overarching strategy that recognises changing circumstances and is understood at all levels
- develop a culture that enables all agencies to take a more measured approach to risk
- improve quality and consistency of assessments
- creation of joint alternative preventative strategies
- increased information sharing – ensuring that all 'pieces of the jigsaw' are visible
- reduce looked-after children/child protection plan numbers

- review LSCB to reflect new role
- ensure all available agency details and contacts are known
- review corporate parenting panel to ensure that it operates with a membership and approach that supports fully the corporate parenting responsibilities.

You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector support through your regional arrangements or the LGA's principal adviser.

Once again, thank you for agreeing to receive a review and everyone involved for their participation.

Paul Curran

Children's Improvement Adviser (Peer Review)
Local Government Association

Appendix 18 – Guidance for councils in intervention

There are a number of additional factors that should be taken into account during the review process in the case of councils that are subject to intervention. The following points cover those most likely to be encountered but discussion should take place between the review sponsor, team leader and review manager as to how the review and feedback is undertaken to meet the key question: 'What will most help the council to move forward?'

Improvement board

As a minimum the chair should be added to the list of those individuals who should be interviewed during the on-site process. The Department for Education (DfE) representative on any improvement board may also be interviewed. The council should consider how else they wish to involve the board in the review process eg considering the scope and any key lines of enquiry, attendance at first thoughts presentation, feedback session etc.

Managing the feedback

In the case of a council in intervention, it must be borne in mind that the feedback presentation and letter will usually be seen by a wider group of stakeholders (e.g. the improvement board, Ofsted, DfE etc) and may be used by these stakeholders to help form judgements regarding the council's progress. There are also likely to be increased sensitivity generally around any feedback. While care should always be taken in preparing feedback, this is particularly important in the case of a council in intervention.

It is useful to help bear the following points in mind.

- Feedback must be measured and factual. Peer teams (and councils) should avoid any temptation to identify strengths unless these really are making a difference to safeguarding services (eg do not give praise just to give encouragement or balance number of points against areas for further consideration). Similarly, areas for consideration should only be included where these are of significance to general progress.
- Language used should be as simple as possible to avoid any chance of misinterpretation.
- Points must be as securely backed by evidence as possible. Whereas in non-intervention councils the peer team may flag up issues where there is only inconclusive evidence this should not be done in intervention cases (even in non-intervention cases the team should make clear that they have only gathered partial evidence).

Feedback letter

There are specific issues to take into account when preparing the feedback letter, although all the points under the general feedback should also be borne in mind.

There are two additional competing pressures.

- Councils will usually want the feedback letter ready for presentation to their next improvement board. The council review sponsor and review manager should discuss this when drawing up the review timetable to ensure that this is possible, reserve time to draft and agree the feedback letter with the team and council etc. Every effort should be made to try to ensure that the feedback letter is available for the next improvement board meeting and this may involve considerable shortening of the normal three-week timescale. If absolutely necessary – and with the review sponsor's agreement – a draft feedback letter may be made available for improvement board consideration.

- The points regarding the use of plain language in the general feedback section should be borne in mind and the general format of the feedback letter should not change. However, in feedback letters for council's in intervention it may be necessary to enlarge on the bullet points made in the feedback presentation to ensure absolutely that the point can be understood by someone who was not at the feedback session. This means that feedback letters to council's in intervention may need to be longer than with other councils (and produced in a shorter time!).

Review manager should also agree well in advance the dates for quality assurance with the children's improvement adviser and programme manager.

Prioritisation workshop

The purpose and sample agendas for the prioritisation workshop are given in Appendix 16. As an approved action plan will invariably already be in place, the format and questions posed at this workshop may require amending as it would not be appropriate to start another action plan 'from scratch'. A suggested agenda for councils in intervention is given below but the final format should be discussed and agreed between the review sponsor, team leader and review manager.

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/reaction from director of children's services
11.45	Coffee
12.00	Small group working on prioritisation focusing on:

a) what does this say about the progress we are making on implementing our action plan?
b) where has there been good progress and where do we need to move things forward still faster?

1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference (there may be a need for a final informal debrief between the team and council after the conference event)

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Safeguarding children –

peer review guidance manual

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(V19)

Table of contents

1. Introduction

This guidance manual is designed to help councils, their partners, members of staff, peer teams and managers of reviews to understand the ethos and aims of a peer review and how they actually operate. It is not intended to be totally prescriptive as each review will have its own individual features. However, it contains the experience and learning from over 50 safeguarding reviews and the steps set out in the manual provide a firm base for ensuring that each review can be conducted successfully.

The fundamental aim of each review is to help councils and their partners reflect on and improve safeguarding services for children and young people.

The manual contains general areas of guidance for all those persons involved in the review. The manual also contains a number of specific appendices that only those concerned with that aspect of the review need read. Attention is drawn to these in the general sections of the manual.

It is important to remember that a review is not an inspection and should not be conducted like one by either the peer team or the host council. Rather, it is a supportive but challenging process to assist councils and their partners in recognising their strengths and identify their own areas for improvement. The key purpose of the review is to stimulate local discussion about how the council and its partners can improve safeguarding outcomes for children and young people.

Each review will be different and will be tailored to the individual needs of a council and its partners. There will be core elements common to each review but also optional elements from which the overall review can be designed. Which elements are used will be the subject of discussion with the host council and its partners.

The review is an interactive exercise. During the review the peer team will examine evidence from a number of sources. These will include:

- performance data (core)
- a variety of documentation (core)
- an online questionnaire undertaken by frontline staff (core)
- a case mapping exercise conducted by the host council/partners (core)
- an audit validation exercise (optional)
- case records review (optional)
- a wide range of interviews conducted with elected members and staff from the council, partners, commissioned services etc exploring standard themes (core) and other key lines of enquiry chosen by the council/partners (optional)

The review will conclude with a presentation by the review team. This will provide the team's views on the strengths of local safeguarding provision and areas for further consideration. The host council and its partners will then facilitate a workshop (assisted by the peer team) to consider the findings of the review and identify their immediate priorities.

A feedback letter covering the main points of the review and the workshop will then be sent to the host council.

Although this will be the end of the formal peer review, the Local Government Association (LGA) will ask the council for feedback on the impact and experience of taking part in the review. Opportunities for sector support and discussion of how good practice identified can be disseminated will be pursued through the regional sector support arrangements. In addition, the LGA principal adviser will discuss with the council any corporate implications of the review.

The words 'council and authority' are interchangeable in the manual depending on the context.

The Children's Improvement Board (CIB) commissions safeguarding children peer reviews as a national programme available to all councils at a time that makes sense for them. If councils ask for their review to be co-ordinated with an LGA corporate peer challenge, the principal adviser will discuss this with the council chief executive and the peer review team. Peer reviews are complementary to the 'peer challenge' arrangements agreed in each region. Peer challenge can be focused on any aspect of children's services and the methodology is agreed locally; it is helpful if peer challenge and peer review activity are co-ordinated so that councils have the space and capacity to take advantage of both processes.

Over time the LGA will use the learning from the reviews to contribute to the developing body of good practice to be used by councils in their own improvement journeys.

Peer reviews are a unique, and privileged, opportunity for peer teams and the host council to engage in challenge and to learn about safeguarding. Every council and every review team is different and so each review will be different. All those involved in planning and participating in the review should keep one question uppermost in their minds during the review process: "What will most help the council to move forward?" If you do this, it's hard to go wrong.

Good luck and enjoy your review.

2. The review themes

The review will be structured around key safeguarding themes and established probes which explore these themes in detail. To ensure robustness of the review process the following 'standard' themes will always be explored as part of the review:

- effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including with the health and wellbeing board)
- Capacity and managing resources
- Vision, strategy and leadership

In addition, councils may wish to identify specific areas within the themes for particular examination or to add additional themes that are particularly relevant to their situation. This should be discussed between the council, review manager and team leader at an early stage. Requests for additional key lines of enquiry will be accommodated if they are within the general safeguarding remit and realistic within the time constraints of the review.

Full details of the 'standard' themes and probes are given in Appendix 1 which the council and peer teams should read.

3. Basic stages in a review

The information in the table below sets out the basic stages in a review. Sections 6 to 12 and the supporting appendices contain more detailed information regarding how the actual methodology will work at each stage. The manual indicates which appendices need to be read by the council and which by the peer team.

Attention is also drawn to Appendix 18 which details specific issues relating to councils in intervention.

Stage	Time Period	Action
Initial enquiry	Any	Council indicates that it may wish to have a review. A discussion takes place between the council CIB safeguarding lead to discuss why a review may be appropriate, any particular focus, dates, peer team requirements and any necessary background information.

Set-up meeting and formal proposal, including the initial scope of the review	At least three months before date of review	Council confirms it wishes to have a review. CIB safeguarding lead issues formal proposal letter including confirmation of additional areas explored and date for on-site work.
Allocation of review manager and support. Advise Ofsted of the date of the review	As soon as council confirms date for a review	LGA allocate review manager, project co-ordinator and issue guidance manual to council.
Identification of peer team	As soon as council confirms requirements.	Review manager requests nominations, which are agreed with the council as soon possible.
Initial preparation	Commence as soon as council confirms date for a review	Review manager undertakes initial desk research regarding the council and contacts council review sponsor to discuss review arrangements. During this stage the review manager should personally visit the host council to discuss arrangements if they have not already done so.
Review preparation	At least two months before on-site review	The council and its partners start to collate documentation and begin the process of completing the frontline questionnaire. Council commences case mapping activity. Dates for optional audit validation or case records review agreed (if either of these options are to be used).
Audit validation (optional)	To be completed at least two weeks before review	An operational manager peer will conduct an audit validation and prepare report for the review team.
Case records review (optional)	To start at least four weeks before review, with initial report two weeks before on-site	An operational manager peer will conduct a case records review and prepare report.

	work and complete in the on-site week	
Final review preparation	To be completed **at least** two weeks before review. In practice the documents should be sent to the review manager and off-site analyst as soon as possible to allow for preparation of off-site analysis report	Case file mapping report completed, performance data compiled and frontline questionnaires completed. Council finalises interview programme for on-site work. All the above to be sent together with documents set out in Appendix 6 to peer team.
Pre-review analysis	At least 10 days before review	Review manager compiles front line questionnaire analysis report. Review analyst examines performance data, documents (audit validation and case records reviews, if chosen) case mapping report and questionnaire report. Review analyst produces off site analysis report and sends to review manager. Both reports to be sent to peer team.
'First thoughts' presentation preparation	Around a week before review	Team leader, review analyst and review manager (and optionally senior operational manager peer if a case records review has been undertaken) meet to prepare draft of 'first thoughts' presentation. Draft sent to peer team.
On-site	On-site stage	Council delivers overview presentation. Peer team deliver 'first thoughts' presentation, conduct interview programme, produce final presentation and council/team facilitates prioritisation workshop
Post review	Within three weeks of on-site stage ending	Review manager drafts feedback letter, agrees draft with team.

		Draft letter subject to LGA quality Assurance procedures and sent to host council for comment within three weeks of the review. Comments received from council within two weeks of letter being issued and final version issued to host council, regional CIB contact and LGA principal adviser. Discussions held re further support. Evaluation of review undertaken.

4. Confidentiality, data protection and personal data

Confidentiality

Each party (council, partners, LGA and peer review team) shall keep confidential all confidential information belonging to other parties disclosed or obtained as a result of the relationship of the parties under the safeguarding children peer review and shall not use nor disclose the same save for the purposes of the proper performance of the peer review or with the prior written consent of the other party.

The obligations of confidentiality shall not extend to any matter which the parties can show is in or has become part of the public domain other than as a result of a breach of the obligations of confidentiality or was in their written records prior to the date of the peer review; was independently disclosed to it by a third party; or is required to be disclosed under any applicable law, or by order of a court or governmental body or other competent authority.

As can be seen in the review stages there are optional parts of the review that may involve team members having access to personal data. **It is vital that the following principles are understood by the council, partners and members of the peer team and adhered to at all times.**

Data protection

The council, partners, LGA and peer team members agree that data (including personal data) as defined in the Data Protection Act 1998, relating to the processing of the peer review, to the extent that it is reasonably necessary in connection with the peer review, may:

(a) be collected and held (in hard copy and computer readable form) and processed by the peer review team and

(b) may be disclosed or transferred:

> (i) to the peer review team members and/or

> (ii) as otherwise required or permitted by law.

5. The peer review team

The LGA convenes a team to deliver each peer review. The team represents the variety of interests in an integrated children's sector, and typically might comprise the roles outlined in the table below.

Team member	Indicative number of days involvement
• A director/assistant director of children's services (team leader)	Seven (two off site, five on)
• A lead member for children's services	Six (five days on site, plus pre-reading)
• An operational manager/senior social work practitioner	Six (five days on site plus pre-reading), plus audit validation and/or case records review if required (around two days for each)
• An NHS manager/practitioner for children	Six (five days on site plus pre reading)
• In addition, a review analyst provides a summary of documentation and data with the review manager. Wherever possible the off-site analyst should also attend throughout the peer review on site work	Up to seven (two days report writing and assisting with first thoughts presentation plus on-site days)
• The review manager	Eleven (six off site, five on site)

The following points should be noted.

1) The above team is a 'standard team'. In practice it may be necessary to add additional team members (eg police, education specialist or a chair of a local safeguarding children board) depending on the areas to be explored, local circumstance, partnership arrangements etc. Where a council has significant representation from two or more political parties, a councillor from each of the two largest parties in the council will normally be invited onto the peer team. Likewise, the voluntary sector may be represented on the review team, where requested.

2) The indicative number of days should not be exceeded without prior approval from the CIB safeguarding lead. Similarly any additional peers must be specifically approved by them.

3) In practice it has been found to be very helpful if team members specialise or lead in examining one or more of the themes and in preparing the final slide presentation for that theme. The review manager should suggest and agree such specialisation during the run up to the on-site work.

4) The review manager will try to ensure that members of the team have 'down time' during the review to deal with any urgent personal/non-review matters. However, such time is usually very limited as the review process is very intensive.

In addition a project co-ordinator will be appointed to assist with logistical arrangements, payment of expenses etc. S/he will not normally attend the on-site work.

There may also be occasions when, for the purposes of gaining first-hand experience of a peer review, LGA may request the permission of a council for another LGA member of staff or prospective peer to participate.

Team roles, ground rules and skills required

Although they will work as a team throughout, each member of the team does have specific responsibilities and there are basic ground rules under which the team should operate.

These responsibilities and ground rules are summarised in Appendix 2, which all members of the peer review team should read. The peer team should also read Appendix 3, where the skills peers will need to fulfil their roles are outlined.

Liaison with the council

The review manager will liaise regularly with the council while the peer team is being drawn up in order to ensure the team matches the council's requirements as closely as possible. The aim is to have a complete team allocated at least six weeks prior to the on-site stage commencing. This is a guideline, as circumstances may dictate otherwise and the main priority is to ensure suitability of team members.

The council should be formally consulted by the review manager once the team has been drawn up to ensure acceptability. Acceptability includes ensuring that particular team members do not have a significant current or previous relationship with the council, which could affect their ability to be impartial (eg previous employment, a close relationship with a senior officer or member within the council to be reviewed etc) or a commercial interest.

Where a team member withdraws at short notice the review manager will propose an alternative as soon as possible, taking into account that the availability of peers will be limited.

Finalising the team

Once the team has been agreed, the review manager must request the peer support team to issue all team members with a purchase order to confirm the arrangements for their attendance.

'Safeguarding children' community of practice

Team members are encouraged to join the 'Safeguarding children' knowledge hub (KHub) group, which has replaced the community of practice. This is hosted on the Local Government Association website via Knowledge Hub and allows access to a wide variety of discussion forums, materials, knowledge etc.

The Knowledge Hub can be accessed at https://knowledgehub.local.gov.uk/ You will then need to register.

6. The council team and responsibilities

The host council must supply three individuals/groups of people to facilitate the smooth operation of the review. These are listed below and their responsibilities set out in Appendix 4, which the council should read, and include:

- council review sponsor
- council review organiser
- council case mapping chair and team.

In addition the council should be aware of its responsibilities in agreeing to and participating in the review process. These responsibilities are set out in Appendix 5 which the council should read.

7. Set-up and scoping stage

When a council indicates that it is interested in hosting a review, a member of the CIB safeguarding lead will arrange a meeting with a senior manager within the council who will act as the council's review sponsor. The chief executive should also be invited to this meeting together with the lead member for children's service, chair of the local safeguarding children board (LSCB) and key partners eg the NHS and the police.

The purpose of the meeting will be to confirm that a review is appropriate, consider the focus, additional key lines of enquiry, the timetable, peer team requirements and any necessary background information.

If it has not been done already, CIB safeguarding lead will seek the permission of the council to inform Ofsted that a review will be taking place and the proposed dates. It must be stressed that the sole purpose of this notification is so that Ofsted can take this into account when planning their own inspection programme.

A formal proposal letter will then be sent by CIB Safeguarding Lead to the council confirming the discussion and proposed arrangements for the review.

8. Initial preparation stage

The review manager will then commence the initial preparation stage. This should include a meeting between the review manager and the council's review sponsor and review organiser.

In advance of the meeting the review manager should:

- liaise with the relevant LGA principal advisor for background on the council
- read latest inspection letters and scan through the council's website
- brief themselves on the political composition of the council
- find out about the council's children's services plans and priorities.

The purpose of the meeting is to:

- confirm the council's aims for the review, ensuring that the agreed focus of review is still appropriate to meet their requirements
- develop the review manager's understanding of the key safeguarding issues faced by the council and local community

- confirm the key areas for the review to focus on
- consider the peer review methodology and expectations of the council, discuss the process and look at the practical arrangements
- confirm arrangements for the case mapping group and case mapping exercise are in place
- confirm arrangements for the audit validation/case records review exercises are in place, if these options are chosen
- consider arrangements for the final presentation and workshop

It is important that the review manager ensures that the council is aware of its responsibilities for ensuring a smooth and productive review as laid out in Appendices 4 and 5, which the council should read.

The review manager will also contact each member of the peer team to ensure that they understand the process, discuss team roles, make sure they have a copy of this manual, identify any queries or special requirements etc.

Communications and publicity

The purpose of a review is to promote learning and improved outcomes. In that context, the council should consider communications and publicity regarding the review and its findings as early as possible.

Although the final letter is the property of the receiving council and is not published by the CIB or LGA, its purpose is to enable improvement and learning; it is not a document intended to be kept a secret. Although untested, it is unlikely that a Freedom of Information request for the final letter could be resisted. It is safest to presume from the outset that the letter will be shared and plan to manage this positively.

The council will want to consider where and when the outcome of the review will be discussed eg the LSCB or the children's partnership. If the final letter is to be reported to the council executive, a scrutiny committee or a NHS body, it will become a public document. There may be local media interest but pro-active PR is not recommended.

It is likely that at a subsequent inspection the council will wish to take credit for participating in peer review and peer challenge. In that circumstance Ofsted are likely to ask to see a copy of the letter and request information about any actions taken in response.

There is a standard 'What's it all about' leaflet that the review manager will supply to the council and partners to act as a basis for communications with staff.

The final letter will be sent to the department of children's services (DCS) and copied to the chief executive, lead member and leader of the council.

9. Review preparation

These are crucial stages of the review process and vital to the ultimate success of the review. It requires considerable commitment by the host council and their prime responsibilities are set out in Appendix 5.

During this stage the host council and review manager must liaise closely and ensure that the following are prepared and supplied to the peer team in accordance with the timescales laid down:

- pre review documentation (see Appendix 6)
- performance data (see Appendix 6)
- case mapping report (see Appendix 7)
- audit validation and case records reports if these options are chosen (appendices 12 and 13)
- frontline staff questionnaire (see Appendix 9)
- on-site interview programme (see Appendices 10 and 11).

NB It is essential that the council read all the relevant appendices.

10. Audit validation

This is an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare a report for the peer team. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 12.

11. Case records review

This is also an optional element. If chosen, it will be conducted by an operational manager peer prior to the on-site stage and s/he will prepare an initial report for the peer team and council. A final report will be appended to final review letter. This will help inform the first thoughts presentation and the 'effective practice, service delivery and the voice of the child' theme of the review. A brief report for the council will be available to the council and appended to the final feedback letter.

The process and methodology for undertaking this exercise is set out in Appendix 13.

12. First thoughts presentation preparation

The review manager, team leader and review analyst should meet (if a case records review or audit validation exercise has been undertaken the operational manager peer should also attend) and prepare a draft first thoughts presentation. This will be **circulated to the peer team in the week before the on-site stage.**

The purpose of this presentation is to give the review team's initial reaction to the evidence provided and focus where further investigation is required during the on-site work. It is not intended to be a definitive or detailed statement of the team's opinion, as it is far too early in the review process for this to be given. Nor at this stage does every point have to be clearly evidenced. Instead it is to flag up to the council key issues that have caught the attention of the team and to start a dialogue with the council about these.

NB It is probable that the first thoughts presentation will vary considerably from the final presentation that will take place after the on-site stage.

The presentation should draw on the pre-review analysis report, the performance data, case mapping report, frontline questionnaires and any information supplied by the council itself (plus the audit validation and case records exercises if these have been conducted).

A standard format is available for this, which will structure the presentation. The review manager will provide this.

It is important that a date to prepare this presentation is fixed as soon as the team leader, review analyst and date of the review are known.

13. On-site stage

The sub-sections below go through the key stages of the overall on-site stage. This is the 'centre piece' of the whole review process and is heavily dependent upon the review preparation stages having been undertaken thoroughly. It is a demanding week for both the peer team and the host council and requires considerable joint working and good will to ensure its success. It is a joint process and should be approached as one – including the 'no surprises' policy outlined below.

No surprises policy

A 'no surprises' policy should be adopted throughout the review. This means the council should be provided with regular feedback on the key issues emerging during the on-site work.

The team leader and review manager should also give the council's review sponsor a good understanding of what will be presented at the final presentation. This gives the chance to resolve any outstanding issues and ensure appropriate language and wording are used. However, it is the independent peer team's presentation and they should present what they have found (both strengths and areas for further consideration) in an open, easy to understand and constructive manner, albeit in a manner that is sensitive to the council's situation.

The peer team should aim to give a draft of their proposed final presentation to the review sponsor at around 17.30 hours on day four. Should this not prove possible it should be no later than first thing day five. This should then be discussed by the council review sponsor (and any of their team that they wish to invite), the team leader and the review manager (plus other members of the peer team as appropriate). This will allow for final crafting of the presentation the following morning.

There are particular matters to be taken into account where the host council is in intervention. These issues are covered in Appendix 18 which the council and peer team should read if relevant.

First peer team meeting

Prior to day one of the on-site stage the team will have its first meeting the afternoon/evening of the day before the review starts on site. The review manager will facilitate this meeting and it will cover:

- team introductions
- ensuring that the team is familiar with the methodology and programme of interviews
- agreeing who will specialise in any particular themes – if not agreed by e-mail beforehand
- agreeing who will conduct which interviews the following day – may be held over to day one if required
- answering any queries the team may have.

This meeting should be conducted with an informal yet business like approach. It is important that the team get to know each other, are comfortable with their roles, understand the methodology and tasks required to complete the review process.

The team may wish to share some initial thoughts regarding the council and the review but care must be taken to ensure that confidential matters are only addressed in a suitable environment.

Council overview presentation and peer team first thoughts presentation

The on-site stage starts with the team discussing among themselves in the base room the draft first thoughts presentation and agreeing the final version of this. At this stage the team should also try to capture for themselves the key issues that require exploration during the on-site review.

The team will then meet council and partner representatives during which the council may present a short overview presentation for the review team prior to the on-site stage. The presentation should be for no more than 20 minutes and consist of around four slides as follows:

- council and safeguarding context of the area
- areas of strength
- areas the council wishes to develop further
- planned key actions to achieve the desired development.

The team leader will then present the team's first thoughts presentation, which should last between 20 and 30 minutes.

The team and council representatives can then discuss the two presentations, identifying areas of agreement, apparent differences and refine areas of focus for the on-site stage. The intention is to start a dialogue between the council and that will continue throughout the on-site stage.

It is for the council and its partners to decide who to have at this meeting but a maximum of 12 is recommended. It is suggested that the council considers inviting, for example:

- lead member for children's services
- director of children's services/council review sponsor
- leader of the council
- chief executive
- relevant assistant directors/heads of service
- LSCB chair
- principal social worker
- relevant health colleague/s and/or director of public health
- police representative/s
- voluntary sector representative/s
- head teacher representative/s

Both presentations and discussion should be completed by lunchtime on day one so that interviews may commence in the afternoon.

On-site interviews

This will form the main activity for the rest of days one to four of the on-site stage. The ground rules for how the peer team will operate during this stage are given in Appendix 2. A typical on-site programme is given at Appendix 11.

The feedback and prioritisation conference

The final phase of the on-site stage will be a feedback presentation by the peer team, led by the peer team leader, to the council and its partners. This will be followed immediately by a prioritisation conference, facilitated by the council (with support from the peer team), in which all the key players in the local partnership will have the opportunity to reflect on the findings of the review.

There is a standard format to the feedback presentation and the review manager will explain this to the team. Each member of the team will contribute to drafting the presentation, often taking personal responsibility for a specific theme(s). The language used should be straightforward and be an honest and open summary of the team's findings as regards both strengths and areas for further consideration.

The presentation should identify any good practice that the team think should be shared within the council's region or be submitted for validation as 'emerging, promising or validated' local practice through the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) process.

How the prioritisation conference should operate will be subject to the individual circumstances of the council. The council review sponsor, team leader and review manager should agree the format as early as possible during the review process. Appendix 16 gives further details regarding approaches to the conference which the council and peer team should read.

14.   The written feedback

Following the on-site stage, the peer team will compile a letter based on the peer review findings comprising:

- an executive summary of the key issues
- good practice and areas for further development identified throughout the process
- the outcome of the prioritisation workshop.

The format, method of compiling and an example feedback letter are set out in Appendix 17. It should be borne in mind that the review is not intended to produce a judgment nor to make extensive recommendations. The feedback letter should include sufficient detail to enable readers who were not at the presentation to understand the findings of the review.

15.   Post-review evaluation

The views of the receiving council are secured through a telephone interview with the DCS undertaken within a month of review completion.

Evaluation questionnaires are sent to the review team by the project co-ordinator after the final letter is issued to the council. The project co-ordinator should check whether questionnaires have been returned and arrange to issue a reminder if not.

Review managers will also feedback on the performance of peers.

Appendix 1 – Safeguarding children themes overview

In order to ensure the integrity and fitness for purpose a safeguarding review always includes the following 'standard' themes. However other key lines of enquiry may be added at the request of the council if relevant to safeguarding and practical within the time available. These include:

- effective practice, service delivery and the voice of the child
- outcomes, impact and performance management
- working together (including health and wellbeing board)
- capacity and managing resources
- vision, strategy and leadership.

Set out below is a summary of the individual points that the peer team will consider during the review. At Appendix 1A more detailed probes are supplied to give additional points of focus or depth of enquiry.

The principles of valuing equality and diversity are built into the themes and detailed probes. However, to aid the easy capture of these principles a set of detailed probes that the team should consider is set out at the end of Appendix 1A. These should not form a separate part of the final presentation but the team should consider whether they have been covered.

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- the child's journey leads to improving outcomes and the child's voice is present in service planning and care management?
- systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?
- children and young people and their families have access to the right services at the right time appropriate to their level of need?
- there is a culture of learning and reflective practice that leads to improved practice and outcomes?
- services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- performance against local and national priorities is improving and this has had an impact on the outcomes for children and young people?
- interventions (from early help to specialist services) are effective in improving outcomes?
- there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?
- there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?
- scrutiny and challenge is effective with a good understanding of safeguarding issues?

Working together (including health and wellbeing board)

How do the council and partners demonstrate that:

- all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?
- partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?
- there are up-to-date multi-agency policies and procedures including appropriate sharing of information?
- the LSCB business plan clearly identifies outcomes and is aligned with other children plans?
- the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?
- progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?

Capacity and managing resources

How do the council and partners demonstrate that:

- there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?

- commissioning has enabled support to reach the diverse community and resources are used equitably to meet the needs of the whole community?
- financial and physical resources are managed effectively to meet current requirements and future challenges?
- there is a sufficiently skilled, trained and supported workforce for children's services?
- training reinforces the importance of child-centred practice which focuses on improving outcomes?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children and which is informed by children, young people and families?
- priorities are based on locally determined needs and the voices of children and young people?
- the priorities recognise the diverse make-up of the community and are sufficiently stretching?
- there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?
- leading members and senior staff provide effective political, managerial and professional leadership for children services, and co-ordinate this with other key partners?

Appendix 1A – Safeguarding children themes, detailed probes

Set out below is a list of suggested probes that the peer team may wish to explore depending on the circumstances of the individual council and its partners

Effective practice, service delivery and the voice of the child

How do the council and partners demonstrate that:

- **the child's journey leads to improving outcomes and the child's voice is present in planning and care management?**
- **systems, processes and practice deliver effective safeguarding, and support social workers and other professionals in ensuring that the child's voice is paramount?**
- children are seen regularly and alone by a social worker/lead professional and given opportunities to disclose their concerns and experiences?
- frontline staff are enabled to use professional judgement effectively?
- there are clear pathways for children and young people through universal and targeted services, into specialist support services?
- children and families move easily through the system depending on their needs, with appropriate step-up and step-down processes?
- progress has been made in enabling social workers to spend more time with children and their families?
- case loads are appropriate to the capacity and experience of staff?
- children and young people are involved in their assessment and consulted on their care plan?
- case discussions, decisions and the reasons for them are clearly recorded with the analysis of risk clearly documented?
- managers – at all levels – regularly review the quality of practice through case audits and observing practice?
- children in care, children in need and child protection plans focus on outcomes and the difference that interventions will make, with clear timescales and accountabilities?
- there is a good understanding of the processes and tools to support integrated working and supporting children and families with additional needs, and that there is consistent adoption and use of these processes and tools eg common assessment framework (CAF)?
- systems are in place for monitoring how the whole child protection system is working including ensuring that cases can be tracked through the system and there are not hold-ups or 'log-jams' which result in delays or cases being unallocated?
- case files and/or electronic records across all agencies are kept up to date

- frontline staff, including foster carers and managers from all agencies are aware of safeguarding and child protection policies and procedures, and these are implemented consistently?
- the whole system approach to children services, as well as individual services, is regularly reviewed?

- **children and young people and their families have access to the right services at the right time depending on their level of need?**
- early help is having an impact such as reducing the number of referrals?
- there is integrated frontline delivery, organised around the child, young person and their family in a setting that supports family life rather than professional or institutional organisation?
- initial access arrangements – including frontline 'duty' services are regularly reviewed across all partner agencies?
- there is clarity about the roles and responsibilities of frontline staff and managers in making decisions about case work eg there is a scheme of delegation or similar document?
- children know who they can contact when they have concerns about their own safety and welfare?
- the views of children, young people and families are taken into account and feedback is given on action taken?
- children, young people, families and carers receiving services are aware of how to complain and make representations, and have easy access to advocacy services?
- accessible and comprehensive information about services for children, young people and families in the area, is available for all age groups and communities?
- comments, compliments and complaints from staff, service users and the community are taken seriously and impact on service delivery and performance?

- **services are delivered in an integrated way which narrows the gaps in outcomes for disadvantaged groups against a background of improved outcomes for all?**
- outcomes for those children and young people who are most at risk are improving and performance information support this?
- services take account of the social and ethnic composition and economic environment of the community and are closing outcome gaps between vulnerable children and their peers?
- service planning and delivery take full account of the equality and diversity needs of the workforce and the community it serves?
- services are accessible and reaching all sectors of the community?

- **there is a culture of learning and reflective practice that leads to improved practice and outcomes?**
- supervision is regular and timely and staff feel adequately supported and have time for reflective practice?
- supervision, audit and other management arrangements enable practitioners to reflect on and manage risk positively and safely?
- workload pressures and the emotional needs of staff are taken into account in supervision as well as professional and management issues?
- mechanisms for gaining service users views on service quality and effectiveness, are in place and making a difference?
- staff surveys are undertaken and there is evidence that survey results impact on outcomes, service delivery, training and performance?
- there is regular self-assessment of safeguarding, child protection and the broader children's services, with a focus on achieving outcomes?
- children, young people, parents and carers are involved in developing, monitoring and training for safeguarding services?
- frontline staff and managers are asked for views on safeguarding/child protection services and this feedback informs service planning and delivery?
- staff and managers are given feedback on action taken?
- the culture ensures a child-based, outcomes approach as distinct from a focus on systems, processes and meeting time indicators?
- there is learning from serious case reviews, sector-led improvement, research and best practice?
- all managers have received relevant training to manage safeguarding and child protection issues?

Outcomes, impact and performance management

How do the council and partners demonstrate that:

- **performance against national and local priorities is improving and this has had an impact on the outcomes for children and young people**
- **interventions (from early help to specialist services) are effective in improving outcomes?**
- they are performing well against national and local priorities and have an impact on the outcomes for children and young people?
- through their actions, they are improving opportunities and outcomes?
- account is taken of the social and economic environment and they are closing outcome gaps between vulnerable children and other groups in the community?
- performance information indicates improved outcomes for those children and young people who are most at risk?
- there is evidence of service user satisfaction?

- vulnerable children, young people and their carers are involved in the determining and achievement of these outcomes?

- **there is an agreed multi-agency performance management framework which includes regular management information reports, equality impact assessments and quality assurance processes?**
- **there is a good performance management culture that ensures priorities are met and that action is taken to address under performance?**
- a clear and effective performance management framework is in place?
- there is a shared and accurate understanding of how the partnership is performing and that the critical success factors and costs, and how the partnership compares to others, is known?
- processes and systems help identify risk and address weak performance?
- the performance management framework and organisational culture focuses on outcomes for individual children and not just meeting targets?
- performance management is supported by high-quality, timely and well understood performance information?
- there is a local dataset across all partners that includes qualitative as well as quantitative indicators?
- the data set includes outcomes, quality is regularly reviewed and enables local and national comparisons?
- equality and diversity indicators are used explicitly?
- inspections, peer reviews/challenge and other sector-led improvement activities are used to improve performance?

- **scrutiny and challenge is effective with a good understanding of safeguarding issues?**
- the LSCB and council scrutiny function play a key role in monitoring and reviewing progress against objectives and outcomes, including informing the council and its partners with clearly researched conclusions and proposals?
- Members are aware of the performance management framework and provide effective challenge?

Working together (including the health and wellbeing board)

How do the council and partners demonstrate that:

- **all partners are engaged with and are active in safeguarding and child protection issues including working effectively, both individually and collectively, to deliver local priorities through the local children partnership arrangements, the LSCB and the health and wellbeing board?**

- **partners are working together to ensure effective early help, taking a whole family approach that ensures the engagement of all relevant partners eg housing, benefits, adult services, health etc?**
- the children's partnerships, LSCB and health and wellbeing board have appropriate governance arrangements, clear roles and accountabilities?
- they are working together in an effective partnership manner and with integrated working arrangements?
- all partners are contributing effectively to the partnership arrangements and are devoting sufficient resources to fulfil their responsibilities?
- there is a process to ensure that innovative practice that improves outcomes or cost effectiveness is evaluated and shared?

- **there are up-to-date multi-agency policies and procedures including appropriate sharing of information?**
- partnership working is adding value and producing efficiencies, including through the provision of shared management and services or the operation of local budgets, as appropriate?
- the LSCB provides sufficient challenge on impact, outcomes and effectiveness of service delivery, to its member organisations?
- the LSCB is a learning organisation and encourages learning across the partnership?
- the LSCB contributes effectively to the overall performance management framework and challenges performance across partner agencies, ensuring that action is taken at organisational level, in services and individually, to address underperformance?
- the LSCB regularly reviews the effectiveness of supervision and management with particular regard to the quality of work, and risk assessment and decision making?
- the LSCB has an effective process for undertaking and learning from serious case reviews (SCRs) and there is a process for considering near misses?
- LSCB members regularly engage with frontline staff and managers in their agency and feedback their views on practice issues to the LSCB?

- **the LSCB business plan clearly identifies outcomes and is aligned with other children plans?**
- there is a clear LSCB business plan which identifies priorities, targets and accountabilities for achieving these?
- there is a clear relationship between the LSCB business plan and those of its individual partners?
- there is focus on child protection while the broader child safety issues such as road safety and bullying are managed effectively?
- there is transparency between all agencies on the resources and budgets allocated for safeguarding and child protection including staffing, with reference to One Children's Workforce and social work reform?

- there is clear accountability for safeguarding for each partner agency and this feeds down into their own respective organisations to the frontline?
- the LSCB periodically evaluates the effectiveness and overall impact of safeguarding, and child protection practice and services?
- there a multi-agency training strategy which identifies safeguarding and child protection training needs at all levels with a delivery plan that includes training for councillors, non-executive members of NHS partners and school governors?
- the multi-agency training strategy is evaluated effectively?

- **the LSCB engages with and understands the views of the local community, particularly children and young people, regarding safeguarding?**
- membership of the children trust or equivalent and the LSCB reflect the diversity of the community which they serve?
- policies and processes, including serious case reviews are understood and take account of diversity issues?
- all parts of the diverse community including those that services find are hard to reach and vulnerable children, young people and families, are engaged?

- **progress is being made in developing the health and wellbeing board and other partnerships with appropriate focus on safeguarding?**
- good progress is being made in ensuring that the health and wellbeing board arrangements are in place and functioning effectively?
- children's services are well represented and safeguarding children is seen as a priority for this board?
- there is a clear linkage between the work of the health and wellbeing board and the LSCB?
- effective contact is being made with local clinical commissioning groups as these become established?
- local commissioning groups are being encouraged to engage with children's services?
- the impact on outcomes and services of the changes in commissioning arrangements is closely monitored?

Capacity and managing resources

How do the council and partners demonstrate that:

- **there is an effective commissioning framework that has been agreed, is supported by all partners, and reflects the views of children, young people and families?**

- **commissioning has enabled support to reach the diverse community, and resources are used equably to meet the needs of the whole community?**
- there is a clear, joint commissioning strategy that focuses on outcomes?
- commissioning processes and principles are understood and used to ensure value for money, efficiency and effective service delivery?
- agreed outcome priorities consistently and successfully drive commissioning and service development?
- commissioning is based on needs, priorities and outcomes and commissioning decisions are based on the evidence of what works?
- commissioning arrangements are in place to support sustainable improvement including joint commissioning where appropriate?
- commissioners across the children's partnership arrangements work effectively together?
- processes are in place to ensure the effective use of community budgets or similar, where appropriate?
- major service reconfiguration and change to improve outcomes has been achieved through commissioning and market development?
- partners and stakeholders, including children, young people and families understand and support the approach taken to commissioning?
- frontline staff and service users are involved in the commissioning processes, such as identifying priorities, service planning or service evaluation?
- there is good engagement with the third sector in terms of capacity building and market development, and the procurement process supports the third sector?
- commissioning arrangements provide an appropriate mix of delivery mechanisms and help to ensure value for money?
- models of service delivery are constantly challenged?

- **financial and physical resources are managed effectively to meet current requirements and future challenges?**
- the council's medium-term financial strategy and other agencies' financial plans take account of the needs and challenges within children services and safeguarding?
- there are robust arrangements for reviewing resourcing allocations and for the re-allocation of resources where required?
- resources are re-allocated to tackle changing priorities, inadequate performance and where improved outcomes can be achieved?
- resources and capacity are available to identify and support children and families who are vulnerable or 'in need', but who are not receiving direct safeguarding or child protection services?
- capital resources are used to support the achievement of service priorities?
- the ICT strategy is effective in meeting the needs of children services?

- resources such as buildings, staff, back-office functions, pooled budgets, etc are shared with other partners, where appropriate?
- better outcomes are being delivered at lower cost?
- new working practices have been adopted to maximise productivity?
- there is effective risk and project management?
- frontline staff are aware of the costs of prevention, early help, child protection and other safeguarding services and are able to assess value for money and service effectiveness?

- **there is a sufficiently skilled, trained and supported workforce for children's services?**
- **training reinforces the importance of child centred practice which focuses on improving outcomes?**
- the children and young people's workforce strategy includes an analysis of the capacity to deliver and keep children safe and that an employer's self-assessment has been undertaken?
- the standards for employers of social workers have been adopted and performance against them has been reviewed and acted on?
- a supervision framework is in place, and supervision is well developed and is regularly evaluated?
- there is sufficient opportunity for continued professional development and evidence of good take-up?
- reflective practice is supported and encouraged?
- the appraisal scheme has led to changes in training, supervision, continuous professional development opportunities, etc?
- there is a culture of learning from evidence-based practice and from research, inspections, complaints and serious case reviews?
- there is a culture that supports the achievement of its goals and which embraces the introduction and implementation of change?
- there is specialist and multi-agency training (including common induction) available for frontline staff, including specific training for staff who deal with initial referrals and access arrangements?
- all staff understand the part they play in children's services and how they are held to account?
- complaints are taken seriously and have led to improvements in services or practice?
- whistle-blowing procedures are used appropriately and the local authority designated officer (LADO) system operates effectively?
- there are systems in place for monitoring the quality, impact and effectiveness of safeguarding and child protection training, including multi-agency training?
- there are robust and effective recruitment and selection procedures in place to ensure that all staff, elected members and non-executives (including school governors and lay members of panels) are suitable to work with children and young people?

- the demography of staff reflects the demography of the community, including at management levels?

Vision, strategy and leadership

How do the council and partners demonstrate that:

- **there is an ambitious and clear vision with explicit priorities which reflect the scale of the challenges faced as regards safeguarding children, and which is informed by children, young people and families?**
- **priorities are based on locally determined needs and the voices of children and young people?**
- **the priorities recognise the diverse make-up of the community and are sufficiently stretching?**
- the ambition and vision is shared at all levels and by the community?
- the specific needs of vulnerable children and young people are taken into account when determining local priorities and service design?
- national priorities, and national policy initiatives are taken into account in implementing whole-system change locally?
- the children and young people's planning process involves an assessment of safeguarding and child protection needs?
- the local joint strategic needs assessment includes appropriate information on safeguarding and child protection?
- they have engaged with, listened to and taken account of the views of children, young people, parents, carers and the community in the planning, commissioning, delivery and review of services?
- the views of the local community are sought and feedback is given?

- **there are clear and resourced strategies and plans which are owned and shared by the leaders and all employees across the council and by its partner organisations to deliver priorities and improve outcomes?**
- there is a children and young people's plan (CYPP) or similar document that outlines priorities, plans for safeguarding children and young people and clearly demonstrates how outcomes will be improved?
- consideration is given in the CYPP, of whether current resources across all agencies are sufficient and used in the right way, providing value for money?
- the CYPP outlines the importance of prevention and early help, the expected impact on improving safeguarding outcomes and demonstrates a whole-system approach to meeting the needs of children and their families?
- there is a prevention and early help/intervention strategy/plan that shows how the needs of children and families will be met and safeguarding outcomes will be improved?
- plans across the partnership are aligned, where appropriate?

- there is an information and communication strategy which ensures everyone, including the whole community, knows what they need to do to keep children safe?
- the CYPP demonstrates a good understanding of local needs and use of data and performance information to inform the commissioning strategy?

- **leading members and senior staff provide effective political, managerial and professional leadership for children services and co-ordinate this with other key partners?**
- members and senior officers are visible and known to frontline staff?
- there are agreed structures and responsibilities at leadership level for children services and these are supported by appropriate training and resources, including equality awareness training?
- all councillors are aware of their corporate parenting responsibilities, have attended appropriate training (including leadership where appropriate) and they have a personal involvement in driving the children services agenda?
- risk in children services is identified accurately and managed effectively and leaders create a climate where risk is openly and constructively discussed?
- the safeguarding and child protection accountabilities of the leader of the council, the lead member for children services, the chief executives of the council and the primary care trust (PCT), the director of children services, the chair of the LSCB and other key partners are transparent and rigorous?
- the relationships between the key members and officers are effective and productive?
- there is a good working relationship between the lead member and scrutiny?
- there is a clear and accountable decision making process for children services that functions effectively in practice?

Equality and diversity

- **the principles of equality and diversity are valued and are incorporated into all the partnership's functions?**
- there is an equalities, diversity and community cohesion strategy across the council and its partners that includes children services?
- outcomes are improving for all vulnerable children regardless of ethnicity, disability or other equality issues?
- the local communities and their diverse needs are well mapped and this is reflected in the JSNA?
- reports to council and senior managers include equalities impact assessments and equality and diversity indicators are used explicitly?
- there is good access to advocacy, translation and interpreting services and literature is available in a wide range of community languages, including Makaton?

- community groups are encouraged to plan, develop and run their own services?
- local communities are fully engaged in safeguarding?
- the equality framework for local government is embedded and reinforced by members and senior officers?

Appendix 2 – Peer review team roles and ground rules

The following summarises the key responsibilities of the peer review team. However, all peers should expect to work as a team and be flexible in the working methods adopted on site.

Peers should read the information relating to these roles and the ground rules that should apply to all peers, at the end of this appendix. **In addition they must ensure that they are aware of, and adhere to, the principles of data protection and confidentiality laid out in Section 4 of this manual.**

Review manager

The role of the review manager is to:

- manage the overall review process and advise the team and council
- act as the first point of contact for the council and support it in preparing for the review, including conducting the pre-meeting and liaising over the timetable and key documents
- source the peer team through the peer support section
- act as co-ordinator, facilitator and adviser to guide the team through the review process
- ensure that a pre-review analysis is undertaken and communicated to the team
- ensure that the interviews and visits schedule is communicated to the team
- prepare a report on the results of the frontline questionnaire and circulate this to the team
- together with the team leader and review analyst, prepare a first thoughts presentation and circulate this to the team
- facilitate team meetings as required
- ensure that the final presentation is prepared by the team on time
- draft, with the team leader, the final written feedback to the council and partners (using the relevant LGA quality assurance procedures) and liaise with the team and council to agree this
- provide insights into how the council and partners are performing against the themes including any specialist area allocated
- manage the formal evaluation process.

Review team leader

The role of the team leader is to:

- lead the team as regards professional safeguarding issues and judgements throughout the review

- act as the 'public face' of the review, fronting it to the council and partners, building positive and constructive relationships
- attend the scoping meeting with the council and review manager, if possible
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review, and read such other documents as may be necessary to conduct the review
- help prepare and contribute to the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and deliver this to the council and its partners
- lead the final feedback conference with support from the review manager
- help prepare and contribute to the final written feedback
- use relevant skills and experience to provide insights into how the authority is performing over the themes
- contribute to the formal evaluation process.

Other specialist peers (see also review analyst role below)

The role of other specialist peers is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the pre-review analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- optionally, the operational manager peer may also wish to attend the meeting to prepare the first draft of the first thoughts presentation
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

NB The operational manager peer may also be required to undertake the audit validation and/or case records exercises, if these options are chosen

Member peer

The role of the member peer is to:

- provide a councillor perspective on the review particularly regarding policy, decision making and community leadership
- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- study the off-site analysis report, case mapping and frontline questionnaire report undertaken in advance of the review and read such other documents as may be necessary to conduct the review
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback.

Review analyst

To ease the burden of the peer team and to provide an additional level of input, a review analyst will also be appointed to undertake a document and data review. The role of this peer before the on-site week is to:

- undertake an examination of the key data, case mapping and frontline questionnaire report and documentation provided by the council
- produce a report on his/her findings (the review manager will supply a sample report if required)
- help prepare and contribute to the first thoughts presentation

The role of this peer on site is to:

- input specialist advice around the safeguarding review – in general, and around any specialist theme agreed
- undertake a programme of interviews during the on-site work
- help prepare the final presentation, including drafting slides for any specialist themes agreed and be prepared to answer questions on these
- participate in the final feedback conference
- contribute to the final written feedback
- contribute to the formal evaluation process.

Project co-ordinator

LGA will appoint a project co-ordinator who will:

- ensure general liaison with the team, and the council and partners regarding logistics, accommodation and expense payments
- liaise with the team to identify any dietary requirements, mobility issues etc.

- provide all members of the peer review team with the following, two weeks before the on-site week commences:

    - copies of key documentation provided by the council
    - team, council and LGA contact details
    - administrative details eg claiming expenses, hotel arrangements

- organise the formal evaluation process
- provide general support to the review manager.

Team ground rules

Some team members may not have met before or previously taken part in a review and it is important that everybody is clear about the parameters within which they will be operating. To aid this, a set of ground rules have been developed and peers should be familiar with these and ensure they are comfortable with them. The review manager should discuss and agree ground rules with the team at the meeting on the evening prior to the on-site week, although it is also good practice to flag up the rules at first contact.

i) Ensure a positive experience for the council and its partners and the peer team

It is important to focus on the strengths of the council and their partners, as much as the areas for possible improvement.

Every team member will have their own professional and personal responsibilities during the week of the peer review, and will want to be in regular contact with their family. However, the council and its partners must always feel that their needs are being prioritised. The review manager will try to ensure that team members are provided with opportunities in the timetable during the course of each day to make phone calls and look at emails. Mobile telephones should be turned off at all other times.

A peer review is a people-focused process and it is vital that everyone the team comes into contact with perceives them as professional, attentive and courteous.

ii) Value colleagues' input

Team members will have different views, perspectives and knowledge, which should be respected and valued. Assimilating the views of all team members into the feedback presentation requires all team members to be willing to listen and engage in constructive debate, and to be prepared to challenge and be challenged. It is important that people feel comfortable expressing their views.

The review process can be intense, demanding and tiring so it is important that people are tolerant and supportive of one another during the week.

iii) Confidentiality and dealing with sensitive issues

Information that team members glean during their interviews and visits is absolutely non-attributable to individuals and this must be emphasised by the peer team at the start of every interview, focus group etc and respected at all times, without exception.

Again, attention is drawn to the principles set out in Section 4 of the manual and which must be adhered to at all times.

It is vital for the credibility of the review that the team establishes a climate of trust in which people feel they can be open and honest.

A key motivation for peers is the opportunity to learn from others. Peers are encouraged to return to their own authority at the end of the process and talk about their experiences. However, in doing so, peers should respect the fact that some of the information the team comes across may be sensitive in nature and must not be used in a way that could undermine the council, or the integrity of the peer review process.

It is difficult to predict what issues may arise during the course of a review. If a team member comes across anything in an interview, visit or workshop etc. of a 'whistle-blowing' nature, it is important that they share this with the review manager and team leader immediately – **before acting on it in any way**.

The review manager and team leader will need to make a judgement as to whether the matter is sufficiently serious to be raised with the authority eg where there are serious concerns about the safety and welfare of children. The review manager will involve the council review sponsor at this point. It will be for the council to decide on any appropriate action.

When compiling the peer written feedback or feedback slides, every effort must be taken to ensure that we do not present information which criticises individuals directly or in a way which enables them to be identified. However, the review team may decide that it is important to report back in a general way on issues relating to individuals, where a body of evidence exists.

v) Guidance for interviews

Wherever possible, interviews will be conducted by two persons. There may be circumstances, however, where the interview programme means that this is not possible.

All peer team members should follow the basic principles below.

Ahead of each interview or visit, if opportunity allows, agree with your partner the areas to be covered. In addition, agree who will provide the initial introductions and scene setting, and who will take notes (if not both of you).

At the start of each session, first introduce yourself, and then invite your colleague/s to do the same. Also take the lead in outlining that:

- the review is not an inspection – it is a supportive but challenging process to assist councils and their partners in celebrating their strengths and identifying their own areas for improvement; the key purpose of the review is to stimulate local discussion about how the council and its partners can become more effective in delivering improved outcomes for children and young people
- the team is only there at the request of the council; it is not being imposed on the council
- team members are acting as 'critical friends', looking at both strengths and areas for further consideration
- the views of a wide range of people both inside and outside the council are being gathered
- the process depends on people being open and honest about what the council is good at, and what issues need to be addressed
- all the information that the team gleans is absolutely non-attributable to individuals or specific groups.

A set of example interview questions is set out in Appendix 14 which may be useful to help frame each interview. Outside of the introductions, peers should not talk about their own council and experiences unless it is strictly relevant to do so. Ensure everybody is enabled to contribute in workshops and that nobody monopolises them. Do not mention comments made by named interviewees in other forums.

Remember that these interviews are for the team to gain information. They should be conducted in an informal manner and with open questions. Peers should not use the interviews to give opinions/judgements.

At the end of each interview or workshop, peers should ask if those being interviewed have any questions they would like to ask, or any concerns they would like to raise. Thank colleagues for their time and, assuming it has been the case, their openness and honesty.

It is absolutely essential that interviews are conducted within the agreed time limits for the discussion. Any over-running will create logistical difficulties. If there is a need for further discussion the review manager should arrange for a second interview.

vi) Capturing information

All team members must keep notes from interviews, focus groups etc. in a clear and accessible way, using proportionate and objective language and ensuring that all points are based on substantiated information. The notes of interviews and focus groups will be collected by the review manager, retained as part of the supporting evidence for the review and archived. These written notes should be factual records of the discussions that have taken place.

Where statements are made by individuals, it is important that peers ask for details of examples and evidence to illustrate the point made – this provides vital evidence for the team. The team should not at any time act on 'hearsay' or unsubstantiated information. All evidence should be triangulated and robust.

Members of the team will be provided with notebooks in which to make their notes. However, a commonly used technique is for team members to also complete a 'post it' for each relevant point and place these on flip charts in the base room under the relevant themes. This allows the team to easily share information, have a 'feel' for what has been covered, identify gaps and disagreements etc. The review manager will agree with the team exactly how such an approach will operate.

Appendix 3 – Peer team skills

Delivering a peer review requires a considerable number of different skill sets and competencies. The following is a summary of the attributes that peers will require when undertaking the roles outlined in Appendix 2.

Interpersonal skills and 'emotional intelligence'

- Being able to gain trust quickly and be able to build rapport
- Being able to convey a true interest in the council's work
- Having empathy and awareness of sensitive issues (especially where, for example, the receiving council had just had an inspection)
- Understanding of the context of the receiving council
- Being able to ask challenging questions in a sensitive and constructive manner
- Having good listening, communication and facilitation skills

Good 'subject' knowledge

- Knowing what good practice looks like
- Frontline knowledge and practical experience
- Personal credibility and a proven track record of delivery
- Up-to-date knowledge of service trends, examples of innovation etc
- An appreciation of the perspective of service users
- Respect for how other authorities work, and recognise that authorities have the right to accept or decline recommendations for changing ways of working.

Analytical skills

- Being able to assimilate and analyse lots of information quickly
- Being able to review the evidence and distil it down to the key messages
- Being able to triangulate evidence and look at messages from different sources
- Being able to recognise inconsistencies and/ or identify lack of evidence
- Curiosity and questioning skills.

Challenge and objectivity

- Being able to identify the questions that require exploration
- Being able to pursue lines of enquiry with rigour and thoroughness, including asking sensitive questions in a constructive manner
- Being able to identify both strategic and detailed issues
- Being able to explain the reasons for peer findings and to deal with questions arising from this

- Being able to deliver 'difficult' messages in a professional and consistent manner
- Being able to listen to challenge and assess it correctly in an objective manner
- Being able to contribute actively to team discussions, put forward ideas and appreciate and assess others input

Personal management and attributes

- Being able to plan one's own time
- Being able to produce concise and accurate summaries/presentation whilst under time pressure
- Adaptability to deal with changes to interview schedules etc
- Team player
- Physical and mental stamina (review managers will ensure any mobility or special requirements are taken into account throughout the review process)

Appendix 4 – Council team roles

The following summarises the key responsibilities of the council team.

Council review sponsor

This should be a senior manager within the council (preferably the director or assistant director of children's services). The role of the review sponsor is to:

- commission the review
- ensure there is high level commitment to the review process within the council and its partners
- where necessary ensure that people are available for interview
- be the main link between the council and LGA on points of principle regarding the review, themes to be explored etc
- ensure that the council overview presentation is prepared for delivery on the morning of day one of the on-site stage
- to ensure that all the facilities and organisation required for the audit validation exercise to be undertaken (if chosen) are in place
- to ensure that all the facilities and organisation required for the case records exercise to be undertaken, (if chosen) are in place
- provide oversight for the council's case mapping chair and ensure that the case mapping report is prepared and delivered to the review manager within the timescales stated
- provide oversight for the council's review organiser and ensure that all their responsibilities are completed within the timescales stated
- receive and collate comments on the draft feedback letter
- contribute to the formal evaluation process.

Council review organiser

The role of the council review organiser is to:

- be the 'single point of contact' with the review manager and LGA project co-ordinator on all logistical details eg base room, catering, transport etc
- prepare the draft timetable in consultation with the review sponsor and ensure that people are available for interview
- supply the required documents to the review team
- distribute the frontline questionnaire
- establish and monitor the work of the case mapping group
- be available during the on-site stage for requests from the team additional documents, meetings etc – in practice the review manager will need to see the council review organiser at fairly frequent intervals during the on-site stage.

Case mapping chair and team

The role of the case mapping chair and team is to:

- ensure that all the requirements of the case mapping exercise outlined in Appendix 7 are met
- compile a case mapping report and ensure that this is submitted within the time-frames required
- be available during the on-site stage to discuss the case mapping findings.

NB If the audit validation and/or case records review options are also chosen it is likely that the case mapping chair will also be required to support and facilitate those exercises.

Appendix 5 – Key council responsibilities

The council should be aware of its responsibilities when requesting a review. These can be summarised as follows:

- identification of a review sponsor, review organiser and case mapping team to undertake the responsibilities outlined in Appendix 4
- attendance at a set up meeting by the review sponsor and director of children's services (if not the same person), review organiser and, if possible, the lead member for children's services and key partners
- assurance that key personnel will be available and participate as required in each element of the review – this may involve taking part in the case mapping exercise, completion of the frontline questionnaire, taking part in a one hour interview, and/or attending the final prioritisation conference day at the end of the on-site week
- organisation of the interview schedule in conjunction with the review manager and ensuring that people will attend – this should be completed and finalised with the review manager two weeks before the on-site stage
- management of the frontline questionnaire distribution, completion and return to LGA by the agreed deadline
- provision of the data and documentation to LGA as outlined in the methodology (Appendix 6), by the agreed deadline
- ensuring that on-site rooms for the first thoughts presentation and feedback and prioritisation conference are organised – both need PowerPoint projectors and flipcharts – please ensure that any security/ encryption issues are identified and resolved to allow for presentations to be loaded onto local computer systems
- attendance at the initial workshop and feedback and prioritisation conferences by personnel from the council and its partners, as agreed with LGA review manager
- provision of a base room for the peer review team for the duration of the on-site week as outlined in the guidance manual, including the provision of appropriate refreshments – the requirements for this room are set out at the end of this appendix
- provision of suitable rooms for all interviews (people's individual offices are fine for these)
- ensure that comments on the draft feedback letter are returned within two weeks
- contribute to the feedback and evaluation process
- commitment to ensuring the agreed action plans are followed through and an appropriate monitoring mechanism put in place.

Team base room

The council must ensure that there is a suitable base room for the team throughout the on-site stage. This must be close to where the bulk of the on-site interviews will be held. The team will spend a considerable amount of time in this room and so consideration should be given to ensuring that it is large enough to accommodate comfortably all members of the team, equipment and has adequate light and ventilation.

The room must be for the sole use of the team members, with all interviews and focus groups being held elsewhere. It needs to be private and lockable, with sets of keys for team members going in and out at different times. It also needs to be accessible to the team after hours. The room will need to be equipped with the following:

- a telephone
- two computers – one with access to the internet and the council's Intranet and email system
- a high-speed, good-quality black and white printer
- two flipcharts with marker pens and replacement paper (flip charts should be able to be hung on the walls)
- a central meeting table providing adequate room for each person on the review team.

The team will require around 200 large-sized post-it notes of different colours, for use in the team base room and during workshops and focus groups. A box of biro pens and some blue tac, plus access to a nearby fax machine and photocopier are also needed.

Catering

Tea, coffee, water, fruit juice, fruit, biscuits and other light snacks should be provided in the room or nearby and be accessible at any time throughout the day and evening. The team will need to be provided with lunch each day, either in the team base room or from the canteen. It is important that catering arrangements are planned in conjunction with the timetable for the week.

The project co-ordinator will liaise with each of the team members in advance and notify the council in good time of any specific dietary requirements they may have.

Appendix 6 – Documentation and data required at review preparation stages

During the initial review preparation stage, the host council should assemble the key documents that the peer team will need to see before arriving on site, and supply appropriate performance information. **These must be sent to the review manager and project co-ordinator at least two weeks before the on-site stage and preferably four to six weeks before the on-site stage.**

The council should consider what documents the peer team will need to see in order to understand the council's context, strategy, action plans, performance and ways of working. Wherever possible these should be the actual documents themselves rather than links to web sites. Details of significant developments and initiatives should also be provided.

However, the council must recognise that the peer team has a finite amount of time to read and understand documentation and so must not be swamped with unnecessary detail. It is far more important at this stage that the team has a clear understanding of the key issues and is able to ask for any supplementary information it may require while on site.

It is helpful, therefore, if councils can highlight or draw to the team's attention the key parts of any documentation (and why this is key).

The following is a list of the typical documents that should be provided at this stage **in addition to the case mapping report and performance data below:**

- local safeguarding children board (LSCB) business plan, annual report, policies and procedures and minutes of last six meetings
- children and young people's plan (CYPP) or equivalent
- Ofsted annual performance profile/annual assessment letter for last three years
- any self-assessment, if available
- extract from joint strategic needs assessment (JSNA) for children and young people
- extracts from other strategic or corporate plans relating to children's services
- joint commissioning strategy
- summary of directorate's budget
- Ofsted inspection reports of children's services
- reports from peer reviews or peer challenge processes
- workforce strategy
- recent Section 11 audits
- executive summaries and recommendations of serious case reviews for last two years

- local 'working together' and child protection procedures
- examples of a case record and other audit reports
- caseload management reports
- any scrutiny reports on safeguarding and reports to scrutiny
- any guidance to staff/other agencies on safeguarding thresholds
- reports on engagement with children, young people, and communities regarding safeguarding
- results of any surveys of children, young people and parents on staying safe for last three years
- staff survey reports relating to children's services
- sample child protection (CP) policies from schools, commissioned services, other agencies
- examples of commissioned/funded services relevant to safeguarding
- equalities impact assessment reports relating to children services, if available
- other relevant documents the authority wishes the peer team to consider – but only if absolutely essential to aid the team's understanding (the team will feel free to ask for additional documentation while on site).

Specific health related documents to be provided include:

- any Health CP report and action plan resulting from a serious case review (SCR) or child concern event
- health board reports and minutes from safeguarding committees/groups/clinical commissioning/health and wellbeing board
- annual report for the NHS boards and annual public health report
- section 11 audits – compliance reports from commissioning bodies and individual providers where these are not included in annual reports to LSCB
- safeguarding children audits and assurance to the relevant Health Boards (or similar documents)
- training needs analysis and how effectiveness is measured
- organisation structures for safeguarding children specialists
- information sharing arrangements within health
- updated health CP policy and procedures
- information on how the authority shares information on at-risk families to health organisations and in particular accident and emergency departments, walk-in clinics, GP practices and NHS Direct
- Care Quality Commission (CQC) return
- health policies and procedures relevant to safeguarding.

Team members will need to read those documents that are relevant to their particular focus during the review (the review analyst will read them all). However, all team members will read as a minimum:

- LSCB business plan
- CYPP or equivalent
- JSNA extract
- self-assessment, if available
- off-site analysis report

Hard copies of any documents provided should also be placed in the team base room.

Obviously the above presents an enormous amount of reading for the peer review team. As stated, councils are encouraged to draw attention to the key parts of documents that will be of use to the team.

Performance data

In addition to the above documents, please send your most recent performance monitoring reports regarding safeguarding. These should include England and nearest neighbour/regional comparative data and trend data where available. The children's improvement board data set and/or Ofsted's performance profile would also be helpful.

Appendix 7 – Case mapping

Guidance for case records mapping group exercise

The mapping group's work should begin as soon as possible after the initial set-up meeting has taken place. The final report should be submitted to the review manager two weeks before the review team is due to come on-site. The report will feed into the 'initial thoughts' presentation and feedback prioritisation conference. The exercise is not intended as a substitute for the LSCB case file audit process, but might identify some issues that the LSCB may wish to pursue.

The task

The task of the mapping group is to build a three-dimensional picture or 'thick description' of safeguarding, with particular attention to interfaces between different agencies and levels of the system. It is a multi-agency qualitative overview rather than a single agency quantitative audit. Two kinds of question frame the work of the mapping group:

- in what way are the processes of different agencies working well or encountering difficulties in achieving improved outcomes for children and young people?

- what is the evidence for progress or lack of progress in creating partnerships to safeguard children?

The mapping group are asked to examine case records in four areas of practice to build the local picture of multi-agency functioning. The four areas are:

- cases where domestic violence/drugs/alcohol/adult mental health/learning disabilities is evident
- cases not quite reaching the thresholds for child protection
- cases where children have been harmed while being subject to a child protection plan
- cases where children have been re-registered.

The process

The authority provides the peer review manager with a list of 10 case record numbers from each of the above four areas. It is important to remember that processes and procedures have changed significantly over that last few years and while an historical overview of long-term work is useful, for the purposes of this work, it is best to concentrate on files that are relatively recent for all agencies.

The review manager randomly selects three case records numbers from each list. Once made available, the mapping group select one case (from each set of three) to map for each area. The group can select more than one case from each set but one from each should be the minimum.

The authority will need to identify what records are held by other agencies. Representatives from partner agencies should map the data held on their agency records and bring their 'maps' to the mapping group. It is essential that reports from all agencies working with the child/family are included in the group's deliberations.

All records will be held by the authority/agencies in their usual place of keeping at all times, but made available to the appropriate mapping group team members as required. The records will be accessed by the mapping group team members in the usual place of keeping and not removed from this location.

To respect the confidentiality of the case records, the peer review team will at no point access the records.

Who is involved?

The local children's services authority will identify six to eight sector-wide practitioners (ie operational staff/practitioner level 3 and 4 across the sector) to undertake the mapping work. Group members will work in pairs.

It is suggested that a third-tier officer responsible for safeguarding should lead the group.

The team should comprise at least:

- social workers undertaking initial assessments and long term child protection work
- a health visitor/frontline health professional
- a child abuse investigation team (CAIT) or frontline police officer
- a child and adolescent mental health services (CAMHS), youth offending team (YOT) and/or youth worker
- a designated teacher
- a voluntary sector representative.

NB The team should not include any person who has previously managed any of the cases.

Milestones

Over the course of the mapping group exercise, the group will work together to map the local picture through their study of the case records. It is proposed that they meet as a group a minimum of three times. Meetings may be structured as follows:

- first meeting: to establish the various tasks, select the case records for review, agree roles, agree who should offer guidance if difficulties are encountered, and set dates for meetings two and three – the first meeting may also wish to add to the guidance questions, any issues relevant to local circumstances
- second meeting: for a progress check and troubleshooting, and to prepare interim findings
- third meeting: to finalise report back to peer review team (via the review manager) using the template below.

The team members, working in pairs, should try to address the 12 groups of questions (see below) probably in two sessions and feed their findings into the overall group meetings.

The mapping group will need to provide the peer review team with their findings at least two weeks before the review team come on site.

Defining a plan of work

At the first meeting it will be necessary to:

- select the four or more case records defined above and consider how best to review these, identifying which agencies hold records relating to the particular case
- confirm the pairs and lead responsibility for each case
- taking on board the milestones set out above, agree a timescale for completion and reporting back to the third meeting of the mapping group – also agree how to draw together findings from each strand of work and feed this back to the review team.

What kinds of questions?

It is important to establish at the outset that the aim of this exercise is essentially descriptive – the questions being asked are 'what' and 'how' questions rather than 'why' or 'who' questions. Above all the mapping group is **not** interested in asking 'Who is to blame for something not working well?'

The group should assume that some things they encounter will be going well, and some not so well. It is important that they consider all aspects.

A set of questions (see below) is for use by the mapping group to help direct their focus in reviewing each case. These are not exclusive and may not be relevant in all cases.

Producing findings

The aim is to generate snapshots of partnership working regarding safeguarding in the sector. They can provide clear indicators of where improvement in practice or working relationships is needed. Where the mapping exercise identifies 'problems', this should focus on ways in which processes such as information sharing can be improved.

Feedback to the peer review team should cover the following issues:

- outline difficulties experienced in undertaking the task such as access to records, changes in personnel through the life of the mapping group, inadequate recording, lack of co-operation of partner agencies, etc
- identify strengths and challenges in the following areas:
    - the effectiveness of practice (outcomes specified and achieved)

- quality of interventions
- rigorousness of recording and management oversight
- responsiveness and timeliness of interventions
- joint working and information sharing
- impact of the common assessment framework (CAF)
- accessibility of information particularly from a child or carer's perspective.

The following is suggested as a template for this feedback:

1) Introduction

1. How was the exercise carried out, over what period of time, who was involved, who led the work?
2. Which cases were selected (in brief, eg child living with domestic violence)?
3. Which records were accessed/which could not be accessed?

2) Brief outline of each case to include:

1. reason for contact/involvement
2. agencies involved
3. what worked well/did not work well
4. which records were accessed, were they clear and up to date, were there chronologies and contact information sheets, single/common assessments or multiple assessments, timeliness and appropriateness of conferences and reviews, who attended, were there outcome-based plans?

3) Thematic findings, for example:

1. file/record management
2. service planning
3. children's engagement and voice of the child
4. interagency working
5. participants' observations
6. funding and systems.

4) Conclusions and learning points following key questions from guidance as appropriate.

Generic questions for mapping group

In respect of the four (or more) cases, the mapping group pairs should consider the following questions.

i.   Is there clear identification of the lead agency/professional in the case, and is there evidence that this is clear to the child/young person and their family/carers?
ii. Is there evidence that children are seen alone, their voices heard and their views taken into account during assessment, care planning and review?

iii.   Do initial and core assessment processes look as though they are sector-wide and unified among core partners in the local sector? Is assessment information shared appropriately, both in professional and electronic (accessibility) terms?

iv.   Is there evidence of multiple/duplicated assessment processes in the case? What steps, if any, are agencies known to be taking to integrate assessment processes, or agree protocols which will reduce duplication? How far has the CAF impacted on reducing multiple assessments?

v.   Are the records of all agencies well kept, with up-to-date basic and case summary/chronology information? Can chronologies be accessed from the integrated children's system? What would a child/young person say about the case file maintenance and clarity of the story?

vi.   Where the case has moved between agencies, or between tiers within the same service, are referral/intake processes efficient and responsive? If not, what are the patterns of difficulty?

vii.   Is there evidence of effective multi-agency co-operation and risk assessment on cases? Do any risks in the case seem to be appropriately assessed (multi-agency), recorded and acted on?

viii.   What evidence is there that actions and plans are being explained properly to the child/young person? Are children and young people asked what difference the interventions have made? Is practice in the case driven by the outcomes sought for the child/young person and are these specified anywhere?

ix.   Where a case moves across agency boundaries, or where significant costs are associated with decision-making (eg out of borough/county placements or school transport), do effective resource mechanisms/protocols exist to facilitate decisions, allow money to follow cases etc.? Does the case reveal evidence of significant resource deficits in respect of workforce, budgetary or commissioning issues?

x.   Do the case records reveal evidence of effective frontline practice and management? Is there evidence of the provision of regular and effective supervision within the services involved with the case, but with particular reference to the lead professional? Are decisions clearly recorded and signed off by senior managers?

xi.   Is there evidence that different agency information systems are integrated, or capable of managing the flow of information between different systems, so that information follows the child/young person?

xii.   Is there evidence that recruitment and retention issues have any effect on the outcome of the cases? Did the cases have a practitioner allocated that is/was an agency or permanent member of staff? (Please record the number of lead professional changes in the life of the child.)

xiii.   What mechanisms are in evidence to show that the agencies involved in the child/young person's life, are measuring the impact and difference that they are making through the services that are provided? Is there evidence that the frontline staff are aware of the particular set of performance indicators that are relevant to these cases?

(The 13 questions should be addressed by the team members working in pairs – perhaps in two sessions, each pair session being interspersed with a meeting of the mapping group to share findings.)

Appendix 8 – Pre-review analysis report

Purpose

The pre-review analysis report is intended to help the peer team focus on key issues affecting the council and give an overview of its performance. It is at its most helpful when it contains an overview of performance and comments against each of the themes and additional areas of focus that the team has been asked to explore. It will form a major part in the compilation of the first thoughts presentation and in focusing the team's activities while on site.

The report should consist of:

- a narrative summary of what appear to be key points arising from the analysis
- a table which states in bullet point format the strengths, areas for consideration and areas for clarification on site for each of the themes set out in Appendix 1 i.e.
    - o Effective Practice, Service Delivery and the Voice of the Child
    - o Outcomes, Impact and Performance Management
    - o Working Together (including Health and Wellbeing Board)
    - o Capacity and Managing Resources
    - o Vision, Strategy and Leadership

Ideally this will cover all of the headline probes in Appendix 1 (not the detailed probes in Appendix 1A) although it is accepted that whether this is possible will depend upon the documents and data sent.

- It is helpful if the table can also state the key pieces of evidence used in compiling the bullet points.

The extent to which this is possible will depend to some extent on the quality of the documentation submitted by the council, the thoroughness of the case mapping exercise etc. It may be necessary for the report to highlight issues that require further evidence or questions that the team may wish to explore on-site.

The review manager can provide the review analyst with an example of an off-site analysis report in order that they may appreciate the requirements of the report.

Process

The review analyst should undertake an analysis of key documentation (see below) the case mapping report and the performance data. If available in time, it should also take into account the questionnaire analysis report compiled by the review manager.

The report should be sent to the team leader and review manager in time for them to read and understand its contents before they meet the week before the on-site stage to prepare the draft of the first thoughts presentation. The minimum documents that should be used to compile the report are set out below:

- performance data

- case mapping report
- council's self-assessment' (if provided)
- children and young people plan (CYPP)
- local safeguarding children board (LSCB) business plan
- prevention and early intervention strategy
- extract from joint strategic needs assessment
- Ofsted inspection reports and other review/challenge reports
- local 'working together' and child protection procedures
- examples of consultation with and feedback from children and young people.

In practice, it is also useful for the review analyst to look at relevant sections of the council's website.

Appendix 9 – Frontline questionnaire

The peer review process includes a survey through a questionnaire of frontline staff (key strategic personnel are seen individually during the on-site process). The questionnaire asks the staff to reflect on, and offer their perceptions of local safeguarding.

The questionnaire is completed electronically by means of a Survey Monkey and the LGA project co-ordinator will send the council review organiser a link to be sent to staff invited to complete the questionnaire.

It is suggested that the link be sent to a wide range and large number of frontline staff who interact with service users as set out below.

Local authority and schools

- Frontline professional social workers
- Other frontline staff in social work teams
- Immediate supervisors of social work teams
- Case conference chairs
- Independent reviewing officers
- Education welfare officers
- Designated teachers
- Special educational needs co-ordinators
- Local authority designated officers

Health and related

- Health visitors
- Midwives
- School nurses
- Designated doctors
- Designated nurses
- Accident and emergency staff
- Child and adolescent mental health services (CAMHS) staff
- Other frontline health professionals

Police
- Child protection teams
- Other frontline staff concerned with safeguarding

Voluntary sector

- Frontline voluntary staff

The frontline questionnaire should be completed at least two weeks before the on-site stage.

Obviously how the council chooses to communicate with staff and partners regarding the questionnaire is at their discretion but it is strongly suggested that the following are stressed during any communication.

a) The council has invited the LGA to provide a peer review of safeguarding services for children and young people.
b) This is not an inspection – the review team will be serving officers and members from other local authorities who will act as critical friends and be looking to highlight areas of good practice and where some further development may be required. There is no judgement or rating arising from the review.
c) The team will be gathering information from a wide variety of sources including documents, statistical data and interviews with key individuals and groups of staff and partners.
d) As part of the information gathering, they would like to understand the views of frontline staff on how safeguarding services are operating. Although there will be a staff focus group arranged as part of the interview programme this obviously cannot accommodate all staff and so you are invited to complete a questionnaire to provide your views. The link to this is attached.
e) Please note that the individual responses go directly to the Local Government Association peer team. The council will not see individual responses and the peer team will only report back on general trends from the questionnaire with individual confidentiality being totally respected.
f) We hope as many people as possible will respond.

Based upon the responses received, the review manager will compile a report on the key points emerging from each question. This report will then be used to inform the preparation of the first thoughts presentation and will be sent to the team as part of the pre-reading.

The questionnaire is set out below.

1. **Name**

2. **Name of Organisation**

3. **Is the organisation you work for:**

   Local Authority
   NHS Organisation
   Police
   Voluntary or community sector organisation
   Other (please state nature of organisation)

4. **How confident are you that multi-agency safeguarding procedures you experience are working well?**

   Very confident

Confident
Neither confident or not confident
Not confident
Not very confident at all
Don't know

If not confident or not very confident at all, how could your multi-agency safeguarding procedures be improved?

Comment box

5. **How well established is the use of the common assessment framework (CAF) in your area or service?**

   Very well established
   Well established
   Not well established
   Don't know

6. **Are the outcomes intended for children and families clear in the care plans you see?**

   Outcomes are always clear
   Sometimes clear
   Rarely clear
   Don't know

7. **How would you rate the arrangements for information sharing as regards safeguarding?**

   Very good
   Good
   Neither good nor poor
   Poor
   Very poor
   Don't know

   If neither good nor poor, poor or very poor, how could arrangements for information sharing be improved?

   Comment box

8. **Are multi-agency risk assessments undertaken?**

   Always
   Most of the time
   Sometimes
   Never
   Don't know

9. **Are you clear about who can make safeguarding decisions in respect of individual children?**

Yes
No
Don't know

If no, please briefly outline below in what circumstances you are unclear.

Comment box

10. **Are children/young people seen alone when required by your safeguarding procedures?**

Yes
No
Don't know

11. **Are children and young people appropriately involved in decisions affecting them?**

Yes
No
Don't know

If no, how could children and young people be better involved?

Comment box

12. **Are parents and carers involved effectively in case conferences?**

Yes
No
Don't know

If no, how could parents and carers be better involved?

Comment box

13. **Are child protection referrals always dealt with according to your local LSCB procedures?**

Yes
No
Don't know

If no, what are the reasons for this?

Comment box

14. Are child protection services meeting the needs of vulnerable and hard-to-reach groups in your community?

Yes
No
Don't know

If no, which groups or children are not being offered a good service?

Comment box

15. Do you think all non-specialist staff (eg school classroom assistants, GP receptionists etc) know what to do if they are worried a child is at risk?

Yes
No
Don't know

If no, what action needs to be taken to ensure all non-specialist staff know what to do?

Comment box

16. Does the supervision/clinical oversight offered to you and your colleagues enable reflective practice?

Yes
No
Don't know

If no, how could supervision be improved?

Comment box

17. Is your multi-agency training helping you deliver a better service?

Yes
No
Don't know

If no or unsure, how could the training be improved?

Comment box

18. Have you heard about the learning from your areas serious case reviews, child death reviews, inspections and audits?

Yes
No
Don't know

If no, how could sharing the learning be improved?

Comment box

19. How regularly are you given opportunities to learn from research and best practice?

Regularly
Irregularly
Rarely
Never
Don't know

If anything other than regularly, how could opportunities to learn from research and best practice be improved?

Comment box

20. Do you know how well your team and service is performing?

Yes
No
Don't know

If no, how could the information and its availability be improved?

Comment box

21. Does the performance information include comparison with similar services?

Yes
No
Don't know

22. Do you know what the safeguarding board priorities for improvement are?

Yes
No
Don't know

23. Do you think these priorities are appropriate for your authority?

Yes
No
Don't know

If no, what should they be?

Comment box

24. Do you think safeguarding has enough priority in your service or agency?

Yes
No
Don't know

If no, what else should the trust be doing?

Comment box

25. Are the arrangements for dealing with professional differences working effectively?

Yes
No
Don't know

If no, how could they be improved?

Comment box

26. Are there enough frontline staff in all agencies[1] to meet the demand for safeguarding services?

Yes
No
Don't know

If no, in which services or localities are the problems most critical?

Comment box

27. Are paper and electronic case records in your agency accurate and up to date?

Yes – both are up to date
Yes – electronic records only
Yes – paper records only
No
Don't know

If no, how could recording be improved?

Comment box

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[1] The term agency applies to all partners working with children including the local authority, the NHS, police, voluntary sector, etc.

28. How effectively do the IT systems you use support your professional practice?

Very effectively
Quite effectively
Not very effectively
Not at all
Don't know

What improvements would you suggest?

Comment box

29. Are the offices and other facilities available to you and your colleagues fit for purpose?

Yes
No
Don't know

If no, how could they be improved?

Appendix 10 – On-site interview programme

The on-site stage is the 'centre piece' of the whole review process. Its smooth operation is vital to the success of the review and requires careful planning. It is essential that during the preparation of this stage that there is good liaison between the council review organiser and the review manager (who will advise on practicalities etc). The timetable should be finalised two weeks before the actual on-site stage commences

Practical timetable pointers

Compiling the programme and taking into account all diary commitments of those involved, practical arrangements, etc can be time consuming. It is strongly suggested that this work is commenced as soon as possible with a rough draft being given to the review manager at an early stage so that s/he can advise on any practical difficulties they can foresee.

It is important to understand how the review team will operate during the review and how this will affect the on-site programme.

The peer team will not operate as one single team during the review. Instead they will split into smaller teams (usually two people) to ensure that between them they can see all the people required during the review period.

Generally there should be two interview streams running at any one time (see example interview programme below). However, if required and where the size of the team permits, three streams may operate on occasion to allow for full coverage of all those who need to be seen or where diary commitments force this to be necessary.

The membership of the teams will alter during the period of the review. This means that all interviews, focus groups etc must end at the same time so that review team members can swap over.

Individual interviews should be scheduled for one hour. In practice the peer team should interview for three quarters of an hour and use the remaining time to allow for crossover of teams, note writing etc.

Focus group sessions should be for one and a half hours.

The teams will need to visit a number of key sites such as referral/intake team base, accident and emergency, commissioned services, etc. Transport arrangements and time for travel for these visits need to be taken into account particularly in large county areas.

Site visits are time consuming and should only be built into the programme where they are essential to the teams understanding of the performance and good practice of the council and its partners. However, a visit to accident and emergency should always be part of the programme.

Parking arrangements for the team while on site should be in place.

If it's not possible for an interviewee to be on-site, a phone call may be acceptable if agreed with the review manager beforehand.

The review team will need to meet together at stages of the review to compare notes, ask for additional information, etc. Slots for this need to be built into the timetable.

In order to cover as much ground as possible, the timetable may include evening sessions, but be careful people aren't too overloaded.

Workshop venues need to be big enough to divide into smaller groups.

Practicalities of transport to and from the council and the team hotel should also be taken into account.

Peer teams need breaks for lunch and comfort breaks!

Peer teams should not arrange to see individual children or groups of children and young people during the on-site week.

There may be some exceptions where it is appropriate to meet a focus group of young people eg to see a group of youth MPs, children in care council etc. In such circumstances the review manager must discuss the arrangements for holding such discussions with the council review sponsor and this must include a representative from the council.

People the team should see during the on-site stage

It is important that the council thinks about who the team should see while on site in order to be able to understand how the council and its partners are organised, their strategies, performance etc. This must take account of any particular themes that the council has asked the team to explore.

As the roles and circumstances of each council are different, it is impossible to give a definitive list as to who should be seen by the team. Set out below is a list of people that the team would normally expect to see. Key strategic members and officers will need to be seen individually but, where appropriate, other groups of staff etc may be seen in the form of focus groups.

Who	Notes
Council eader	
Lead member for children's services	
Opposition member for children services	
Chair of children's scrutiny	
Council chief executive	
Director of public health	
NHS senior managers	
Director of children's services	

Assistant director of safeguarding	
Assistant director of school improvement	
Children's improvement adviser	
Principal social worker	
Lead of case mapping group (if not included in above)	
Case mapping group members	Focus group
Assistant director business support	
Head of youth services	
Frontline staff (practitioners)	This should be a focus group of around six to eight frontline practitioners. The purpose of this group is to discuss safeguarding practice 'on the ground'
Council and partners focus group	This should be a focus group of around 12 people from across the partnership. The purpose of this focus group is to discuss how partners work together 'on the ground', leadership, information sharing etc.
Focus group of 'lay people' involved in safeguarding eg foster parents	
Director of adult services	
Chair of LSCB	
Manager of LSCB	
Designated teacher(s)	
Chair(s) school governors	
NHS managers	
Designated doctor(s)	Can be focus group with designated nurses and midwives
Designated nurse(s)	Can be focus group with designated doctors and midwives
Head of midwifery/health visitor services or midwives' focus group	Can be focus group with designated doctors and nurses
CEO(s) of commissioned services	Can be focus group
Other members of LSCB not included above	Can be focus group
Head of children and adolescent mental health services (CAMHS)	
Mental health trust CEO	
Senior police officer/borough commander and other relevant police representatives	
Police domestic violence lead	
Voluntary sector representatives	Can be focus group
Reps from both commissioners and providers	Can be focus group
Acute trust CEO/safeguarding leads	

Where a council has requested themes in addition to the standard themes it is essential that they also consider who else should be seen to allow for an exploration of these themes

Site visits

The review team should also have the opportunity to undertake site visits (eg to commissioned services etc) where the council has identified that these add real benefit to the knowledge of the team. As these visits are time consuming they should only take place where they really do add benefit and consideration should also be given where possible to the visit combining one or more of the interviews/focus groups above.

It is essential that these site visits include a visit to:

- accident and emergency
- duty desk/frontline access points.

Appendix 11 – Sample on-site programme

The timetable below gives an indication of how an on-site programme may look. It should be studied in conjunction with Appendix10. Please note that this is intended as a guide, and will need to be amended to suit the needs of the individual review.

For each interview, the council should supply name/s, job title/s and location.

Day 1 – Monday

TIME	A	B
08.30-9.00	Team shown to base room, domestic arrangements etc.	As stream A until after lunch
9.00-11.00	Team finalise first thoughts presentation and capture main issues etc.	
11.15-1.00	Council overview presentation and team first thoughts presentation	
1.00-2.00	Lunch	
2.00-3.00	Director of children's services	Chair of school governors
3.00-4.00	Children's improvement adviser	Council leader
4.00-4.15	Break	Break
4.15-5.30	Lead member for children's services	Designated nurse/s
5.30-6.30	Head of child and adolescent mental health services	Police domestic violence lead
6.30 onward	Team meeting	Team meeting

Day 2 – Tuesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room	Team gathers in on-site room	
9.00-10.00	Local safeguarding children board chair	NHS senior manager/s	
10.15-12.30	Commissioned service visit or focus group (commissioned services/ voluntary sector etc)	Duty desk/ Frontline access point and practitioner focus group	
12.30-1.30	Lunch	Lunch	
1.30-2.30	Assistant director safeguarding	Assistant director business support	Review of case recording system (if this option taken)
2.30-4.00	Council and partners focus group	Focus group lay people (foster parents etc)	
4.00-4.15	Team break	Team break	
4.15-5.15	Principal social worker	Mental health trust CEO safeguarding lead	
5.15-6.16	Head of youth services	Director of adult services	
6.15	Team meeting	Team meeting	

Day 3 – Wednesday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	Assistant director, school improvement	
10.15-12.30	Visit accident and emergency	Commissioned service visit or focus group (commissioned services/ voluntary sector etc.)	Case record review group (if this option is taken)
12.30-1.30	Lunch	Lunch	
1.30-2.30	Designated doctor/s	Council Chief Executive	
2.30-3.30	Acute Trust CEO/Safeguarding lead	Senior Police officer/Borough Commander	
3.30-4.30	Designated teacher/s	Head of Midwifery/midwives	
4.30-5.00	Team break	Team break	
5.00-6.00	LSCB members (not included elsewhere)	NHS Senior Managers	
6.00	Team meeting	Team meeting	

Day 4 – Thursday

TIME	A	B	Additional interviews
8.30-9.00	Team gathers in on-site room		
9.00-10.00	Debrief with sponsor	LSCB manager	
10.10-11.00	Chair of children's scrutiny		
11.00-12.00		Leader/opposition spokesperson	
12.00-1.00	Lunch	Lunch	
1.00-5.30	Peer review team prepares final presentation and prioritisation conference	Peer review team prepares final presentation and prioritisation conference	
5.30-6.30	Team leader, review manager and other team members if required submit draft final presentation to director of children's services/senior team – discussion held		
6.30	Team meeting	Team meeting	

Day 5 – Friday

TIME	
08.30-11.00	Team completes final presentation, prepares for workshop and gathers notes
11.00-3.00 (approximately)	Final presentation and workshop (see Appendix 16 for suggested programme)

Appendix 12 – Audit validation

Purpose

If chosen the exercise described below must be conducted in accordance with the principles set out in Section 4 of this manual as regards personal data, data protection and confidentiality.

This process will examine how the council uses case audit to assess and improve the quality of practice. Prior to the on-site stage the operational manager peer will undertake an audit validation and prepare a report for the review team. The report should look at three questions:

a) how effective is the local audit process in assessing the quality of practice (through looking at previously audited cases)?
b) how well are the audit reports used by managers?
c) what action is taken in response to audit reports?

Method

Six weeks ahead of the on-site week the council will provide a list of 20 cases that have been audited on a single or multi agency basis during the previous three months: the review manager will choose five cases randomly from the list to be reviewed. In order to prepare the report the peer will attend the council for one day, approximately a month ahead of the on-site week to review the audits and the case files. They will also have a conversation with the social workers and their managers and this should be arranged with the council in advance of the visit. The peer will be allocated a further day to write up their findings and prepare a report for the peer review team (which will also be appended to the final feedback letter).

It is very important that the conversations with staff are conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

a) The local audit

The peer should examine the case audit process itself and also look at examples of completed case audits. This will require the peer to look at a sample of five cases that have been audited by different managers, and comment on how accurately the case audit has been able to assess the quality of practice in the case examples.

A good case audit process should include the essential elements outlined below. The peer should assess how well the council's approach covers these elements.

Practice area	What to look for
Basic information	The case audit should identify if basic information about the family has been provided on file. This would include case details such as ethnicity of children, family relationships, the key concerns or difficulties that families are facing.
Effectiveness of current and previous interventions	The case audit should be able to identify the impact of previous and current intervention, whether it has been positive and achieved desired changes within the family. If possible the case audit should be able to identify particular factors associated with the success of any help the family have received. A good case audit should be able to separate out the contribution of both the competence of the worker involved and the actual intervention itself and how it helped.
Assessment of need and analysis – have risk and protective factors been considered?	The case audit should be able to identify clearly the risk factors that impact on the child in the family, for example, domestic violence, drug and alcohol abuse, mental health problems, isolation etc. The case audit should also be able to see if protective factors have been considered by the agencies involved. It should be possible for the case audit to identify how the risk and protective factors have been balanced to produce a good assessment which looks not only at the difficulties within the family but also at their strengths. The case audit may focus on the quality of the analysis provided in assessments.
Service response	The case audit should be able to identify whether the service response has been efficient and timely. This is likely to be mainly in response to referrals to the agency and will include whether the agency acted promptly, kept the referrer informed of actions, and took appropriate action following the referral or receipt of new information.
Effective planning and review	Case audits will often look at care plans, child protection plans and other documents which set down plans for a child. The case audit should be able to identify if such plans are child centred, have clear and measurable objectives and identify who is doing what and when. The case audit should look at the timeliness and effectiveness of reviews of care plans.
Building a trusted and effective relationship	The core of good social work practice, the case audit should be able to comment on the extent to which the family are involved in decision making and planning and the skill of the practitioner in building a relationship with

	the child and family. Particular features for example, proactive approaches to involving extended family in safeguarding or the involvement of fathers, may be pertinent in some cases and would be expected to be considered within the case audit.
A child-centred approach including attention to equality and diversity	The case audit should look at whether the child has been seen alone and his or her views considered in decisions and case planning. The audit should look at evidence of practice which pays attention to a child's individual needs, and the response to factors relating to their age, ethnicity, or disability.
Multi-agency involvement	The case audit should look at the effectiveness of multi-agency working and the impact on the case of other agency involvement. Communication and information sharing will be key elements which should be considered by the case audit. Specific difficulties within and between agencies should be identified in order to identify themes and patterns which may emerge across a number of cases.
Management, supervision and oversight of practice	Most agencies will require first line managers to provide evidence of supervision on the case file itself and in these instances the case audit template should include attention to supervision notes or management direction and sign off at various stages. However the agency may use other mechanisms for checking the quality of supervision which are outside any case file audit and which should be considered. In particular it is unlikely that any critical reflection activity will be documented on the case file but would be an important element of supervision.
Quality of case recording	The case audit should look at the standard of case recording including factors such as clarity of information, concise report writing, up-to-date entries in the file, recording of basic information, and the presence of key documents for example, chronologies, core assessments etc.
Process monitoring	There are various processes which need to operate smoothly to support good practice. In particular, child protection procedures being implemented in line with statutory guidance but also other organisational processes such as case allocation, transfer, use of threshold criteria and referral to other agencies. The case audit should consider how well these processes have been followed in any one case.

b) Reports received by management

The peer should examine the reports received as a result of case audits and should consider the following factors:

1. How well have patterns and themes been identified in the case audit report?
2. How detailed is the report and does it provide concise findings which are accessible to the reader?
3. What is the time lag between the audits being carried out and the report being received by management?
4. Do the reports provide a good balance between quantitative, qualitative and outcome measures?
5. To what extent do the reports focus on quality of practice and the impact on families?
6. Is it possible to identify effective interventions with families and the skills of practitioners in helping children and their families to achieve improved outcomes?
7. Is it possible to identify shortfalls in practice in different parts of the service or even down to individual practitioners and if so, are there any contextual issues that should be considered, for example staff shortages or other resource issues?
8. Is good practice recognised and if so, to what level of detail?
9. Is there a clear set of recommendations in the report and are they 'specific, measurable, attainable, relevant and timely' (SMART)?
10. Have case audits been directed at priority areas of concern within children's services?

c) Actions taken in response to case audit reports
The peer should establish the following, primarily through interview with managers and quality assurance staff, but also by looking for written evidence of the way the whole process operates:
1. Is there evidence that recommendations have been acted on?
2. Is there a structure for regular monitoring of casework audits with follow up checks that actions have been completed?
3. How are learning feedback loops built in to the case audit and to what extent do the lessons from audits reach front line managers and practitioners?
4. Are there any mechanisms for receiving feedback about the service from children and families, and if so, are they aligned with the findings from case audits?

The report

The report (four to six pages) should be completed at least two weeks before the team arrive on site so that it can be included in the preparation of the first thoughts presentation. This report will be made available to the council and will be appended to the final feedback letter.

Appendix 13 – Case records review

Optional case record review

If chosen the exercise described below must be conducted in accordance with the principles set out in section 4 of this manual as regards personal data, data protection and confidentiality.

For authorities wishing to have a more in-depth look at effective practice, the peer review team can undertake an additional process looking at a limited number of case records. While this would not be the equivalent of the Ofsted case record inspections, it would help authorities to identify key practice issues such as:

- outcome focus
- chronologies
- evidence of the voice of the child
- evidence of reflective thinking and analysis
- management oversight
- multi-agency risk assessments.

The case record review will consist of two elements:

- an exploration and discussion of six to eight case files before the on-site stage
- on-site review of current referrals and assessments.

The purpose of the first element is to consider frontline case management and good practice and to see if the content of the records is consistent with views expressed by social workers and managers.

The second element is intended to provide an up to the minute view of current practice in managing referrals and assessments.

It is very important that this exercise is conducted in keeping with the spirit of the peer review ie as a supportive critical friend and not as an inspector.

The process

Approximately six weeks before the on-site stage, the review manager will request a list of around 30 open safeguarding cases for selection. The 30 cases should be selected at random from current allocated cases. The list provided to the review manager should include:

- integrated children's system (ICS) number
- date of birth
- gender
- language
- religion
- case status child in care (CLA)
- child protection (CP) including dates CP plans

- child in need (CIN)
- disability status
- ethnicity
- start date
- team where case held.

Depending on the issues identified in the authority's self-assessment (if any), Ofsted inspections and/or set up meeting, six to eight files will be selected for review by an operational manager peer. The details of the chosen files will be forwarded to the authority at least four weeks before the on-site week. Which cases are selected should take into account, for example, re-registration, CP and disability, cases held in assessment teams for a lengthy time still with CIN status, section 20 in child protection team for a long time, babies open with CIN category for several months, team with disproportionately high caseload, etc.

The peer assigned to the case records review will set aside two days to review the actual records and consider data quality, quality of assessment and work undertaken, management direction and oversight and write a report. During the on-site week peers will meet with the social workers and managers to discuss the cases. During these discussions peers may wish to make use of the questions outlined for the practitioner focus group set out in Appendix 15.and explore to what extent the social worker and manager:

- have identified the salient issues for the child and are addressing these
- have a good understanding as to what is going on in the case
- have an outcome focus
- are tracking progress
- understand the purpose of case recording.

NB Social workers interviewed in this process should not be included in other focus groups.

Feedback from the initial review of cases will be available to the review team and council through the peer completing a case record outcome report (see Appendix 13 A below) for each case and a narrative report on any trends or key issues identified. Feedback from the discussions with staff will also be shared during the on-site week. A final report should then be prepared and will be appended to the final feedback letter to the authority.

On-site work

Early in the on-site work, the peer(s) undertaking the case record review will access the case recording system and review a selection of records focused on current referrals and assessments, up to six cases again using the outcome report sheet below.

Appendix 13A – Case record outcome report

Question	Response with comments
Are care plans outcome focused with timescales?	
Are the outcomes regularly reviewed and is there evidence that alternative approaches are employed if outcomes aren't achieved in a timely manner?	
Is there evidence that the child has been spoken to on their own and their views taken into account in care planning?	
Is there a good quality, multi-agency assessment, completed within appropriate timescales?	
Is there evidence of reflective practice and analytic thinking in the development of care plans?	
Is there a multi-agency risk assessment?	
Is there evidence of partnership working and appropriate contributions by partners to assessment, care planning and service delivery?	
Is there evidence of management oversight?	
Is there evidence that supervision is regular and effective?	
Is there an up to date chronology and does it include all relevant data?	
Are all appropriate data fields and contact details completed and up to date? (On-site review stage only)	
General Case Comments	

Appendix 14 – Example interview questions for safeguarding peer reviews

These questions are your prompts and not a script. You will need to adapt them to the person (or group) you are meeting and in response to the initial findings. For example, in the section on frontline practice you may need to ask about staff shortages and morale in areas other than social work and health visiting.

1. Introduction

What is your direct involvement in safeguarding?
What areas of safeguarding activity are you responsible for?

2. Overview

What do you see as the strengths in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

What are the key safeguarding outcomes in your service or area of responsibility?

What do you see as the areas of concern or for development in respect of safeguarding children:

- in children's social care?
- in children's services as a whole?
- in the local strategic partnership?

3. Personal responsibility and quality assurance

How do you find out about and know what the quality of safeguarding work is:

- in your service or area of responsibility?
- in other areas of children's services?

4. Outcomes

- how are outcomes monitored and measured?
- what is their direction of travel?

5. Partnership

What is the quality of the relationship between children's services (in particular social care) and for example?

- adult mental health services?

- adult learning disability services?
- drugs and alcohol services?
- domestic violence services?

6. Frontline management

How do you know how effective your frontline managers are in delivering safe and good quality practice?

How are frontline managers supported to deliver better practice?

In what ways are they involved in developing and evaluating plans to improve safeguarding?

7. Frontline Practice

What percentage of social worker/health visitor posts have permanent staff and agency staff in them?

What percentage is vacant and are not covered by temporary staff?

How long, on average, do social workers/health visitors stay?

What is the size of average caseloads?

Is morale among social workers/health visitors poor/good/very good?

What is the quality of supervision?

Are information systems working efficiently and effectively to support good practice?

8. Local safeguarding children board

How is the LSCB improving safeguarding in the area?

What difference has the LSCB made to the lives of local children?

How effective is the LSCB in holding children's services and other agencies to account?

9. Involving children/parents and using the evidence base

How are safeguarding services for children changed and developed in response to:

- the views of children, young people and families?
- evidence from research about what works?
- the diverse needs of the community?

10. Political oversight

In what ways are councillors involved in safeguarding in the area?

How do they support and encourage improvements in safeguarding in the area?

Always try to obtain a specific example that evidences their answers.

Appendix 15 – Practitioner focus group

The purpose of the practitioners focus group is to allow for a face-to-face discussion regarding effective practice at frontline level.

The following are suggestions as to questions and issues that can be explored during the structured practitioner focus group.

General questions/issues

- Encourage them to identify what they think they do well, most people find it really hard to do this but it pushes them.
- Seek stories about the best of the past: knowledge and experience of self and others and the context; what helps, for example enabling policies/procedures, practice/ethos, culture, and environment.
- Ask for their proudest moments, the high points and why they think it worked so successfully (what they think ingredients for success are).
- Find out what is valued about the present, what they think works.
- Invite wishes for the future to enable individuals to reframe the challenges and identify where they want to get to.
- Find out about what they want more of.

Specific questions

Ask them to think about a couple of their recent cases. Then explore:

- how did they focus on the child and young person?
- how did they ensure they achieved the outcomes of the care plan and if they have not what did/are they doing about them?'
- what was their thinking?
- who did they work with?
- how were they supported?
- how were they challenged?
- how did they overcome obstacles?
- how did their manager know what was happening?
- how did they record their work, did it reflect what actually happened, or what they thought, including safeguarding risks and concerns?
- how do or are they demonstrating to others the effectiveness of what they are doing?
- what do they think the child or young person would say about what they did?
- what evidence, theory, and models do they use to help inform your assessment and professional judgement?

Appendix 16 – The feedback and prioritisation conference

The process and purpose

The final phase of the on-site stage of the review will be a feedback presentation from the team, immediate questions for clarification etc and then a conference in which the key players in the local partnership will have the opportunity to reflect on the findings of the review and to begin to take forward the work arising from it. **This requires planning by the host council and peer team.** This planning should be discussed by the review sponsor, team leader and review manager as early as possible and checked throughout the review process.

The purpose of the prioritisation conference is to:

- allow for discussion and understanding of the findings of the review
- to ensure that there is ownership and agreement of these findings
- to identify priorities for action
- to enable all partners to share in this exercise.

Conditions for success of the feedback conference

The following have been found to be essential to ensuring the success of the feedback and prioritisation phase:

- the 'whole system' should be there – attendance should include a cross-section of all relevant parties and particularly those people who have either taken part in the review and any senior figures who were unable to do so
- time should be split between both large and small group discussion
- the emphasis is on identifying priority areas for action (it is not intended that detailed action plans be formed at this stage)
- there is an emphasis on problem solving and sharing rather than being backward-looking or apportioning blame
- responsibility for taking forward priorities is established
- a suitable venue with space for all participants to move around.

Outputs from the conference

It is anticipated that the conference will:

- enable participants to gain a better understanding of each other's perspectives and concerns about safeguarding
- improve the development of a common language and culture
- identify priorities and a way forward.

Feedback and prioritisation conference – example agenda

The appropriate timetable and process for the feedback and prioritisation phase will depend on the individual circumstances and need of each council (see also Appendix 18 dealing with councils in intervention).

The following are two suggested agendas for the final day. The review sponsor, team leader and review manager should determine the exact format well in advance of the final day itself.

Example 1

11.00	Feedback presentation by review team and immediate questions for clarification
12.00	Immediate feedback/reaction from director of children's services
12.15	Prioritisation: attendees should be asked to indicate what they feel are the priorities for action arising from the review (one way to do this is to have the review findings on the wall of the room and ask attendees to indicate with a sticky dot the two or three that they feel are the priorities)
12.30	Lunch
1.00	Results of prioritisation fed back to plenary session. The four or five most urgent priorities will then be discussed in further detail in small groups to begin to develop action plans. These can be led by any agency and should be led where possible by the agency/individual that will have some responsibility/commitment to seeing the improvement achieved.
2.00	Feedback from groups and discussion
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Example 2

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/ reaction from director of children's services
11.45	Coffee

12.00	Small group working on prioritisation focusing on a) what are the key priorities identified? b) what immediate steps can be taken to move this forward?
1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference
NB	There may be a need for a final informal debrief between the team and council after the conference event.

Appendix 17 – Final letter

After the on-site stage, the council should be sent a final letter no later than three weeks after the review. This letter is not intended to be a comprehensive report. It should be an easy to read summary of the main findings of the review and the prioritisation conference.

The structure of the final letter is as follows:

- short introduction
- a narrative executive summary of the main review findings
- detail and good practice recommended to be shared regionally or via the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)C4EO
- summary strengths and areas for consideration (this is just the bullet points from the feedback presentation)
- findings from the feedback presentation bullet points (these should be annotated only where absolutely necessary for clarity)
- summary of the outputs from the prioritisation conference
- close (including details of follow-up)
- where the audit validation and/or case records exercise is undertaken the reports from these should be attached as an appendix

The review manager should prepare a draft of this letter and submit it to the team for comment. Once comments from the team (or just the team leader if there are no substantial points required from the team) have been received the review manager should send the draft to the LGA children's improvement adviser, the safeguarding review programme manager and the relevant local principal adviser for quality assurance.

Once all comments have been taken into account, the letter will be issued to the director of children's services by the LGA Safeguarding Team. A copy will sent to the council leader, lead member, chief executive, the LGA principal adviser and the regional sector-led improvement contact.

An example final letter is given in Appendix 17A.

Appendix 17A – Example final letter

Dear

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

We agreed to send you a letter confirming our findings. As you know the safeguarding challenge focused on six key areas including one specifically requested by you, ie the increase in number of looked-after children (LAC) and those subject to child protection plans (CPP). This letter sets out a summary of our findings on these areas. It includes the good practice we noted and areas which you might want to consider further. Some of the points raised during the feedback workshop held on 15 August 2011 are also included.

It is important to stress again that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people.

Executive summary

A summary of the overall key conclusions of the peer team was that Noname Council (NC) and its partners have managed to continue to provide high quality services for vulnerable children and young people during a time of significant change and have a passion to improve services still further. In particular NC has excellent early years provision, good LAC outcomes and many excellent examples of incorporating the voice of the child into the development of its services.

This approach is supported by a culture of working together and a desire to continue to develop services suited to the complex needs of the diverse community.

The team were particularly impressed by the passion and commitment of all the staff they met. There was also consistent praise for the openness and accessibility of service leaders.

The council has undergone very significant change and financial challenges recently and has consciously protected its services for vulnerable children and young people during that time. Now that the immediate re-organisation is over it would be timely to take stock of the new context and financial restraints and consider how you will ensure sustainability and whether this would this be helped by fewer more focused activities. This consideration should then be distilled down into a new integrated strategy and efforts made to ensure that it is understood at all levels.

The passion of the council, staff and partners has already been mentioned. However, with this passion and desire comes potential difficulties in the current climate. Partly as a result of NC's desire to protect vulnerable children

and young people, the number of LAC and those subject to CPP's has risen. The team felt that a too risk-averse culture had developed and that NC and its partners need to examine the application of thresholds as part of a targeted plan to reduce LAC and CPP numbers. There is a danger that unless this is tackled the quality and sustainability of your overall services could be compromised. The plan should also ensure the avoidance of drift through more effective oversight and challenge from managers and reviewing officers and re-directing resources towards coherent, targeted activities for children at the threshold of care.

The new financial climate and need for even greater focus on determining priority areas and value for money will require even greater scrutiny and challenge among all partners. Key to this will be two main areas.

Firstly, there is a need to develop scrutiny functions that provide a sharp approach to ensuring that policy development and individual initiatives are providing the best possible value eg a possible area for this could be early intervention which appears to lack a costing model with targets for changes in activity and expenditure

Secondly, it would be timely to look at the structure of the local safeguarding children's board (LSCB) to ensure it is shaped to fulfil its changing role and to refocus activity on robust challenge and scrutiny.

These comments are made with the intention of supporting your desire to provide high quality services. They are not intended to detract from your major strengths of good relations, ambition, passion and 'can do' approach. Rather we hope you can use them to focus and build on your good progress.

The main strengths and areas for further consideration presented to you were as follows.

Summary strengths

- Continued high-quality services for vulnerable children and young people during a time of significant change
- High ambition to provide the best outcomes for children and young people
- Range of good performance indicators
- Good partnership working at strategic level
- Good LAC outcomes
- Desire to apply learning throughout authority
- Evidence of user engagement
- Excellent early years provision
- Some good engagement with diverse communities
- Exploitation of the advantages of the size of the authority and your sense of place

Summary areas for consideration

- Ensure that clear priorities are in place following service re-organisation

- Need for a coherent overall strategy that encapsulates all activity, including targeted intervention and prevention
- Unclear as to how the resource strategy supports the direction of travel
- Good strategic initiatives but not always understood on the ground
- Need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children
- Ensure the current LSCB is shaped to fulfil its changing role

Detailed findings

The table below highlights the good practice noted by the Peer Review Team and areas for further consideration by the council and its partners

Effective practice, service delivery and the voice of the child	**Strengths** • Service remodelled and developing Munro approach • High morale and highly committed staff, well supported through supervision • Good intelligent analysis of service pressures needs and demands • Repeat referrals have been reduced and set up case-load weighting • Systems in place to drive up quality of analysis in assessments and to improve decision making • Re-focusing on higher priority cases and closing down child in need cases • Effective leaving and after care service • Out of hours service and joint working is exemplary • Impressive range of activities to engage young people and capture their voice across the local authority and partners • Genuine commitment to do this and no hint of tokenism • Examples of real changes to physical environment as a result of children's voice • Increasing range of engagement and innovative ways of capturing young people's voice including use of social media • Increasing attendance in review process **Areas for further consideration** • High numbers and levels of case work activity is unsustainable and impeding effective practice • Improve quality of referrals and develop joint alternative strategies for managing concerns

	• Clearer strategy for managing workflow into, through and out of the service • Develop social workers skills and confidence to do direct work with families and to effect change • Asian children under represented at point of referral and need to continue to develop services for the particular needs of that community • Need to be able to show the impact of participation on outcomes • Voice of child not as evident in health • Need to be vigilant that new cohorts of children are equally engaged
Outcomes, impact and performance	**Strengths** • Good outcomes for children in most areas • Provision for LAC is good/outstanding • Placement stability of children is good • Most care leavers doing well • Most safeguarding indicators are good • Good recruitment of foster placements • Emerging understanding of diverse communities **Areas for further consideration** • Inconsistency in quality of assessments • Case Mapping identified possible issues regarding inter-agency working • Ensure that you are not too risk averse in the application of thresholds • Gaps in mental health provision for children and adolescents • Shaping services to meet the needs of diverse communities
Working together (including health and wellbeing board)	**Strengths** • Good partnership working at strategic level • Willingness and a culture of working together • Evidence of regional LSCB working • Multi-agency audits and serious case review work • Approach to training is innovative • Evaluation and response to expressed needs of diverse communities **Areas for further consideration** • Ensure the current LSCB Board is shaped to fulfil its changing role • LSCB needs to refocus activity on robust challenge and scrutiny role

	• Develop formal conduit between LSCB and children's partnership that focuses on safeguarding • Work needed with partners to challenge an over cautious application of thresholds • Strengthen cross agency ownership of core groups
Capacity and managing resources	**Strengths** • Continued commitment to invest in children's services • High morale and highly committed staff, well supported through supervision • Staff (and partners) praise for accessibility to management • Regular supervision dealing with both case and development needs • Good high level challenge from senior members • Suite of performance indicators used regularly **Areas for further consideration** • Unclear as to how the resource strategy supports the direction of travel • Early intervention lacks costing model with targets for changes in activity and expenditure • Wider commissioning needs to consider safeguarding priorities • Scrutiny appears underdeveloped as regards safeguarding • Is performance and management information actively used at team level?
Vision, Strategy and Leadership	**Strengths** • High ambition to provide the best outcomes for children and young people • Broad political commitment to safeguarding • Partners provide good collective leadership • Key plans are of high quality and give a clear sense of leadership and vision • Engagement with the broader health and wellbeing agenda • Good emerging work with diverse communities **Areas for further consideration** • Enhance the robustness of wider member challenge • Clear and communicable overall

	strategy required
	• More explicit statement of milestones and links with resources
	• Leaders need to manage professional and organisational cultures across partnerships to refocus activity with vulnerable children
	• Creation of a sense of urgency and purpose
Increase in LAC and CPP	**Strengths** • Awareness of the issues and understanding of the data • Investment to save approach (foster placements) has created additional capacity • Corporate parenting group monitoring LAC data every six weeks • ASU continues to divert young people from care successfully **Areas for further consideration** • There are too many children with a child protection plan/looked-after children • Commitment to reduce numbers needs to be matched by focused plan with targets and a less risk averse approach • Avoiding drift through more effective oversight and challenge from managers and reviewing officers • Re-directing resources towards coherent, targeted activities for children at the threshold of care • Clarify the purpose and availability of support services to enhance exit strategies • Redefine and remodel corporate parenting group to ensure wider ownership and collective responsibility

Following the team's presentation and answering of immediate questions, your authority then ran a workshop with a wide variety of stakeholders. The main points that came out of group working at the workshop were:

- need for new overarching strategy that recognises changing circumstances and is understood at all levels
- develop a culture that enables all agencies to take a more measured approach to risk
- improve quality and consistency of assessments
- creation of joint alternative preventative strategies
- increased information sharing – ensuring that all 'pieces of the jigsaw' are visible
- reduce looked-after children/child protection plan numbers

- review LSCB to reflect new role
- ensure all available agency details and contacts are known
- review corporate parenting panel to ensure that it operates with a membership and approach that supports fully the corporate parenting responsibilities.

You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector support through your regional arrangements or the LGA's principal adviser.

Once again, thank you for agreeing to receive a review and everyone involved for their participation.

Paul Curran

Children's Improvement Adviser (Peer Review)
Local Government Association

Appendix 18 – Guidance for councils in intervention

There are a number of additional factors that should be taken into account during the review process in the case of councils that are subject to intervention. The following points cover those most likely to be encountered but discussion should take place between the review sponsor, team leader and review manager as to how the review and feedback is undertaken to meet the key question: 'What will most help the council to move forward?'

Improvement board

As a minimum the chair should be added to the list of those individuals who should be interviewed during the on-site process. The Department for Education (DfE) representative on any improvement board may also be interviewed. The council should consider how else they wish to involve the board in the review process eg considering the scope and any key lines of enquiry, attendance at first thoughts presentation, feedback session etc.

Managing the feedback

In the case of a council in intervention, it must be borne in mind that the feedback presentation and letter will usually be seen by a wider group of stakeholders (e.g. the improvement board, Ofsted, DfE etc) and may be used by these stakeholders to help form judgements regarding the council's progress. There are also likely to be increased sensitivity generally around any feedback. While care should always be taken in preparing feedback, this is particularly important in the case of a council in intervention.

It is useful to help bear the following points in mind.

- Feedback must be measured and factual. Peer teams (and councils) should avoid any temptation to identify strengths unless these really are making a difference to safeguarding services (eg do not give praise just to give encouragement or balance number of points against areas for further consideration). Similarly, areas for consideration should only be included where these are of significance to general progress.
- Language used should be as simple as possible to avoid any chance of misinterpretation.
- Points must be as securely backed by evidence as possible. Whereas in non-intervention councils the peer team may flag up issues where there is only inconclusive evidence this should not be done in intervention cases (even in non-intervention cases the team should make clear that they have only gathered partial evidence).

Feedback letter

There are specific issues to take into account when preparing the feedback letter, although all the points under the general feedback should also be borne in mind.

There are two additional competing pressures.

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- Councils will usually want the feedback letter ready for presentation to their next improvement board. The council review sponsor and review manager should discuss this when drawing up the review timetable to ensure that this is possible, reserve time to draft and agree the feedback letter with the team and council etc. Every effort should be made to try to ensure that the feedback letter is available for the next improvement board meeting and this may involve considerable shortening of the normal three-week timescale. If absolutely necessary – and with the review sponsor's agreement – a draft feedback letter may be made available for improvement board consideration.

- The points regarding the use of plain language in the general feedback section should be borne in mind and the general format of the feedback letter should not change. However, in feedback letters for council's in intervention it may be necessary to enlarge on the bullet points made in the feedback presentation to ensure absolutely that the point can be understood by someone who was not at the feedback session. This means that feedback letters to council's in intervention may need to be longer than with other councils (and produced in a shorter time!).

Review manager should also agree well in advance the dates for quality assurance with the children's improvement adviser and programme manager.

Prioritisation workshop

The purpose and sample agendas for the prioritisation workshop are given in Appendix 16. As an approved action plan will invariably already be in place, the format and questions posed at this workshop may require amending as it would not be appropriate to start another action plan 'from scratch'. A suggested agenda for councils in intervention is given below but the final format should be discussed and agreed between the review sponsor, team leader and review manager.

10.30	Feedback presentation by review team and immediate questions for clarification
11.30	Immediate feedback/reaction from director of children's services
11.45	Coffee
12.00	Small group working on prioritisation focusing on:

a) what does this say about the progress we are making on implementing our action plan?
b) where has there been good progress and where do we need to move things forward still faster?

1.00	Lunch
1.30	Group feedback, discussion and questions
2.30	Director of children's services outlines next steps and closes the conference (there may be a need for a final informal debrief between the team and council after the conference event)

Contact the Local Government Association
Telephone: 020 7664 3000
Email: info@lga.gov.uk
Website: www.local.gov.uk

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