

YORKSHIRE AND THE HUMBER REGION

FRONT DOOR SELF-EVALUATION FRAMEWORK (SEF)

May 2017

“We know that each part of the children’s social care system is reliant on the work carried out in other parts of the system. So getting it right at the front door makes a huge difference to children both in the short and long term”. Eleanor Schooling, National Director, Social Care, Ofsted

The Front Door self-evaluation framework, designed to be completed with partners, consists of:

- a) Narrative and assurance questions as to what a good social care front door may look like, and which may be included in a self-evaluation. This includes a synopsis of the ‘top ingredients of an effective front door’ from Ofsted (March 2017)(including Appendix A).
- b) Potential ideas for a front door evidence base (Appendix B).
- c) An optional word template for completion (Appendix C), which allows partners to contribute and can provide an ‘assurance report’ for the LSCB.

1. What is ‘the front door’

The ‘front door’ refers to arrangements that local authorities have in place to respond to an initial contact where local authorities provide advice and together with all partners, make decisions about how they will act on information. It is where professionals gather information and make decisions about which pathways to follow for different contacts and referrals. This may lead to an assessment by children’s social care, early help or a response from universal services. It needs to be considered alongside the services that are delivered ‘end to end’ of the front door, for example, early help, and transfer to children in need, child protection or looked after children services. There should be:

- **An effective model:** that fits the local context and responds quickly and appropriately to children and child protection concerns. Local authorities do not need to use a particular front-door model as what works in one place may not work everywhere, and develop ways of working that best meet local challenges as they change over time.
- **A responsive out-of-hours service:** A good out-of-hours service is run by people who know the work well and are able to respond to a whole range of challenging circumstances. Crucially, this service is responsive and does not just act as a ‘waiting area’ for the next day.

***Pointers:** Describe briefly what current arrangements are, including rationale for the current way of working. If this has changed, what is different and is it working better? If you are going to make changes in the next 12 months, what will be different and what outcomes are you expecting? Include description of out of hours service and how they form part of a seamless front door. How is this demonstrated / evidenced and does your performance management reflect this?*

2. Thresholds and Policies

- **Advice:** Good-quality advice at the front door should also be available to individual members of the public and service users, including young people directly.
- **Using early help appropriately:** Criteria, processes and experiences of children and families who do not meet the criteria for social care but that are 'stepped down' to early help are clear, understood, consistently applied and well co-ordinated. Professionals working at the front door are aware of what help is available locally and in their communities and can signpost families.

"The best front doors are about getting families the right help and support quickly, rather than functioning as a 'gatekeeper' of services." Eleanor Schooling

Pointers: Refer to any strategies, policies and procedures in place and whether they are effective - this may relate to Neglect, CSE, Missing, Radicalisation, Gangs, Toxic Trio as well as following Working Together and local procedures.

Is the thresholds document and other key policies and procedures up to date? Take a view on whether it is clear, consistent, effective, as well as training and monitoring with referring agencies. Are there any specific organisation who are referring inappropriately (i.e. high percentage NFA) and if so, what have you done to improve this?

Is transfer to other services including early help effective and visibility of the child's journey – safely and effectively 'passing the baton' between levels of need. What is the relationship with early help services? Are cases being transferred up to main social work teams quickly and effectively?

3. Effectiveness of Partnerships

- **Close working with partners:** Close working with health and other partners needs to be embedded and routine, there is appropriate attendance and engagement at all parts of the front door, especially strategy discussions, where non-engagement severely affects the quality of the discussion and identifying risk, the information that is shared and the decisions that are made.
- **Value and fully utilise the range of professional disciplines and expertise:** Understand the range of expertise and perspectives that different professionals bring – including specialist knowledge in critical areas such as domestic abuse, disability, mental health. The lived experiences of children and their families, assessment of their needs and solutions are better understood from an integrated perspective.
- **Sharing information:** There has to be clarity and confidence about what information can and should be shared about children, families and incidents, which is captured and analysed so that risks are properly understood and the right decisions can be made. Every effort should be made to ensure that collating this evidence is as efficient, quick and as easy as possible to allow staff to focus on their work rather than duplicating paperwork or 'feeding' systems.

Pointers: What are the arrangements for working together on:

a) strategic basis? Is the LSCB effective in testing assurance, tackling issues (such as non-engagement), delivering training and providing effective promotional/preventative messages/campaigns?

b) operational case basis? Is the right information being shared appropriately and securely between professionals in a timely manner? Are case management systems used effectively? Are professionals and specialist knowledge contributing to assessments, strategy discussions etc. so that the risks to children and their needs are assessed effectively and responded to appropriately? Is there a child-centred approach from all professionals? How do professionals challenge each other as well as parents/carers appropriately to ensure good practice?

4. Keeping every child and their experiences at the centre

- Children and their families feel that their **views have been heard and understood and acted upon where appropriate**. This leads to improvements in the help and support that they receive.
- **A culture that places the welfare of the child at the centre**. Not only should there be evidence of children being seen, and seen alone in assessments, but clear identification and understanding of experiences, views and wishes of children and young people, such as what is daily life like for this child? What is the response that will most meet this child's needs?
- **Contextualising family strengths and risk:** Historical factors as well as events and incidents about children and families have to be taken into account and fully analysed to understand families' strengths and risks and ability to build resilience wherever it is appropriate. Professionals should seek to understand the context in which children are living and the strengths of the family and their protective factors, as well as the risks children might be facing. Use and results of screening tools for specific risk such as CSE and missing, both in individual cases and evaluation across the service to assess emerging patterns and trends, and focus disruption activity, training and therapeutic services.

Pointers: summarise from qualitative evidence what, and how effective, are any tools or methods to engage and collaborate with children and young people (e.g. restorative approaches, signs of safety, motivational interviewing etc.). There should be evidence on progress that children are making / have made. Is there evidence that all hard to reach groups and children or families in specific circumstances are able to a) access and b) receive a service that takes into account their situation and individual needs, including the extent to which there is respect for diversity and sensitivity to age, race, culture, religion, gender, sexual orientation and disability? This may also include, refugee and asylum seekers, EAL, traveller and Gypsy Roma families, private fostering, young carers. Are signs of specific risks to individual children recognised and appropriately responded to? Is risk being managed appropriately, including by universal/service below the threshold for social care?

5. Quality of practice

Some performance measures, such as proportion of assessments to timescale or low re-referral rates can give a falsely positive picture and understanding the quality of work undertaken, and its

effectiveness is paramount. This is underpinned by understanding what good practice looks like, for example via practice standards and effective management oversight are ways to ensure high quality of practice. Good case recording is an essential part of good quality practice.

***Pointers:** What is the quality of referrals received and timeliness of processing? Is the quality of work at the front door evidenced? Is it clear what standards are consistently expected? Are evidence-based approaches, tools and services that reduce risks and meet their needs implemented, used and evaluated to secure the best outcomes?*

Is there a range of quality assurance activity such as audits, supervision, and learning disseminated from these? Is there consistent management oversight? How is poor practice acted upon and good practice shared?

6. Resources: Workforce

'The environment in which we work can help or hinder us to do the best job we can do'. Eleanor Schooling

***Pointers:** Is there high usage of agency staff? Are appraisals and supervision frequent and effective? Is there a culture of continual learning, support and challenge for social workers and other professionals? Are there manageable caseloads? Is the workforce stable and knowledgeable? How do you balance a mix of experience and a fresh view so that your front door workforce do not become desensitised to the seriousness of risks?*

7. Good leadership and decision making

Leaders have roles to play in ensuring their resources (workforce, budgets and working environment) support an effective front door operation, but also that thresholds are applied consistently; all work is quality assured to maintain high standards over time through robust management oversight; management of workflow is effective with no blockages; and effective relationships and integrated working by partners.

Managers, as staff, need to be well-supported, confident and knowledgeable, able to monitor the work, manage performance and take action.

***Pointers:** Is there challenge in the system and how effectively do leaders challenge and support practitioners, and promote continuous improvement? Is the LSCB effective in testing assurance, tackling issues, delivering training and promotional/preventative messages? Do we balance local ways of working with national consistency? How do we say how we meet legislation, learn from others/good practice/share good/innovative practice ourselves.*

8. Outcomes

a) For the child and family – did we make a difference

Focus on 'what difference did you make' and ensure that you are clear what outcomes you expect for children, young people and their families, and what you have achieved. These will be short term outcomes (such as the next year) but also what effect achievement of making an impact will have on

the long term outcomes in terms of improvements later in people's lives. Measuring outcomes for the child and family at the front door can be challenging, as it is often a transactional relationship prior to moving the case to another team to undertake the support and improve outcomes. The child's voice is therefore important as part of the evidence base.

b) For the service – is the service deemed to be 'good' or better?

Outcomes for the service will include performance measures and evidence about how well services are being delivered. They are likely to relate to use of resources (workforce and finance) and measures of effectiveness such as timeliness, quality and quantity.

APPENDIX A: ELEMENTS OF A GOOD SELF-EVALUATION - CHECKLIST

Elements of a good evaluation, links to guidance defining good service provision and further information

There are four key assurance questions on which self-evaluation of the evidence should be based:

- What do you know about children and young people and communities in our area, including needs, ability, culture, gender, age, and children living in specific circumstances?
- How well are you serving them, how, and what are the outcomes for them?
- What areas do you need to do better, what are your goals, how are you going to do this?
- What are the risks and emerging issues that may prevent you reaching these goals?

The following sources (as at April 2017) and latest research evidence have been used, and will provide LAs with more detail about what good services and outcomes for children and young people look like. However, this list is not exhaustive as there are many other sources, with new information becoming available all the time to help LAs understand best practice.

- [Ofsted's single inspection framework for inspecting local authority children's services](#)
- [Joint inspections of arrangements and services for children in need of help and protection](#)
- [Ofsted school improvement inspection framework](#)
- [Joint inspections of child sexual exploitation and missing children: February to August 2016](#)
- [Ofsted common weaknesses in LAs judged inadequate](#)
- [Consultation and response to new Ofsted ILAC inspections](#)
- [Eleanor Schooling monthly commentary 28th March 2017](#)
- [Summary of Ofsted SIF inspections \(ADCS website\), where LAs can select specific good or outstanding LAs for judgements to view best practice.](#)
- Links to good inspection reports in relation to specific aspects.
- Working Together 2015

Other evidence

A range of evidence to support self-evaluation and performance management is essential, from hard statistics about activity and outcomes to a range of more qualitative evidence. The type of self-evaluation that is required in the future is more likely to focus on quality of practice, and provide assurance of how well the LA undertakes routine activity to assess, plan and improve throughout the year, based on a wide range of evidence. This may include:

- Views and experiences of the users of the service, children, young people and their families – including those who do not access services
- Evidence on short-term outcomes and also long-term for service users (life skills, into adulthood, social return on investment)
- Understanding of performance against other authorities and what good looks like
- Locally collected information about services provided in terms of activity, quality, outcomes
- National research and nationally identified good practice models
- Compliance against government policy and legislation
- Your own and peer evaluations of your services
- Views of your communities, professional colleagues, partners and Members
- Other quality assurance activity.

Checklist

		✓
a) Context	Context: Demonstrate you know about the area, the needs of the communities, the rationale for what you are doing and what impact that is having.	
b) Outcome focused	The 'so what' question – how has what you have done/are currently doing/are planning to do making a difference? Be outcome focused , and evidence impact:	
c) What difference did you make	Focus on ' what difference did you make ' and ensure that you are clear about what outcomes you expect for children, young people and their families.	
d) Where outcome do need to improve	Where outcomes do need to improve , Clearly articulate what may have caused this, and what actions are in place to improve.	
e) Evidence equalities	Evidence equalities , in that services are accessible for all children and their families, you know the performance of vulnerable and other groups, and have strategies in place to narrow any gap in outcomes between these children and their peers.	
f) Protecting children at risk of specific types of harm	Evidence that you are protecting children at risk of specific types of harm , identifying and meeting needs at the earliest opportunity and reducing need/demand.	
g) Concise	An effective self-evaluation needs to be concise . There needs to be sufficient evidence and analysis of the effectiveness of current provision, for the reader to be able to draw conclusions and identify areas for challenge or success.	
h) Golden thread	Ensure that the self-evaluation includes a golden thread and synergy to other plans and strategies and reflects on previous self-evaluations.	
i) Compliance to government policy and legislation	Reflect or make a statement about compliance to government policy and legislation . This may include information about number and learning from serious case reviews, judicial reviews, child death panels and LADOs.	

		✓
j) Use data wisely	Use data wisely – but do use it! Data needs to clearly support statements about need; services provided; and what difference has been made. There needs to be evidence of appropriate analysis, getting beneath the top level data and drilling down to client groups, timeframes and localities.	
k) Celebrate successes	Celebrate successes and include examples of where outcomes have been improved.	
l) Lived experience of children	Ensure the lived experiences of children , their views, wishes and how they are being engaged in building their resilience and life skills are present.	
m) Learning organisation	Evidence that you are a learning organisation and there is the right environment and organisational culture for practice to flourish, that you learn from the experiences of your own services and others, have strong workforce development.	
n) Financial information	Financial information is a key part of self-evaluation and LAs may wish to include information about their current, historic and projected budgets.	
o) Workforce	Knowing whether your workforce is the right size; is appropriately skilled, supervised, supported and working collaboratively to agreed objectives and outcomes.	
p) Systematically woven into performance management	Finally, ensure the self-evaluation, improvement planning, and monitoring cycle is systematically woven into performance management in everyday practice.	

Appendix B

Y&H Self-Evaluation - the Evidence Base

Version 3 – 5 May 2017

The table below provides a selection of herd (key) indicators together with other suggested evidence to support self-evaluation of the front door.

Area	Potential evidence and hypotheses
<p>1 Activity data: children and young people supported (number and rate per 1,000 or 10,000 u18 population)</p>	<ul style="list-style-type: none"> ➤ Number of contacts in the period ➤ Number of referrals in the period ➤ Compare breakdown of source of contacts / referrers ➤ Analysis by age, presenting issue/need, ethnicity, outcome (e.g. NFA, initial assessment, information /advice given) ➤ Audits – thresholds; themes ➤ Review/evaluation of front door <p><i>Looking at the detail of this data on a multi-agency basis and bringing their intelligence in, especially around schools, health, police activity and early help, will assist all agencies in reaching a combined understanding of the child's journey into social care and effectiveness of thresholds. This combined intelligence of 'the front door', to incorporate EHA and any prevalent issues, should be able to indicate current and changing needs (or unmet needs) in the local area.</i></p> <ul style="list-style-type: none"> ➤ Number of children in need at point in time ➤ Number of children subject of CP plans at point in time ➤ Number of children becoming looked after during the period ➤ Number of children looked after at point in time ➤ Analysis by age, primary need code/category of abuse, presenting issue, , ethnicity, geographical location, length of time open case. <p><i>There is significant guidance, research and evidence about these specific cohorts of children and young people, and what any changes in number may mean. Numbers may change because of an increase in the number of children in the local area (therefore population data and forecasts are also important to consider); effective universal and early help services (although a rise in numbers could indicate identification of previously unmet need); changes to legislation (e.g. Southwark Judgement);</i></p>

Area		Potential evidence and hypotheses
		<i>policy and process changes within the LA and partner agencies , staffing, availability of resources, external factors such as Court delay or availability of adoptors/carers.</i>
2	Identification and meeting needs	<ul style="list-style-type: none"> ➤ Number of reported domestic abuse incidents before partnership escalation ➤ Something around performance of MARAC ➤ Themed audits testing child’s experience and our response at different levels of need: e.g. early help / contact / referral / children in need/ CP – e.g. neglect, CSE, disability. <p><i>Tests do people enter at the right places, and are presenting needs dealt with appropriately at the earliest stage?</i></p>
2.1	QUALITY AND EFFECTIVENESS OF SOCIAL CARE PRACTICE: Contacts and Referrals	<ul style="list-style-type: none"> ➤ % of contacts and referrals which are repeat ➤ % of referrals leading to the provision of a social care service (i.e. the child becoming a child in need) ➤ % of contacts and referrals which are NFA and by referring agency ➤ Analysis of repeat contacts and referrals to see if there is a common age/referrer/reason for referral, which may include those where ‘the toxic trio (parental mental health, substance abuse and domestic violence) are present. <p><i>A high proportion of repeat referrals may indicate that the previously provided services or interventions were not sufficient to address the need, or that cases have been closed too soon / before the effectiveness of the help provided had been properly assessed. However, if possible it is helpful to be able to classify repeat referrals into broad categories which will help to distinguish those which have occurred because of a change of circumstance rather than any deficiency in the previous intervention. If it's not possible to do this through recording systems, sample audits could be used.</i></p> <p><i>High proportions of NFA referrals from specific agencies may also be an indicator of poor understanding of thresholds. Similarly large variations in numbers of referrals and / or their outcomes when analysed by team may demonstrate a lack of internal consistency in handling referrals.</i></p> <p><i>It is also important when analysing re-referrals to understand the story behind changes in overall numbers of referrals e.g. are falling numbers a result of higher thresholds being applied, of demographic changes, or of increased provision of preventative services or early help? If re-referrals represent persistent cases against a backdrop of reducing referrals overall, their proportion will increase.</i></p>
2.2	Quality and effectiveness of	<ul style="list-style-type: none"> ➤ Distribution of working days taken from referral to assessment completion ➤ Assessments which are open and have been open for longer than accepted timescale

Area	Potential evidence and hypotheses
social care practice: Number & % of assessments to timescale	<ul style="list-style-type: none"> ➤ Of those assessments out of timescale, more detailed analysis of why out of timescale (specific worker, type, over bank holiday period, staffing at the time etc) to feed into the 'story behind the data'. ➤ Outcome of assessment ➤ Audit <p><i>It is important that councils should investigate and address concerns in a timely and efficient way, and that those in receipt of an assessment have a clear idea of how quickly this should be completed. Successful meeting of the time-scales can also indicate effective joint working where multiagency assessment is required.</i></p> <p><i>It's also important that timeliness should not be pursued at the expense of quality and mechanisms such as audit should be used to assure this. A matrix plotting quality against timeliness can be used to visualise this relationship with the ideal being represented scores in the top right quadrant showing high levels of timeliness and quality (a template is being mocked up for the region). The circumstances (if any) in which it has been agreed that assessments may take longer than the normal timescales should be considered if setting targets for such measures, and when analysing data.</i></p>
2.3 Transfer to other teams	<ul style="list-style-type: none"> ➤ Distribution of working days from child protection strategy meeting to initial child protection conference measured by ICPCs within 15 working days of S47 ➤ Rate of conversion of s47 enquiries to ICPCs. ➤ % of ICPCs which result in a Child Protection Plan <p><i>Good performance would generally be indicated by a high proportion of timely ICPCs. Analysis of the distribution should identify outliers and the story behind the data should identify the reasons for this. However the likely direction of travel for the expected new Working Together focusses more on the appropriateness of timing to the child's needs, rather than prescribing set timescales. So, as with assessment quality, it also necessary to be able to include a dimension to the data which covers whether the timescales for each child were appropriate to their particular journey.</i></p>
2.4 Quality of Practice: General	<ul style="list-style-type: none"> ➤ Proportion of case file audits completed that should have been completed ➤ Proportion of cases requiring remedial actions/deemed unsatisfactory ➤ Proportion of supervision sessions held that should have been held ➤ Something about demonstrating effective decision making through case file audits – tracking children end to end through the system ➤ Learning from SCRs, reviews, reports from local ombudsman, complaints,

Area		Potential evidence and hypotheses
		<ul style="list-style-type: none"> ➤ Use of case studies to paint a picture of the child's journey.
3	Workforce and resource data	<ul style="list-style-type: none"> ➤ % unfilled social worker posts (vacancies), ➤ % covered by agency staff ➤ Caseloads ➤ % unfilled team manager posts (vacancies) and % covered by agency staff ➤ Analysis by team and length of time vacant. The story behind the data should include where this is appropriate, or posts left vacant on purpose, and current recruitment in progress and any barriers being faced in recruitment. ➤ The levels of qualification and experience within teams and / or services. ➤ Vacancy rate of Social Workers ➤ Sickness absence of social workers <p><i>The proportion of unfilled posts [which are not vacant by design] should be low. In addition to vacancies, it is also important to understand the skills and experience base of the workforce in post, and whether the potential difficulties posed by high vacancy rates are compounded by high numbers of less experienced staff. Changes which result from restructures should also be taken into account, where newly created posts may be vacant, or may be occupied by otherwise very experienced staff in new roles. Other qualitative intelligence and factors which may have contributed to, or may assist in effective recruitment and retention may also be analysed. E.g. essential car user allowance, In terms of knowing and analysing unfilled team manager posts, services will function most effectively with permanent stable management. The percentage of agency staff/vacancies is a proxy for measuring this.</i></p>

APPENDIX C: FRONT DOOR SEF TEMPLATE

Self-Evaluation of the Social Care Front Door Arrangements

Date of Assessment:	
Lead Person:	
Completed by (list professionals):	

1. Description of social care front door arrangements
2. Thresholds and Policies
3. Effectiveness of Partnerships
4. Keeping every child at the centre
5. Quality of Practice
6. Resources: Workforce and finance
7. Leadership and decision making
8. Outcomes
<ul style="list-style-type: none"> a) For the child and family – did we make a difference b) For the service – is the service deemed to be ‘good’ or better - effective and efficient
9. Summarising priorities and areas for improvement