Implementation evaluation of Doncaster Children's Services Trust

Final Report

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Figures

Acknowledgements

Glossary of terms

ACPS	Assessment and Child Protection Service is a service in the Trust responsible for assessment of child referrals to Children's Services, focusing on establishing whether the child is in need or whether there is reasonable cause to suspect that the child is suffering, or is likely to suffer significant harm.
18+ Service	A service in the Trust providing support and resources to young people aged 18–21 who have been in local authority care.
CAF	Common Assessment Framework; a process of gathering and recording information about a concerned child in the form of a shared assessment, in order to ensure a child's needs are met.
CAFCASS	Children and Family Court Advisory and Support Service; promotes the welfare of children and families involved in a family court.
CCG	Clinical Commissioning Group
CAMHS	Child and Adolescent Mental Health Services are the NHS services for young people who have difficulties with their emotional or behavioural well-being. CAMHS are multi-agency partners working closely with Early Help and children's social care services.
Children's centres	Children's centres in Doncaster are overseen by the Council and provide different activities to meet the needs of the local community. Services include Family Support, Health Services, Adult Education and Training, Social Care Services, Childcare and Toy Libraries plus many more for all families in their geographical area.
CIC	Children In Care Service is a service in the Trust responsible for working with children and young people up to the age of 16. In most cases these children and young people will be living separately from their parents in foster care, children's homes, or sometimes with family members.
CMARAS	Children's Multi Agency Referral and Assessment Service, precursor to Referral and Response Service.
Corporate Parenting Board	The Council has a duty to provide a similar standard of care for children and young people in care to that which would be expected of a reasonable parent. It is led by the Council and aims to provide better and improved outcomes for children and young people in care.
CSE	Child Sexual Exploitation. The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.
CTSIG	Council and Trust Strategic Inspection Group is in charge of the inspection of certain bodies responsible for children's plans for future improvements, according to a set of standards and expectations.
DCST	Doncaster Children's Service Trust.
DfE	Department for Education.
DMBC Early Years	Doncaster Metropolitan Borough Council provide statutory framework for all childcare providers who work with children aged from birth to five.

eCAF	Electronic Common Assessment Framework. The system involves the recording and management of the whole Common Assessment Framework process, including the requisite consent and security.
Education Welfare	A service or officers employed in individual schools or by the Local Authority to address welfare issues of children at school, with particular reference to school attendance.
EHH	Early Help Hub; the newly established central point of access for Council and community-based health Early Help services for children, young people and families, providing advice and support.
ESST	Emergency Social Services Team is a service based in the Trust responsible for responding to cases requiring immediate attention, outside normal working hours if necessary. It is part of the Referral and Response Service.
IFSS	Integrated Family Support Service was based in the Council. Doncaster Children's Centres formed part of the Integrated Family Support Service which brings together Children's Centres, Youth Services and Family Support Services.
IFST	Intensive Family Support Team is based in the Trust and is responsible for supporting families who require a named worker alongside them to help them work out a plan for keeping children and young people 0–19 safe, healthy enough to thrive and eventually achieve their potential in education, training and employment.
Innovation Projects	The Department for Education's children's social care innovation programme provides funding for social work agencies to explore ways of supporting children who need help from children's social care services. The Trust has received funding for four innovation projects.
IRO	Independent Reviewing Officers are based in the Trust and monitor the well-being and plans for children in care.
JSNA	Joint Strategic Needs Assessment. A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
LA	Local Authority.
LAC	Looked after children is both a term referring to a child or young person who, for whatever reason, is cared for by a local authority, and a service in the Trust, responsible for children involved in fostering and adoption.
LCSB	Local Children's Safeguarding Board, known in Doncaster as the Doncaster Safeguarding Children Board (DSCB). The DSCB is a statutory body which is independently chaired and consists of senior representatives of all the partner agencies and organisations working together to safeguard and promote the welfare of children and young people in Doncaster.
Liquid Logic	A social care case management system used by practitioners in the Council and Trust to ensure optimum case management and record keeping for children in need.
MASH	Multi Agency Safeguarding Hub.
MOMO	Mind of my own app. MOMO apps give young people an instant and convenient way to express their views, wishes and feelings, and social workers a smart way to record them. http://www.mindofmyown.org.uk/

Performance Accountability Board (PAB)	This new Board acts to ensures that all partners involved in children's services are held to account for their performance and the outcomes they achieve for children.
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) operates services in 200 locations across Rotherham, Doncaster, North Lincolnshire, North-East Lincolnshire and Manchester.
R&R	Referral and Response is a service in the Trust responsible for working with children and their families and the relevant agencies, to assess whether children are in need or are at risk of harm. If further assessment and support is required the team will contact the appropriate service, for example Assessment and Child Protection Services, Child Sexual Exploitation Team or the Integrated Family Support Service.
Safeguarding, Standards and Policy	A service in the Trust responsible for the arrangements around child protection conferences, the Independent Reviewing Officer Service, Quality Assurance and social worker learning and development.
St Leger Homes	A provider of housing services across Doncaster in the social and private sectors.
Signs of Safety	Signs of Safety is a strengths-based, safety-organised approach to child protection casework.
Stronger Families	An approach led by DMBC which delivers the functions of the national 'Troubled Families' programme.
TAC	Team around the child is a shared assessment and planning framework which is in use by a variety of agencies across the borough and is employed in similar format throughout the country. It aims to help with the early identification of additional needs of children and young people and promote a co-ordinated multi agency response to meet these.
TUPE	TUPE refers to the "Transfer of Undertakings (Protection of Employment) Regulations 2006" and protect employees' rights when the organisation or service they work for transfers to a new employer.
Targeted Youth Support	Targeted Youth Support Service is a service in the Trust responsible for working with young people and their families who are at risk of becoming involved in anti-social behaviour and/or offending.
Team Doncaster	The Local Strategic Partnership, Team Doncaster is chaired by the elected Mayor and comprises the chairs and key members of the Children and Families Board, the Enterprising Doncaster Board, the Health and Well-being Board and the Safer and Stronger Doncaster Board.
Virtual school	The virtual school is based in the Council and gives educational support to all Doncaster children in care. It works with looked after children, and with the foster carers, social workers and designated teachers of children in care, wherever a child may live or go to school.
YOT	Youth Offending Team is a service in the Trust responsible for providing support to children and young people at risk of or involved in offending behaviour.

Foreword

Doncaster Children's Services Trust

'All of us in the Trust have appreciated our involvement in the evaluation process. Over the three phases the evaluation activity and interim reports have provided us with clear points of progression which have acted as markers for our progress. The iterative process has allowed us to reflect upon this 'external eye' and to use each phase as an anchor point in our learning journey.

The Board and the executive are especially pleased to see the experiences, views and achievements of our staff clearly mapped across the evaluation. We are very proud indeed of them. The report makes many references to leadership, and we hope that readers will consider these in the context of our Trust values, which are that we are all leaders. We have set out this distributed leadership model from the outset, and our staff have risen magnificently to the challenge of stepping into this approach.

Alongside the evaluation team, we have spent two years considering what makes a Trust so different. That has been the most popular question posed to us both locally and nationally. The report captures the key factors well; building quality of practice, workforce stability, performance and quality arrangements, staff development, communication, leadership, partnerships and culture. For us, culture is at the heart of the Trust; it drives our values, our management of change and our cycle of improvement. It has been the single biggest factor in establishing our 'new start', and this new identity has freed our staff up to think and act differently. This in turn has improved our staff offer and the way we have marketed our brand, thus further strengthening our recruitment and retention. For us, this is the key to 'what makes a Trust so different?' Our staff tell us that they feel safer and more confident and that they like the focus and the agility of the Trust which allows us to act quickly to bring about change. Most importantly, our children and young people feel better – one recently referred to our 'big Trust family' and others have spoken of having 'trust in the Trust'. We don't suggest that our model is a panacea for all challenges in the sector; challenges come about for a wide range of reasons and the sector needs a broad menu of responses, but for our circumstances this model has given the fresh start and radical shift which has galvanized practice and partnership and has changed the lives of our most vulnerable children and young people for the better. Each and every one of us in the Trust has been delighted to have played our part in that.'

Paul Moffat
Chief Executive
Doncaster Children's Services Trust

Executive Summary

Introduction
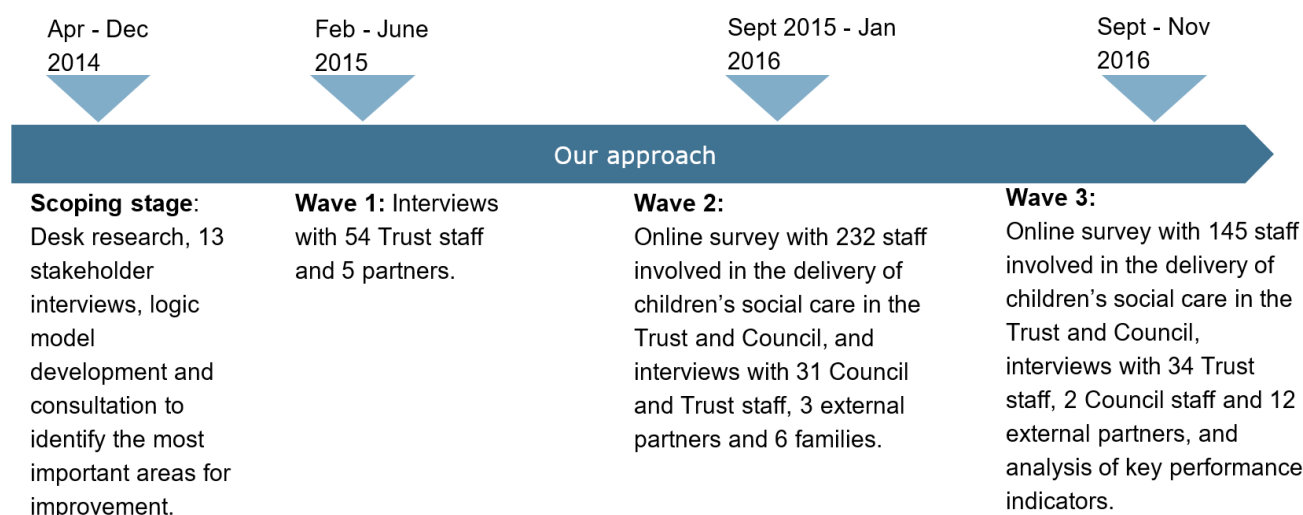
The Doncaster Children's Services Trust (DCST) is the first of its kind in the country and represents an innovative approach to delivering children's social care services. It was established in the context of 'long-term historic failure of corporate and service management'[1] in Doncaster, with cycles of improvement and regression that were characterised by deep-rooted issues with leadership and strategy, management and oversight, and core social work practice. Continual attempts to bring about improvements from 2005 were unsuccessful and it was in this context that the Trust was established on 30 September 2014. Through working closely with the Doncaster Metropolitan Borough Council (DMBC) and multi-agency partners, the Trust has since implemented processes and systems to respond to issues identified and documented by the Department for Education (DfE), Ofsted and external evaluators throughout its implementation journey.

DfE commissioned Kantar Public (formerly TNS BMRB) to carry out an independent evaluation of the implementation of the Trust, between May 2014 and November 2016.[2] The findings captured in this report captures the developments between these time points; additional developments may have occurred which are not captured here. An iterative, phased evaluation approach was undertaken, in order to support Trust development at regular intervals. Following an initial scoping stage, three waves of fieldwork were conducted from February 2015 to November 2016. A combination of methods was used to evaluate the Trust, reflecting the developing needs of the Trust and aims of the evaluation. Methods included desk research, interviews with a wide range of staff, partners and families, online surveys of staff and analysis of key performance indicators. Figure 1 illustrates an overview of the methodology used for each evaluation stage.

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[1] Le Grand, J., et al. 2013 "Report to the Secretary of State for Education on ways forward for children's services in Doncaster." https://www.gov.uk/government/publications/report-to-the-secretary-of-state-for-education-on-ways-forward-for-childrens-services-in-doncaster

[2] An evaluation of the Slough Children's Services Trust was also commissioned, in 2016. Interim findings from the evaluation will be available in 2017, and final findings available in 2018.

Figure 1 Summary of the methodology used for each evaluation stage

Apr - Dec 2014	Feb - June 2015	Sept 2015 - Jan 2016	Sept - Nov 2016

Our approach

Scoping stage: Desk research, 13 stakeholder interviews, logic model development and consultation to identify the most important areas for improvement.

Wave 1: Interviews with 54 Trust staff and 5 partners.

Wave 2: Online survey with 232 staff involved in the delivery of children's social care in the Trust and Council, and interviews with 31 Council and Trust staff, 3 external partners and 6 families.

Wave 3: Online survey with 145 staff involved in the delivery of children's social care in the Trust and Council, interviews with 34 Trust staff, 2 Council staff and 12 external partners, and analysis of key performance indicators.

Key findings

As the first of its kind in the country, there was no template to draw upon in setting up a new organisation to deliver children's social care services in Doncaster. DfE were heavily involved in the design of the Trust, in collaboration with professional advisors such as Deloitte. The challenge of undertaking such an exercise should not be underestimated. Deloitte were working within a context which was highly politicised (with tensions in the relationship between DMBC and DCST), with incomplete information (due to the way in which the Council pools and records budgets), and with an untested commissioning approach.

A range of lessons relating to the set-up of the Trust were identified throughout the evaluation which impacted the Trust's operations. These findings are summarised below, and are discussed in detail in the following sections:

- the legal and contractual arrangements, including ensuring that interdependent children's social care services between the Council and Trust were not split up, allowing sufficient time and expertise to work out the legalities of setting up an independent adoption and fostering service, and establishing a proportionate reporting plan for contractual management

- the financial arrangements, including developing funding arrangements for costs required to operate children's social care services as well as ensuring the Trust has cash flow to support in the operation of a new business

- the strategic relationship between the Council and the Trust, including clarifying and streamlining the Commissioner–Provider role of the Council, agreeing the mechanisms (e.g. Boards, meetings) for supporting effective division of responsibilities and accountability and determining the implications these have on the way in which the Trust operates.

See *Design and set-up of a new Trust in Doncaster* for more details.

This evaluation explored the journey of change of children's social care in Doncaster since the establishment of the Trust and provides early evidence on the impact and added value of the Trust's work[3] in respect to the organisation, management and delivery of services. Key improvements underpinning effective implementation of the Trust identified by the research relate to leadership, communication, partnership working, performance monitoring and quality assurance, Trust structure, culture and workforce stability, and staff development. These core improvements have brought about the necessary conditions to enable practice improvements and are visualised in Figure 2. The order of the improvements was conceptually driven, showing the necessary conditions for achieving each improvement. For example, leadership, communication and partnership working were identified as necessary pre-conditions to drive improvements to performance monitoring, and so on. The implementation of the Trust, and the identified improvements, have in turn been influenced by three key factors: the engagement and effectiveness of support available from universal and preventative services, the capacity of staff and partners to buy into and participate in the improvement journey, and the financial stability of the Trust. These key findings are summarised below.

Figure 2 Enablers of improved quality of practice

Leadership - The skill and commitment of the people involved in the set-up and delivery of services, especially the senior leadership, was identified by staff and partners as being critical for driving forward the transformation of children's social care. Strong and consistent qualitative feedback from staff and partners was that stable, committed, ambitious and accountable leadership was necessary for facilitating the range of improvements seen within Doncaster since the Trust was established. Of Trust staff surveyed in January 2016, 65% agree senior strategic leadership of children's services has improved since the introduction of the Trust, while 77% agree the strategic vision of children's services has improved. Improvements to responses to both measures were

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[3] This report covers developments between May 2014 and November 2016.

seen in September 2016; 78% agree leadership had improved, while 88% agree the vision had improved See *Change management* for more details.

Communication - More frequent internal and external communication has been key for managing anxiety amongst those delivering children's social care, for improving understanding of the aims of the Trust, and for instilling belief in the strategic direction of the organisation. Trust staff have described feeling 'enthused', 'enabled' and 'motivated' by the aims and ambitions for the Trust, as communicated by the senior leadership team – a stark difference to the circumstances pre-Trust. Of Trust staff surveyed in January 2016, 64% agree that the Trust keeps them well informed about changes affecting their work, this increased to 76% of staff in September 2016.See *Change management* for more details.

Partnership working - Qualitative feedback from staff and partners suggests greater strategic communication, an improved approach to quality assurance, delivery of multi-agency training and support, and follow-through on commitments have improved relationships with partner agencies. Together, these improvements have instilled a growing trust from partners in the Trust's ability to deliver high quality services that promote the safety of children and families. Improvements to relationships and working practices with the Doncaster Safeguarding Children's Board (itself much improved as assessed by Ofsted), police and NHS were identified within stakeholder interviews. In January 2016 59% of Trust staff surveyed agreed partnerships in the delivery of children's services had improved under the Trust, and this increased in the September 2016 survey when 75% of staff agreed with this statement. The foundations for addressing some historically fragmented relations (See *Context in which the Trust was established* for more details) between statutory and voluntary partners and children's services in Doncaster were established early on by the Trust. These foundations included running a skills audit to identify staff strengths and opportunities for development, then delivering an intensive training programme to support continuity of skills across the organisation. Progress has been made, especially at the strategic level. There still remains scope to effectively and consistently collaborate with all partners, drawing upon local knowledge and resource, to respond to need in Doncaster. See *Working in partnership* for more details.

Performance monitoring and quality assurance - There was strong and consistent qualitative feedback from staff and partners on the improved ability to capture and use Trust-wide intelligence to inform service and practice decisions, and the Trust is seen to have the capacity and commitment for undertaking effective self-assessment. Essential performance monitoring infrastructure and tools have been established (e.g. an auditing programme, performance and quality assurance framework, and centralised performance monitoring system with designated performance leads for each locality, delivering guidance and training to team managers). Quality assurance has been strengthened with more regular staff supervision, comprehensive audit arrangements and a new cadre of Practice Standards Advisors, established to support improvement at both an individual

and team level. In January 2016 77% of Trust staff agreed they receive regular supervision, compared to 88% in September 2016. Together, developments to monitoring and quality assurance were reported by staff and partners as having led to improvements to practice and increased confidence from staff and partners in the Trust's ability to support and protect children. See *Performance monitoring* for more details.

Activities to improve capturing the voice of the child to inform how performance could be strengthened have been put in place (e.g. business plan puts the voice of the child as its first priority, Young Advisors introduced to advise senior management, new care leaver's council launches, vacant Independent Reviewing Officer posts filled). Trust staff recognise this, reporting improvements in the Trusts' ability to capture the voice of service users; 67% agreed they could see improvements in January 2016, compared to 85% agreeing improvements to capturing the voice of service users can be seen as of September 2016. See *Performance monitoring* for more details.

Trust structure - The introduction of a locality model, and changes to the structure of Early Help led by DMBC, were seen by Trust staff and partners to have changed the organisational landscape of children's social care services for the better. The locality model means Heads of Services for each area are now located with their team, leading to greater senior management visibility and involvement in case decisions (resulting in examples reported by staff and managers in interviews of better case handling and quicker decision-making on cases). Improved team working was reported by staff as resulting from the Intensive Family Support service, Assessment and Child Protection service and Children in Care service teams being located in the same building across locations, and therefore being more able to share information about cases. Since the implementation of the Early Help Partnership Strategy, a range of improvements have been identified through qualitative interviews and indicator analysis: increasingly clearer referral thresholds, examples of more appropriate referrals into social care, and stronger management structure and oversight. However, the Early Help Strategy Group have identified that further work is needed to consolidate the changes to Early Help and ensure demand is effectively planned for and responded to. See *Structure of the Trust for social care delivery* for more details.

Trust culture and workforce stability - Prior to establishing the Trust, there was low morale and high turnover of staff within children's social care. This was reported by staff and partners with experience of children's social care before the establishment of the Trust, and evidenced by workforce statistics. The vacancy rate the year up to 30 September 2014 was 32%; the rate had reduced to 22.7% in the year up to 30 September 2016.[4] Similar reductions can be seen in the use of agency staff: The agency

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[4] Department for Education. "Statistics: Children's social work workforce 2016." 16 February 2017. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016

worker rate in the year up to 30 September 2014 was 30%[5]. This rate reduced to 21.4% in the year up to 30 September 2016.[6]

The establishment of the Trust presented the leadership team with an opportunity for a 'fresh start' which they have fully embraced; an opportunity seen as unique to the Trust. From their investment in staff, to quality assurance, to the way in which the Trust communicates about their work, there has been a large shift in culture. Quality practice is expected and celebrated, and the Trust is seen to be an exciting place to work. In turn, this was seen by staff and partners as having positively influenced staff morale and workforce stability, and improving continuity of care to families as a result of reduced staff turnover. The transition to the Trust was also viewed by Trust staff to have stimulated – and even necessitated – innovations in the management and delivery of support services. One concrete example of this has been the range of projects undertaken within the DfE Social Care Innovation programme. Though staff are encouraged to work differently, caseloads and practitioner capacity can limit opportunities to engage in more innovative practice. See *Social care practice and workforce for* more details.

Staff development - Supporting staff development is fundamental to improving the quality of practice in the Trust, and substantial time and resource has been invested to strengthen workforce capabilities. A baseline assessment of staff strengths and areas for improvement prompted the launch of an intensive practice improvement programme, as well as greater choice and regularity of training opportunities. The development of practice standards and new systems to facilitate efficient and effective working helped staff understand what is expected of them. The Trust also took responsibility for delivering a staff development programme for both IFST and Family Support workers employed by DMBC. Qualitative interviews with practitioners found that, for many practitioners, this was the first time they had formal guidance on policies and practices, and staff valued the clarity they brought in informing expectations and practice. See *Social care practice and workforce for* more details.

Quality of practice - Collectively, the improvements above have been necessary to enable the right conditions for practice improvements to emerge, and to improve outcomes for children. There was strong and consistent qualitative feedback from staff and partners, on improvements to quality of practice seen across services. A reduction in re-referrals involving Domestic Abuse Navigators from the Growing Futures innovation was reported by senior staff. Evidence of staff spending more time with families, and improvements to family and child engagement, can be seen. Seventy-eight per cent of Trust staff surveyed greatly or somewhat agreed they are spending more time with families under the Trust. Indicator analysis strengthens the view social workers are

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[5] Department for Education. "Statistics: Children's social work workforce 2014." 25 February 2015. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2013-to-2014
[6] Department for Education. "Statistics: Children's social work workforce 2016." 16 February 2017. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016

spending more time with families: from 3,155 contacts with families in 2014 to 3,874 contacts in 2016 (up to August). Family engagement in children in need meetings was substantial, with 95% of mothers, 77% of fathers and all grandparents invited to CIN meetings having attended. Comparison data from before the Trust was established was unavailable. The quality of assessments has also improved. Performance data on monthly audits conducted by the Trust identified examples what Ofsted would rate as 'outstanding' cases in August and September 2016, and in September there were no inadequate cases in those sampled. See *Social care practice and workforce for* more details.

The Trust is clearly still on a transformation journey, and improvements to many of the outcomes for children and families will take a number of years to become evident. Nonetheless, the improvements identified through this evaluation demonstrate the Trust is having a positive impact on children's social care in Doncaster. From a low base, it has made tangible improvements to the organisation, management and delivery of services to the children and families it supports, and can already demonstrate some improvements to outcomes for children. Improved outcomes include inspections finding that no children had been left at risk of significant harm[7] and a reduction in re-referral rate from 37% in 2014 to 23% in 2016. An increase in the percentage of children in care in the same placement for two or more years is also evidenced: 56% of children in care in the year up to September 2015 are in a stable placement, compared to 54% in 2014.[8]

The pace and scale of change to children's services under the Trust's leadership is seen by staff, partners, and stakeholders as having been unachievable prior to children's social care services transferring to the Trust. A combination of features viewed by staff and partners as essential for supporting the positive changes to children's social care services seen in Doncaster under the Trust include:

- A stable, committed, transparent and accountable leadership, attracted by the challenges and opportunities presented by the Trust model

- The single focus on children, enabling senior staff to focus attention on children's social care services without the distractions faced by their counterparts in local authorities was described by senior strategic Trust leadership and partners (qualitative evidence reference above)

- The fresh start of a new organisation, breaking with the past context and experiences of children's social care services in the Council

- The appetite and freedom to work differently

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[7] Ofsted. "Monitoring visit of Doncaster Metropolitan Borough Council children's services." 2016. https://reports.ofsted.gov.uk/local-authorities/doncaster

[8] Local Authority Interactive Tool https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

- The investment of time and resources

While there is clear evidence to suggest that the necessary conditions are in place for the Trust's achievements to be sustained and embedded within Doncaster, there are also factors that could undermine the performance of the Trust model, as implemented in Doncaster, and its potential impact on children and families:

- the single contract the Trust holds with the Council limits its financial stability and ability to develop and grow as an independent organisation. Securing additional revenue streams and new opportunities related to joint commissioning and joint budgets would bring financial security for the Trust, greater freedom in service delivery, and greater responsiveness to child and family needs.

- engagement and effectiveness of support available from universal and preventative services – further engagement of partners including schools and health services, and the joining up of the Early Help Hub, Referral and Response service and MASH were reportedly needed to embed a single point of access into social care. This would bring about greater efficiencies in ways of working, and more effectively manage the inflow of referrals into social care. Like children's services in other authorities, unless services involved in preventative support have the capacity and motivation to regularly and directly engage with social care services, the Trust's ability to respond to demand at the front door, initiate change and achieve improved outcomes for children may be limited.

- ability of staff and partners to maintain the pace of change, engaging with developments and applying changes in practice. The pace of activity in the Trust has been quick, and the scope of work varied and complex. Staff and partners have been required to work differently, efficiently and effectively in the high pressured and demanding context of children's social care, while also keeping up with strategic and cross-service developments. By regularly supporting staff and partners to keep up with this progress – through engagement activities, clear and regular communication, ongoing consultation and vigilance to caseloads for staff – the Trust may be able to ensure continued and consolidated progress.

Recommendations for policy and practice

With no blueprint to follow in the establishment and operation of the Trust in Doncaster, lessons learned by the Trust may be useful for other organisations involved in alternative delivery models. Three types of lessons emerged:

- operational lessons – putting in place key business support staff and a permanent leadership structure prior to the launch of the Trust and establishing a performance baseline at the point of transfer.

- legal and contractual lessons – avoiding splitting interdependent children's social care services between a Council and Trust, ensuring sufficient time and expertise

to work out the legalities of setting up an independent adoption and fostering service and developing funding arrangements that support the effective delivery of a demand led system.

- lessons on how best to bring all those involved in children's services along on the transformation journey – prioritising engagement with strategic and operational partners earlier in the transition process.

Introduction

The Department for Education (DfE) commissioned Kantar Public (formerly TNS BMRB) to undertake an evaluation of the implementation of the Doncaster Children's Services Trust (DCST) to ensure that lessons are learned to inform future policy and practice in Doncaster and elsewhere.

The Trust represents an innovative approach to delivering children's social care services, which is the first of its kind in the country. It was established in the context of 'long-term historic failure of corporate and service management'[9] in Doncaster, with cycles of improvement and regression that were characterised by deep-rooted issues with leadership and strategy, management and oversight, and core social work practice. Since late 2014, the Trust has examined these complex and interconnected issues, and designed and implemented a suite of systems and activities to respond to them, through a detailed change management programme. At the same time, it has put in place business support services such as HR, Finance and Communications, to aid delivery, and established new approaches to the management and delivery of services to the area's most vulnerable children, young people and families.

This report documents the journey of change of children's social care in Doncaster since the establishment of the Trust, and provides early evidence on the impact and added value of the Trust's work[10] in respect to the organisation, management and delivery of services. This includes identification of key conditions underpinning effective implementation relating to structure and culture, staff development and quality assurance, partnership working, communication, and leadership.

Research objectives

The overarching objectives of this evaluation were to explore:

- how services are managed and organised under the Trust

- whether and how the Trust model delivers higher quality services for children, young people and families

- whether and how the Trust model influences staff morale/satisfaction and recruitment/retention, and whether it helps develop a higher quality workforce

- whether and how the Trust model develops stronger partner relationships

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[9] Le Grand, J., et al. "Report to the Secretary of State for Education on ways forward for children's services in Doncaster." 2013. https://www.gov.uk/government/publications/report-to-the-secretary-of-state-for-education-on-ways-forward-for-childrens-services-in-doncaster
[10] This report covers developments between May 2014 and November 2016.

- how the Trust's business support and infrastructure sustains the delivery of high-quality services

- factors that have facilitated or hindered implementation, and the response to these

- how, if at all, the Trust model facilitates innovative practice

- lessons learned for the future implementation of Trust arrangements and delivery

During the latter stages of the evaluation, the emphasis shifted away from the process of implementing a Trust in Doncaster, and towards providing measurable evidence on the added value of the Trust. For the final phase of fieldwork, the evaluation focused on two additional research questions:

1. Is the Trust viewed as having worked in Doncaster?

    a. Is there evidence of improvements to: outcomes for children, bureaucracy, decision-making speed, staff freedom to influence change, practitioners' time with families, ability to safeguard children, quality of practice, working in partnership with the Council and with statutory and voluntary sector agencies?

2. Could the progress under the Trust have been achieved under the Council as it was at the point of transferring children's social care services to the Trust?
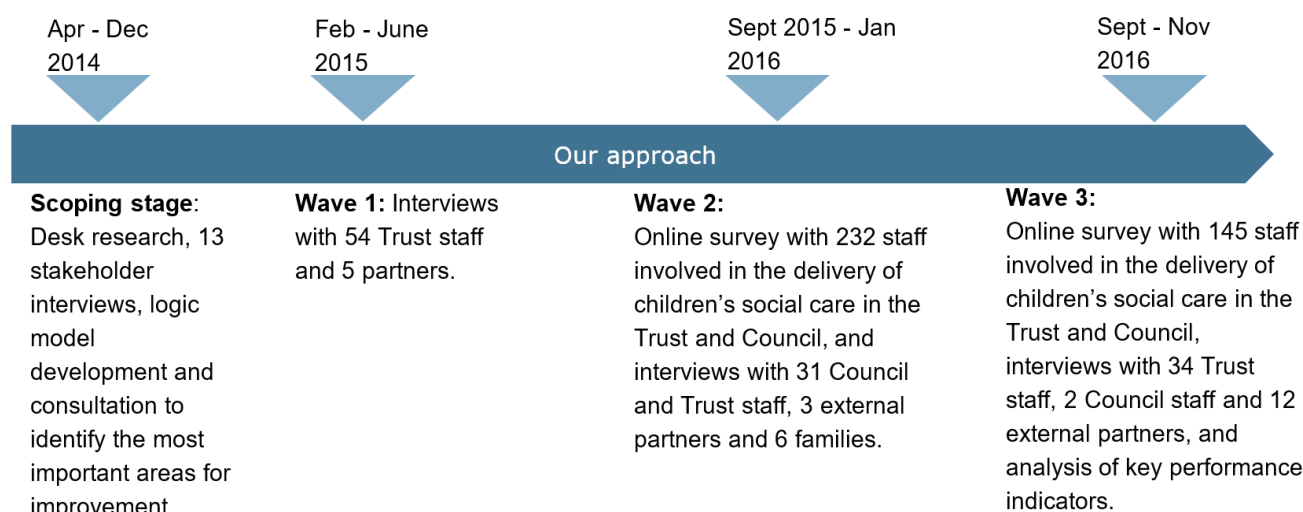
Specific research aims and objectives for each phase of research are included in the accompanying Technical Report.

Methodology

An iterative, phased evaluation approach was undertaken, in order to support Trust development at regular intervals. Following an initial scoping stage, three waves of fieldwork were conducted from February 2015 to November 2016, to capture changes to practice on the ground in two of Doncaster's four boroughs, Central and East[11]. A combination of methods was used to evaluate the Trust, reflecting the developing needs of the Trust and aims of the evaluation. Methods included desk research, interviews with a wide range of staff, partners and families, online surveys of staff and analysis of key performance indicators. Figure 1 illustrates an overview of the methodology used for each evaluation stage.

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[11] Selecting two areas enabled the team to build a detailed picture of all services, and these areas were agreed with Trust colleagues to sufficiently reflect the key characteristics of North and South boroughs.

Figure 1 Summary of the methodology used for each evaluation stage

Apr - Dec 2014	Feb - June 2015	Sept 2015 - Jan 2016	Sept - Nov 2016

Our approach

Scoping stage: Desk research, 13 stakeholder interviews, logic model development and consultation to identify the most important areas for improvement.

Wave 1: Interviews with 54 Trust staff and 5 partners.

Wave 2: Online survey with 232 staff involved in the delivery of children's social care in the Trust and Council, and interviews with 31 Council and Trust staff, 3 external partners and 6 families.

Wave 3: Online survey with 145 staff involved in the delivery of children's social care in the Trust and Council, interviews with 34 Trust staff, 2 Council staff and 12 external partners, and analysis of key performance indicators.

Online staff survey

Two online surveys were conducted with Trust and Council staff at Waves 2 and 3 with the purpose of providing an indicative picture of trends between two time points. The first took place in January 2016 (Wave 2), and achieved 232 completed interviews (response: 40%; 186 Trust staff and 46 Council staff). A second survey was conducted in September 2016 (Wave 3), and achieved 145 completed interviews using the same survey with minor amends (response: 19%; 127 Trust staff and 18 Council staff).

To ensure the representativeness of the research findings, weights were applied to the Wave 2 and Wave 3 survey data. The weights were designed to ensure that the structure of the responding sample reflects the structure of the actual population of interest. More specifically, the weighting scheme that was applied ensured that:

(a) The ratio of Doncaster Metropolitan Borough Council employees to Doncaster Children's Services Trust employees in the responding sample matches the ratio that is observed in the actual population of interest, as provided by the Trust and Council in sample files; and that

(b) The distribution of service areas where Trust employees in the responding sample work matches the distribution observed in the actual population of interest.

Due to the low response rate from the Council survey findings presented in this report reflect Trust staff responses only. Statistically significant survey findings at the organisational level of the Trust are given in this report; analysis at the level of job role or service was not included because of low base sizes. Staff responses have been amalgamated, and responses to whether staff agree or disagree, rather than the strength of those views, are presented.

Tables for all survey questions can be found in the Technical Appendix.

On-going internal reporting

Key learnings from each stage of research activities, the implications of these on how the Trust works, and the wider implications of the Trusts' journey for DfE to consider in its work with other local authorities considering the Trust model, were shared with the Trust, Council and DfE at each stage of fieldwork:

- Summary reports drafted and shared, and revised for accuracy following discussions with stakeholders from both organisations;

- Early findings presentations delivered, and discussions facilitated about the implications of findings for the design and operation of children's services; and

- Short summaries of findings tailored for staff, documenting the key findings most relevant to staff.

Logic model

A logic model was developed during the scoping stage for the delivery of children's social care services at the point of services transitioning to the Trust. The intention was for the model to serve as a baseline for comparing and contrasting activities undertaken before the Trust with those undertaken under the Trust. It was not possible to engage strategic Council staff involved in delivering children's social care at setup so a pre-Trust model to compare to the Trust was not feasible. The logic model was therefore used to ensure the evaluation approach (including topic guides, survey questionnaires and sample selection) was structured against the key ouputs and outcomes originally envisaged. Over the course of the evaluation our approach altered iteratively to address the changing context, needs, strategy and structure within the Trust.

See the appendix for the logic model, organograms for the Council and Trust at the point of transfer and as of January 2016, following the restructure of the Trust to a locality-based model, and a comparison of the services, budgets and staffing for children's services at the point of transfer, following Trust baseline activity and as of November 2016.

Changes to methodology

Changes to structures, processes and services within Doncaster over the course of the evaluation made it necessary to take an iterative approach to the evaluation methodology to account for changing relationships, service developments and the needs of DfE, DCST and the Council. In summary, these changes included:

- stronger input from Council stakeholders post-Wave 1 to capture implementation lessons for the wider system of children's social care

- conducting an online staff survey, available to both Trust and Council staff, in Waves 2 and 3

- producing draft documents illustrating the main findings following each wave of fieldwork, and holding validation calls with strategic stakeholders in both the Trust and Council before interim reports were drafted. These calls covered emerging findings, documentary evidence, and implications for service planning and delivery

- following Wave 2, moving the focus away from the process of implementing a Trust in Doncaster and towards providing more evidence on the added value of the Trust. The evaluation at Wave 3 therefore focussed on the following:

  1. Is the Trust viewed as having worked in Doncaster? Is there evidence of improvements to: outcomes for children, bureaucracy, decision making speed, staff freedom to influence change, practitioner's time with families, ability to safeguard children, working in partnership with the Council and with statutory and voluntary sector agencies?

  2. Could the progress under the Trust have been achieved under the Council as it was at the point of transferring children's social care services to the Trust?

- including the review of key Trust indicators to measure staff and partner perceptions around impact.

See the accompanying Technical Report for further details on the methodology.

Limitations of methodology

The original methodology was employed to deliver a process evaluation that could inform implementation and deliver lessons for other authorities engaged in similar alternative delivery models. Though changes to the methodology were made to explore the added value and impact of the Trust, an experimental design to robustly evaluate the Trust was not feasible to undertake for a wide variety of reasons, not least that it was unrealistic to implement. Conclusions on impact are also made challenging by the quality and availability of pre-Trust and early-Trust data on outcome measures. It is more realistic that the true impact of the Trust on children and families in Doncaster will be evident in the years to come – these are long-term outcomes that require long-term monitoring and evaluation. It is important that the findings presented in this report should be reviewed with these limitations in mind.

This report is intended to provide readers with a sense of the overall implementation journey of the Trust in its first two years of operation. The findings presented here are not exhaustive; further, time-bound findings and lessons learned were captured in internal interim reports at each wave of the evaluation and served to aid the Trust and Council in refining their approach to strengthening services.

Context in which the Trust was established

Concerns about the service to children in need provided by Doncaster Metropolitan Borough Council (DMBC) can be traced back to 2005, when the Joint Area Review rated the service as 'adequate'.[12] Despite concerted efforts to bring about improvement in 2009, the quality of work to safeguard children was considered poor and the Department for Children, Schools and Families (now the Department for Education) issued an improvement notice. Again, the political and professional leadership within Doncaster were committed to driving change and working in partnership with an Improvement Board. An unannounced inspection by Ofsted in 2012[13] considered that the service was inadequate and they could have no confidence that children known to Doncaster children's social care services were safe. A number of Serious Case Reviews where children had been harmed – seven children died from abuse or neglect between 2004 and 2008 – further revealed systemic weaknesses in the services designed to protect them. The problems were fundamental and wide-ranging: large numbers of unallocated cases; children not being seen or spoken to; poor quality assessments and plans; lack of management oversight; and limited engagement with multi-agency partners. As well as weaknesses in practice, the report identified weaknesses in strategic management.

This links to a second theme that runs throughout the many reports on Doncaster's children's social care services prior to the establishment of the Trust: criticism of the way that the Council had been run. Doncaster is in the minority of councils that has an elected mayor, and relationships between politicians and senior managers have at times been fraught. In 2010 the Audit Commission[14] found that leadership and governance within the Council were inadequate and that there was a culture of political rivalry, bullying and intimidation. As a result, the Department for Communities and Local Government (DCLG) required three Commissioners and a Recovery Board to oversee the Council. A later report by Lord Carlisle[15] provided additional confirmation that ongoing weaknesses within the Council were having a negative impact on their ability to keep children safe.

In early 2013, the Secretary of State for Education commissioned an investigation into the most appropriate structure and governance arrangements for delivering improvements to children's social care in Doncaster. While the investigation was underway, the Council appointed an improvement partner, iMPOWER, to drive

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[12] Ofsted. "Doncaster Children's Services Authority Area: Review of Services for Children and Young People." 2006.
[13] Ofsted. "Inspection of local authority arrangements for the protection of children: Doncaster Metropolitan Borough Council." 2012. https://reports.ofsted.gov.uk/local-authorities/doncaster
[14] Audit Commission. "Corporate Governance Inspection Doncaster Metropolitan Borough Council." April 2010.
[15] DfE. "The Edlington Case: A Review by Lord Carlile at the request of The Rt Hon Michael Gove MP, Secretary of State for Education." 2013.

improvements in practice and management immediately. The resulting report[16] from the investigation stated that a culture of failure had become embedded within the Council and that a radical change was therefore needed: one that marked 'a decisive break with the past'. The authors proposed appointing an external organisation to provide children's social care services, either through tenders from an existing organisation or the creation of a new independent trust. This recommendation was accepted and a Direction was issued to the Council by DfE and DCLG stating their intention to appoint a Commissioner for Children's Social Care who would set up such a trust.

The newly elected Mayor of Doncaster responded to the Direction, expressing frustration that recent improvements within the service had not been recognised, and challenging the legality and viability of the proposed model. She did, however, propose an alternative that would still see the creation of an Independent Children's Trust, but commissioned by the Council. In effect, this would be a partnership arrangement that would allow the service to be delivered by an independent body but would not strip the Council of its statutory functions entirely. The Council would retain its statutory duties and responsibilities, and manage the arrangement through a contract with the Trust. This proposal was accepted and took the form of the Doncaster Children's Services Trust. The Secretary of State's Direction required the Trust to assume operational control of prescribed social care and youth offending services from 30 September 2014 for a period of up to ten years. The next section details the remit and governance of the Trust.

As the first of its kind, the Trust has generated much interest within the children's social care sector. The Trust's establishment and first couple years in operation have been closely monitored, for local and national learning: in addition to this independent evaluation, 13 visits by external organisations to review and comment on the work of the Trust were carried out in 2015,[17] and eight such visits were carried out in 2016.[18] Trust Directors have also spoken at 27 regional and national events to share their experiences of establishing the Trust.

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[16] Le Grand, J., et al. "Report to the Secretary of State for Education on ways forward for children's services in Doncaster." 2013.
[17] Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust. "Annual Report of the Doncaster Children's Services Trust (1 October 2014 – 30 September 2015)." 2016.
[18] Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust. "Annual Report of the Doncaster Children's Services Trust (1 October 2015 – 30 September 2016)." 2017.

Design and set-up of a new Trust in Doncaster

As the first of its kind in the country, there was no template for the Trust, Council and its partners to draw upon in setting up a new organisation to deliver children's social care services in Doncaster. DfE were heavily involved in the design of the Trust, in collaboration with professional advisors such as Deloitte. The editing of the initial contract between the Council and the Trust was led by Deloitte in mid-2014 to oversee the design and establishment of the Trust, including:

- establishing the Trust's operating budget

- facilitating the services contract and third-party services agreements

- determining the legal framework of the Trust (e.g. whether to register with Ofsted as provider of children's services, whether to register as a Voluntary Adoption Agency)

- advising on the TUPE process for staff transitioning to the Trust

- advising on establishment of support systems (e.g. HR, Finance, Legal, Performance, Commissioning and Communications).

The challenge of undertaking such an exercise should not be underestimated. Deloitte were working within a context which was highly politicised (with tensions in the relationship between DMBC and DCST), with incomplete information (due to the way in which the Council pools and records budgets), and with an untested commissioning approach.

A range of lessons relating to the set-up of the Trust were identified throughout the evaluation which impacted the Trust's operations. These findings are summarised below, and are discussed in detail in the following sections:

- the legal and contractual arrangements, including ensuring that interdependent children's social care services between the Council and Trust were not split up, allowing sufficient time and expertise to work out the legalities of setting up an independent adoption and fostering service, and establishing a proportionate reporting plan for contractual management

- the financial arrangements, including developing funding arrangements for costs required to operate children's social care services as well as ensuring the Trust has cash flow to support in the operation of a new business

- the strategic relationship between the Council and the Trust, including clarifying and streamlining the Commissioner–Provider role of the Council, agreeing the mechanisms (e.g. Boards, meetings) for supporting effective division of responsibilities and accountability and determining the implications these have on the way in which the Trust operates.

Remit and governance of the Trust

The overarching aim for the Trust is to improve the quality of practice and deliver 'good or better' services by October 2017 and 'outstanding' services by October 2019.[19] Underpinning this are strategic priorities to provide a high-quality service, to listen and respond to customer needs and to ensure financial sustainability. The operational priorities are, in turn, to safeguard the most vulnerable children, reduce domestic abuse, support children in care and care leavers, reduce child sexual exploitation and ensure families get support when problems start (Early Help). As of 30 September 2014, the Trust became responsible for:

- the delivery of support to around 1,235 children in need, 506 children in care and 531 children with a Child Protection Plan

- supporting 124 foster carers, along with 200 children who were in foster care

- 57 children accommodated by 5 children's homes

- 150 young people involved with the youth offending service.[20]

The Trust is an independent, not-for-profit company led by a Chair and supported by the Chief Executive and a Board of local and professional people with expertise within and outside of the borough[21]. The Board, as a distinct legal entity, is responsible for the sustainability and legality of the Trust. The Trust Board Chair is accountable to the Secretary of State while DMBC acts as the local commissioner of the services the Trust delivers with the responsibility of contract management. Funded primarily through its contract with DMBC, the Trust also received £1.684m central government funds for set-up costs to establish the Trust. The DfE will continue to fund 'reasonable costs' associated with the delivery of Trust operations that are additional to what the Council would have paid if services remained with the Council according to the memorandum of understanding, subject to an annual review.[22]

A phased transfer of select services from the Council to the Trust was decided, because the Trust was a new organisation still establishing the systems, structures and processes to support delivery, and certain children's services – notably children's social care – were in priority need for transfer into the Trust. The services that moved into the Trust immediately included the Youth Offending Service, Referral and Response Service, Intensive Family Support Serivce, Assessment and Child Protection Service, Safeguarding, Standrads and Policy Service, Children in Care, 18+ Service, Placements' Fostering team, and Placements Adoption team. The appendix includes a comparison of

[19] Doncaster Children's Services Trust. "Business Plan: 2016–2019."
http://www.doncasterchildrenstrust.co.uk/Publications-and-Reports
[20] Doncaster Children's Services Trust. "Initial Business Plan 1 October 2014 to 31 March 2016." 2015.
[21] Articles of Association, Doncaster Children's Services Trust.
[22] Doncaster Children's Services Trust. "Initial Business Plan 1 October 2014 to 31 March 2016." 2015

service delivery at the point of transfer and as of November 2016, capturing the services that transferred immediately, and those that moved over at different times after the launch of the Trust.

In theory, it was believed the splitting of services between the two organisations would allow the Trust to focus initially on improving the weakest part of children's services: children's social care. In practice, this decision to split interdependent services introduced new challenges that continue to influence service delivery under both the Council and the Trust (e.g. in relation to family support services and the wider Early Help Strategy which is a partnership approach). One key lesson from these arrangements, should a similar approach be undertaken in another authority, is the need to clearly map the long-term plan for the management of all children's services (whether initially earmarked for the Trust or not), even if adopting a phased approach (as was the case in Doncaster).

In determining the remit of the Trust, there was uncertainty about the legal implications of the Fostering Panel, the Adoption Panel and children's homes following discussions with Ofsted. Does the Trust constitute a statutory adoption service, or by virtue of its non-profit status has the Trust become a voluntary adoption agency? Are these services part of the local authority, are they private or are they voluntary? The Adoption service was ultimately characterised as a voluntary adoption agency and the Fostering service was characterised as an independent fostering agency. For both, their status requires by regulation to be inspected by Ofsted under the Care Standards Act 2000[23]; the adoption service is inspected through the voluntary adoption agency framework and the fostering service is inspected within a single inspection for children's services. The Trust would have benefited from a more detailed discussion with Ofsted before the Trust was launched, to mitigate the amount of senior management time involved in unpacking the associated legal and governance issues, while simultaneously overseeing service delivery.

> "The fostering service is now an Independent Fostering Agency [IFA] which caused anxiety amongst other IFAs. They thought we would be in direct competition. We reached out to say we weren't offering placements to other local authorities. According to legislation, a Voluntary Adoption Agency can't be a recruitment process and a matching process. The legal implications were a minefield. We sent our forms to Ofsted three or four times." (Senior Management, Trust)

Contractual management

The initial contract for the Trust outlined the expectations for monitoring the contract, with monthly performance reports for agreed contract and operational measures, and a yearly

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[23] The Care Standards Act 2000.
http://www.legislation.gov.uk/2000?title=the%20care%20standards%20act

review to assess and revise the terms of the contract to ensure it was operating satisfactorily. Contractual measures covered five thematic areas:

1. The social care journey/pathway (7 measures)
2. Children in care (5 measures)
3. Workforce (3 measures)
4. Finance (4 measures)
5. 11 categories of volumetric measures (38 measures).

Issues relating to the application of the contractual agreement emerged early on. The Trust had reporting requirements that went beyond the contract, including monthly performance and finance review meetings, quarterly monitoring meetings with finance and performance as the focus, and attendance by the Trust Chief Executive at a scrutiny committee that met four times a year to discuss the Trust's performance. The Trust was also required to demonstrate progress with operational/volume measures 'for information and not for contract management' (e.g. number of single assessments completed, open, and overdue 45 days, number of contacts in a month).

Legislation holds that the Lead Member for Children is politically accountable and the Director of Children's services is operationally accountable for securing the provision of services which address the needs of all children and young people, and their families and carers. Some partners and management felt that it was unclear how these legal responsibilities would work under the Trust when it was established. An example described was how disputes between the Trust and Council would be resolved if discussions reached a stalemate. Does the Trust, as the body operationally responsible for the delivery of children's services, retain the right to make the final decision, or does the Council as the Lead Member for Children hold this ultimate decision-making responsibility?

Managing the contract of the Trust took up considerable time for senior staff, in particular the Chief Executive, Head of Transformation, and the Performance and Business Intelligence team. Council monitoring of the Trust's performance was noted by Ofsted in September 2015 as extensive and far-reaching. Through negotiations, a revised framework was agreed from the first annual review in November 2015, with fewer contractual indicators (18 operational and 4 finance) to report on less frequently, and supported the Trust to remain independent while removing unnecessary and time-consuming activities. Following that review, new areas of reporting (e.g. quarterly reports on quality assurance) were agreed, giving the Council assurance about the Trust's performance, as well as providing the opportunity to challenge. The year two contract review (November 2016) led to further revisions to the contract and volumetric measures,

moving from compliance-focused indicators towards improving quality and outcomes, to ensure they were fit for purpose[24].

As of early 2017, more proportionate monitoring arrangements are to be discussed, given the stage the Trust is at in the improvement journey. This ongoing review of the monitoring arrangements, in and beyond the contract, and the willingness to proportionately adjust and adapt the approach, is an example of the maturing relationship between the Trust and Council.

Developing a Commissioner–Provider relationship

A tenuous Council and Trust relationship at the establishment of the Trust was expected given the direction to transfer children's services to a new organisation while requiring the Council to deliver remaining services, as well as for both to work in partnership and oversee the Trust. The relationship has matured since then, having become more open and collaborative. The commissioner–provider role is clearer, as the Council is itself clearer and more comfortable with the parameters of its own commissioning role with the Trust.

While the Trust's governance arrangements were clearly outlined, the management of the Trusts' contract at its establishment was less well understood by strategic staff and stakeholders. DMBC acts as the local commissioner with the responsibility of contract management. However, the relationship with DMBC was seen as more complex than that in practice, because DMBC was the Trust's only contract, therefore the Council have influence over how the Trust operates beyond the parameters of the contract. Due to the provider relationship, where both the Trust and Council provide services within a wider system of children's services, the day-to-day relationship was not as straightforward as a traditional commissioner–provider relationship.

The Council led on key aspects such as the Early Help Strategy and wider commissioning infrastructure which meant strategic and operational-level negotiations with the Trust were needed. The Council also retained responsibility of some other services, including four family hubs and the Family Support Service. So while the Council was monitoring the contractual performance of the Trust, it was also collaborating with the Trust on service delivery developments, thereby blurring the boundaries between their relationships. Partners and staff found this relationship dynamic fuelled tensions between the Trust and Council.

> *"[The Trust and Council's] relationship is contractual but because [the Council] is the Trust's only contract they have power over them." (Partner)*

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[24] Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust. "Annual Report of the Doncaster Children's Services Trust (1 October 2015 – 30 September 2016)." 2017.

"That [Commissioner–Provider] relationship isn't novel, you see it in health and local authorities, but aspects of the Trust and Council make it challenging. The developmental sessions [involving senior management in the Council and Trust] help…I sometimes think we have a better relationship with the Trust then the Council – it is difficult to be a commissioner while also delivering." (Partner)

For example, areas that led to tensions included the annual review process, separation of the Family Support function and differences in opinion about where services are best located to provide a joined-up service (e.g. whether the virtual school for looked after children and the children with disabilities team should move into the Trust after the Trust was in operation).

"I wouldn't have necessarily split that service [IFSS] in half. Half went to the Trust and half stayed within the Council. I think there should have been a definite role definition, clarification, a line in the sand – this is what goes over to the Trust, you know." (Senior management, Council)

There was also some evidence in the first year of the Trust operating that 'politics' and 'reputation management' can influence the extent to which either the Trust or the Council felt it appropriate to be held accountable for issues identified in reviews of current activity. One example provided early on was in respect of the Child Sexual Exploitation assurance report produced by the Doncaster Safeguarding Children's Board (DSCB) which reflected on both historical and current practices. The challenge identified by senior staff was that the Trust was looking to address relatively longstanding issues that audits or reviews of practice uncovered as being currently present.

"There is a strong element of reputation management within the Trust, [which] believe [s it has] inherited particular issues and [is] conscious of how things may look if attributed to the Trust." (Partner)

The impact of these overlapping identities and responsibilities were tensions between Trust and DMBC leadership, and the Trust identifying potential conflicts to its independence. Balancing the commissioner–provider relationship has been a challenge for senior leaders in both organisations throughout the Trust's implementation journey; however both the Trust and Council worked hard on how best to work together in delivering children's social care services.

Progress in resolving these tensions was made, including the Trust holding joint management meetings with the NHS Foundation Trust RDaSH and the housing association St Leger Homes, inviting Council officers and members to Trust events and setting up a leadership coaching and action learning approach for twelve leaders across children's services in Doncaster, through a DfE-funded Innovation Project.[25] The

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[25] https://www.gov.uk/government/publications/childrens-social-care-innovation-programme

beneficial impact of strengthening strategic staff relationships and a clearer partnership framework can be seen in how the organisations responded jointly to weaknesses in the Early Help offer, in collaborative working on the Children and Families Board, and on supporting a strategic summit meeting which reviewed performance across partner organisations. Other examples noted elsewhere include the Council making an investment to refurbish Doncaster's children's homes and the Council's consideration of how it could support foster carer recruitment.[26]

The DSCB and strategic staff in both organisations agree that the relationship between elected members, officers in the Council and senior staff in the Trust has matured in the Trust's first year; the relationship is more collaborative.

> *"So in terms of the maturing relationship, I think massive strides have been actually made, because of the Early Help stuff it kind of put us in a room together where we had to start sorting things out" (Senior management, Council)*

Financial arrangements

The initial annual value of the 2015/2016 Trust contract with the Council was £42,274,390, which reflected adjustments related to grants and inflation.[27] The final position for the year was £43,270,490 which reflected contract variations in relation to demand. Taken together with DfE funding to cover set-up costs and funding secured through DfE's Social Care Innovation Fund Programme, the Trust's operating budget was £46.8m in the 2016 financial year. The Trust is a separate legal body and as such had no financial history or reserves to support its operations. In order to mitigate risk, a risk share agreement was agreed with the Council. The contract also allows access to an interest free loan of £1m for cash flow and risk share purposes, and a contract payment schedule was agreed to further aid cash flow.[28] The Council also agreed to provide central support for costs related to redundancies and restructuring, and a protocol for the submission of business cases whereby the Trust can seek further funding and access to the Council's invest to save funding.

The availability and quality of performance and spend data from the Council made it difficult for Deloitte to provide a clear and accurate picture of the costs of children's social care delivery that informed the operating budget for the Trust at the point of establishment.[29] Baselining conducted by the Trust after 30 September 2014 revealed legacy issues. This included historical cases of neglect that had not been captured in the

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[26] Ofsted. 27 Nov 2015.
[27] Doncaster Children's Services Trust. "Annual Report 1 October 2015 – 30 September 2016."
[28] Doncaster Children's Services Trust. "Initial Business Plan 1 October 2014 to 31 March 2016." 2015
[29] Bottom up cost analysis is not typically undertaken in respect of specific children's services to identify the unit cost of delivering care to a child. The difference in the context of setting up an independent organisation to deliver services is that it has forced a more detailed analysis of unmet need and associated costs than would be seen elsewhere.

redlining exercise, and children incorrectly identified in the case management system, both of which required additional budget to ensure appropriate support was in place. These should have been identified by services during the redlining exercise, to inform an appropriate budget for the Trust. The budget and contract was revised following the baselining work conducted by the Trust, and continued to be reviewed as of the end of this evaluation, in response to the changing requirements of services to support children in Doncaster. The budget will continue to be reviewed annually as part of the budget setting processes agreed under the contract, to respond to any changes to price and volume relating to children placed in care.

The financial arrangements of the Trust were discussed by some senior staff as having introduced issues at Trust establishment, and continued to present barriers to how the Trust operates two years later. As one example, the numbers in their management account exceeded the contract budget. This meant the current budget was based on an assumption that 27 children were in out of area provision at the point services transferred to the Trust. Twenty-seven out of area placements were forecasted in October 2015. However, this was revised to 34 in March 2017 and ultimately out of area placements were agreed to be 31 in the 2017/18 year. For the 2017/18 Annual Review the Trust forecast was 21, demonstrating the changeable nature of these forecast which is a common feature for any provider of placements. The financial structure of the Trust did not include working capital and capital investment at set-up and was seen as something that could have assisted with cash flow. The Council recognises this and was looking at introducing a working capital resource at the time of writing this report.

The Trust's quarter 2 financial monitoring report for 2015/16 presented a forecasted overspend of £348k, including funding received from DfE, with the key pressure continuing to be costs of children placed in care. With a £30.8m overspend against an operating budget of £42.2m forecasted in October 2016 (£0.8m overall with £1.8m overspend on placements), and in the context of requirements to make savings due to local authority spending cuts, the Trust must identify additional funding streams to support financial sustainability beyond 2017. The Trust aims to do this by exploring new opportunities relating to joint commissioning and joint budgets and through launching a target operating model with the intention of supporting other organisations and local authorities establishing alternative forms of managing children's social care services. It was beyond the scope of this evaluation to conduct a cost-benefit analysis of the Trust and Council's approaches to delivery children's services.

The challenge for the Trust is that, in comparison to the flexibility that exists within a Council-led delivery of children's social care, there is much less freedom in the way in which resources are allocated and spent. Having only a single contract – with the Council – and with funds tied to activity, the Trust does not have the benefit of other revenue streams that a Council has when needing to react to service demand or looking to develop, grow or innovate.

"A Council will have a range of pots to draw on so will be able to have more of an invest-to-save model. All of our [Trust] money is committed to staff and placements, so we don't have that capacity. Trusts should be innovating and creating but we remain dependent on other benefactors to be able to do that." (Senior management, Trust)

Structure of the Trust for social care delivery

With insufficient time to run in shadow form and a lack of key service staff (senior posts, HR, Finance, IT), the Council's service structure was essentially transferred to the Trust. The key findings learned about setting up a new business while also delivering services included:

- greater overlap in working pre-establishment of the Trust

- ensuring HR is in place to hire key roles into post to support the launch of a new organisation

- having a greater understanding of the quality and availability of data on performance and cases

A stronger comprehension of the historic challenges from the baselining exercise, and recommendations by Ofsted, prompted changes to the structures involved in the delivery of the Early Help Strategy and the Assessment and Child Protection Service. The introduction of a locality model in the Trust's second year in operation changed the organisational landscape of all children's social care services. These developments are discussed in the next section.[30]

Establishing a business

The Council and Trust could have benefitted from greater overlap in working pre-establishment of the Trust to progress more efficiently and expediently after the Trust went live. Factors impacting progress included the length of time for the lead-in period and the constraints around recruitment of key members of the team until the Trust was actually established. There was no lead-in time which restricted the potential for Trust staff to shadow the Council staff responsible for services transferring to the Trust. Strategic staff believed at least six months was needed to be effective without risking drift of tasks. While strategic staff from the Council were involved in the transition and helped to support Trust implementation, this support was typically limited to involvement over a period of a few months, with staff often taking leave of their role before their Trust counterparts had been employed. The time period was also insufficient for the Trust to undertake baselining activities and robust reviews of systems, processes and practices. As a result, at the point of going live the Trust was only beginning to undertake this, while simultaneously running services.

> "*The creation of a shell organisation which doesn't have support functions within it, and then dropping the whole operational service into it, is not very helpful. For example, we didn't have an HR function; we've not been able to recruit for three or*

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[30] The responsibilities of the Trust and Council at the point of the Trust 'going live' and at the end of year two are summarised in the Appendix.

four months. Dropping a vulnerable service into an organisation which is not ready or fit to receive is not something to be repeated." (Senior management, Trust)

It was reported that HR functions did not immediately transfer from the Council to the Trust, and the recruitment agency employed by the Trust initially focused on recruiting strategic staff. In hindsight, stakeholders felt the Trust needed internal HR Advisors to help recruit key support functions (e.g. finance staff, IT staff, operational Heads of Service). The baselining activity and strategy development have been slower than may have been the case with faster appointments and a longer overlap with Council transitional staff.

> *"Let's say you'd had an additional three or six months, you could do that [shadow Council staff] in parallel. When the Trust was established, the Trust leadership could have a very clear understanding about what it was taking on, and the way in which support services would be shaped to accommodate that, and that hasn't happened. Effectively, what we're trying to do as operational Heads of Service is contribute to the development agenda in a completely new organisation and keep the show on the road, and the support heads are trying to do it with no staff. In itself, it's created some vulnerabilities, I'm sure which will be rectified. In hindsight, it's easy to spot the mistakes." (Senior management, Trust)*

Finally, both partners and stakeholders reported that historical challenges related to children's social care software data migration were still being felt by the Trust a year into its establishment. Senior management reported there were limited data migration processes in place between the change from Care First to Liquid Logic, both types of case management software, in 2013 and this had left a legacy of issues related to quality of data. The Trust has worked to backdate information so that complete family case histories are centrally located and accessible by practitioners.

Appendix 3 provides a comparison of DCST and DMBC service delivery models at three time points. The table shows the changes in the organisation of services – from what was before the Trust was established to what is now in place – and the budgets and full time equivalent staffing of these services, including:

- as of August 2016 when the locality model in the Trust was in place – the most recent time point and thus the model that is currently in place in Doncaster;

- as of October 2014 (when the Trust was launched) and following the baseline activity conducted by the Trust that identified previously unknown information related to service user and staff numbers, hence the changes to budget and staffing information; and

- as of May 2014 during the scoping stage of the evaluation

Early Help

Supporting children and their families at the earliest opportunity helps diminish the risk of children suffering significant harm.[31] The Council began to make progress with integrated Early Help services in 2011 with the establishment of the Integrated Family Support Service (IFSS) and the Children's Multi-agency and Referral and Assessment Service (CMARAS; later becoming known as Referral and Response). Yet issues remained with effective partnership working, with inappropriate referrals to children's social care delaying preventative help to children and families.[32] The 2015 Ofsted inspection of services for children in need judged Early Help services in Doncaster to be fragmented and inconsistent.[33] A multi-agency safeguarding hub (MASH) did not exist, raising questions about Doncaster's ability to mitigate the risk of anyone slipping through the safeguarding net. Given the challenges experienced and the progress achieved with the Early Help offer in late 2015, the evaluation captured developments to this part of the child's journey from early 2016.

DfE, Deloitte and Ofsted worked with the Trust and Council in 2014 to design the structure of the Trust and the decision was taken that the Family Support service (helping to deliver on the Early Help Strategy)would be provided by services remaining in both the Council and the Trust. The Intensive Family Support Team (IFST) in the Trust would deliver the prevention and early intervention element and IFSS in DMBC would deliver universal support, along with Children Centres, Youth Centres and the Children with Disabilities team.

Though the Early Help Strategy in Doncaster required swift action, the decision to divide the Family Support service between DMBC and DCST presented challenges. Staff and partners required greater clarity on which services were managed and delivered by each organisation (e.g. parenting and well-evidenced children[34] programmes which were usually delivered through children's centres, bot not necessarily by DMBC). Greater efficiency and more streamlined organisation was needed, as evidenced by a lack of clarity among staff and partners of who to contact with Early Help queries and how the teams in each organisation work with staff and colleagues. In response, DMBC appointed eight Early Help Coordinators in early 2016. Creating key accountability and transfer protocols early on (e.g. protocols to determine when Early Help was Tier 1 or Tier 2 type support, and step up and step down provision) would have helped to unite the Trust and

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[31] Department for Education. "Working together to safeguard children – a guide to interagency working to safeguard and promote the welfare of children." 2013. www.gov.uk/government/publications/working-together-to-safeguard-children

[32] Ofsted. "Inspection of local authority arrangements for the protection of children Doncaster Metropolitan Borough Council." 2012. https://reports.ofsted.gov.uk/local-authorities/doncaster

[33] Ofsted, 2015. 'Doncaster Metropolitan Borough Council Single Inspection.' (viewed on 3 November 2017) https://reports.ofsted.gov.uk/local-authorities/doncaster

Council teams delivering Early Help by clarifying roles and streamlining decision-making processes.

> *"What we haven't had is a service spec, and an operational guide. So, without that, and a plan to work to, we don't know what our targets are…You'd expect to work to a plan right from the beginning. This is the plan for social care, this is the plan for Intensive Teams, and this is how we all work together." (Middle management, Trust)*

The Council, Trust and its partners agreed and began implementing an Early Help Partnership Strategy[35] in 2015 that aimed to better deliver preventative support to children and their families. The Partnership Strategy set out a clear vision for Early Help services in Doncaster and established a new Early Help Hub, staffed by practitioners from the Trust and the Council and a range of partners. The Hub did not replace the Referral and Response Service as the front door to social care; rather it was expected to become an earlier and more streamlined point of triage for more appropriately navigating the children's services pathway, thereby reducing the number of inappropriate enquiries to the front door.

In practice, staffing the Hub with personnel from both the Trust and Council without also co-locating the team undermined efforts to improve service delivery. During a monitoring visit in October 2016, shortly after the launch of the Hub, Ofsted stated 'the Early Help offer is fragmented and too many children and young people are referred for statutory services when their needs could be met at a lower level'.[36] In response, the partnership agreed to transfer the management oversight of the Early Help Hub to the Trust and that the Hub would be co-located and managed with the Trust's Referral and Response service (R&R) and MASH arrangements. During a visit after this change was made, the Trust's then improvement partner Achieving for Children found the co-location and management of the Early Help Hub with the Referral and Response Team had strengthened front door arrangements.

The Hub provides a good example of where the Trust and Council has agreed a single management framework, with management oversight of the Hub sitting with the Trust. Performance management of the Hub has been agreed through the partnership performance management framework, supported by the Local Safeguarding Children's Board Business Manager; the Trust and Council have developed a joint performance score card to monitor its progress in achieving outcomes for children. This joint strategic initiative, while described as 'challenging' and 'drawn out', demonstrates the Council and

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[35] Doncaster Metropolitan Borough Council. "Multi-Agency Early Help Strategy for Children, Young People and their Families." Sept 2015. http://www.doncaster.gov.uk/services/schools/early-help-what-is-it-in-doncaster
[36] Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust. "Annual Report of the Doncaster Children's Services Trust (1 October 2014 – 30 September 2015)." 2016.

Trust maturing relationship and ability to collaborate for the benefit of the children and families they support.[37]

The Early Help Partnership strategy remains a challenge for all partners in Doncaster to implement effectively. Since the implementation of the strategy, a range of improvements have been identified: clearer referral thresholds, more appropriate referrals into social care, stronger management structure and oversight.[38]

> *"Thresholds are more consistent. Having [a] permanent Head of Service means that it is more consistent in what is stepped up to child protection and what goes to legal planning and care proceedings." (Practitioner, Trust)*

The re-referral rate has reduced from 37% in 2014 to 23% in 2016, and in June 2016, 21 cases (4%) were stepped up to children's social care. There has been a 40% increase in enquiries to the Hub between November 2015 and June 2016. The Hub was reported to receive around 480 enquiries per month from a range of agencies, indicating the Early Help service and local offer was becoming better understood across the local partnership.[39] However, according to practitioners interviewed, and Ofsted, thresholds for social care intervention are not yet fully understood by partners, and an Ofsted monitoring visit noted contacts and referrals remained high in August 2016.[40]

> *"[There is] still work to do in increasing understanding of thresholds, especially [with] health who have [had] a lot of cuts to budget and staffing, and the family health partnership has gone. Schools also repeatedly put through referrals without thinking if it meets thresholds and how they could have ownership of the case." (Middle management, Trust)*

As of the final wave of fieldwork in this evaluation, multi-agency training and guidance delivered by Early Help Coordinators employed by DMBC was working to change this by communicating clear standards for thresholds and offering one-to-one support to staff or partners requiring additional guidance.

While the strategy and its implementation was viewed as having matured, stakeholders still felt more needed to be done to effectively prevent escalation of cases into social care. Barriers identified as undermining improvements to Early Help reported by staff and partners included inconsistent partnership engagement (particularly from health partners and those working with very young children),[41] the ability of Early Help services, front

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[37] Achieving for Children. "Review of the effectiveness of early help services in Doncaster." 2016.
[38] Ofsted. "Monitoring visit of LA children's services." September 2016.
[39] Achieving for Children. "Intervention Highlight Report." August 2016.
[40] Ofsted. "Monitoring visit of Doncaster Metropolitan Borough Council children's services." 2016. https://reports.ofsted.gov.uk/local-authorities/doncaster
[41] Achieving for Children. "Review of the effectiveness of early help services in Doncaster." 2016.

door and MASH to plan for and efficiently respond to demands on social care and the development of a Joint Strategic Needs Assessment (JSNA) that is fit for purpose.

> *"[We've] clearly come from a low base. Other strategic partnerships have not blossomed and the Council has struggled to move people forward on this. For example, the JSNA is still not what it should be." (Senior management, Trust)*

The Early Help hub, front door and MASH were reported by Ofsted as needing to join up more coherently to embed a single point of access into social care, bring about efficiencies in ways of working, and ultimately manage the inflow of referrals into social care more effectively. Like many authorities, unless local partners and the Council and Trust services involved in preventative support have the capacity and will to regularly and directly engage with social care services, the Trust's ability to respond to demand at the front door, initiate change and achieve improved outcomes for children is limited.

Assessment and Child Protection

Changes to the remit of the Assessment and Child Protection Service (ACPS), both before and following the launch of the Trust, presented challenges to practitioners' ability to effectively support children. Prior to the Trust going live, the work of the ACPS in the Council was extended so they did the first and only assessment (previously R&R did the initial assessment and ACPS did the core assessment). ACPS practitioners experienced a further change in their responsibilities following the establishment of the Trust. The remit of ACPS practitioners widened further to include taking cases from referral, through assessment to permanence; the latter a role previously undertaken by Children in Care (CIC) social workers. Concern was expressed by social workers and team managers of the need to develop further expertise within the team to undertake this work and lack of communication about planned training for social workers about timescales, administrative procedures and expectations of court work. While their responsibilities and workload had increased, the staffing of the teams within the service had not grown to accommodate this demand and social workers would have preferred a greater amount of consultation prior to changes.

> *"We were told 'as of next month you are responsible for care orders'…We generally know what the process is but don't know how to prepare a care plan, no experience of being in court…We need to be walked through the timescales of a care order, the process, the paper work needed and how to do the paperwork. Need a checklist of what to do and need someone to explain how to do it." (Practitioner, Trust)*

> *"My workers are struggling to deliver on the child protection and child in need planning, as [they] need to respond to duty up front, and now need to respond to court decision… There is not enough staff to cover new court proceedings element." (Middle management, Trust)*

A year into the operation of the Trust, ACPS practitioners and managers again expressed the difficulties of their complex and high caseloads. Concerns regarding this were also raised by Ofsted[42].

> "The difficulties that we have at the moment is that the work that is sat in the middle [in ACPS] is everything…It is very difficult for social workers to spread themselves effectively across a varied work load that includes public law outline, care proceedings, LAC – it is a big ask." (Middle management, Trust)

Insufficient time and knowledge about what is involved with carrying out care proceedings has resulted in practitioners interviewed in ACPS reportedly having low morale and high stress and concerns about their ability to do their job. These practitioners, as expected, were prioritising child protection and care proceeding cases over what they described as 'less risky and less demanding cases', such as children in need cases. Concern was raised by practitioners and managers about this practice in a context with limited time for other work; it could potentially lead to unnecessary escalation. A suggestion from staff was to review children in care cases more frequently than every three months, as they were the most likely to drift and delay. At the end of this evaluation, this has been addressed, with reviews happening in line with statutory minimum requirements.

Locality model

There were considerable changes to the structure of services in the first year of the Trust, with services transitioning from the Council and Early Help services being re-organised. At the same time, the importance of a locality based approach in both the strategic oversight and delivery of services was identified by the Trust early on. Opportunities to improve decision making transitions and oversight of practice by Heads of Service were identified during the Trust's baselining exercise. Services reported feeling isolated from developments under the previous service model in which services were organised by service type, rather than locality. Management viewed the existing structure as undermining collaborative working between teams. Organograms for the Trust, reflecting the Trust organisation before and after the locality model was implemented, are in the Appendix.

The Early Help, IFST, ACPS and CIC services became organised by locality (East, South, North, and Central) from December 2015, with teams from each service in each locality.[43] This replaced the single authority-wide services. This meant introducing a new co-location model with expectations that these services work towards an integrated style of delivering children's social care. The new locality model, which involved the removal of

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[42] Ofsted. "Doncaster Metropolitan Borough Council Single Inspection." 2015. https://reports.ofsted.gov.uk/local-authorities/doncaster
[43] See the Technical Report for a Trust organogram.

a management tier, meant Heads of Services for each area were located with their team and had greater oversight of all cases in the service. This was reported by senior staff to support better senior management visibility and involvement in case decisions, ultimately leading to examples of better case handling and quicker decision making on cases.

Heads of Services are working more collaboratively to agree their priorities for improving services. Weekly Heads of Service meetings facilitated this change in ways of working and supported cross-area strategic communication, an improvement that helps to ensure understanding of developments across services, and more consistent Head of Service communication to their teams about developments. Heads of Service were also supported through the restructure to work to the same Improvement Plan which supported consistency of service delivery between localities, even with variation in demographics of localities.

An outcome of the restructure was improved team working, which was evident amongst ACPS and CIC managers in the Central area.

> *The co-location of different teams in the same work place has improved intra team working. With co-location, more staff are meeting, getting to know each other better and [are] more accessible [to one another]…Staff being local to cases [is another advantage]. (Senior management, Trust)*

The services became located in the same building and could more readily share guidance and information about cases. Face-to-face meetings became more regular, with the Early Help Hub manager visiting an ACPS team weekly to discuss step up to social care and step down cases to Early Help more effectively. While not explicitly linked to co-location, ACPS teams reported improved relationships with Independent Reviewing Officers (IROs), child protection advisors and the legal team because of greater accessibility.

A locality approach was also seen to have brought about service improvements by placing staff in a better position to engage with their local communities. To know and be known within a local area and across services was expected to support stronger partner and colleague relationships, and be further aided by joint working arrangements (e.g. joint case discussions, clear step up and step down arrangements).

> *"We can better know each local area's strengths and what needs to be strengthened. A better local understanding includes [insight into] local decision-making processes…Before [in the Council] placing a child [in care] required three or four discussions with different managers, all while the child was waiting. Now as a Head of Service [in a locality] I can just make the decision to place a child – the child is placed much more quickly." (Senior management, Trust)*

Key developments to service structure continued after the implementation and bedding in of the restructure of services into a locality model. The Children with Disabilities Service,

management oversight of the Early Help Hub and operational lead responsibility for the Corporate Parenting Board to the Trust[44] became the Trust's responsibility.[45] Discussions between the Council and Trust were also underway in late 2016 to move additional family support services in the Council into the Trust; children's centres (now known as family hubs) and the virtual school head would remain in DMBC. These structural changes were viewed as critical in joining up services split when the Trust was established to support a clearer and more streamlined journey for children through children's services.

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[44] Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust. "Annual Report of the Doncaster Children's Services Trust (1 October 2014 – 30 September 2015)." 2016.
[45] Along with the Senior Leadership Team and back-office service functions, the following services were not split by locality and instead are centrally managed: Looked After Children; Safeguarding, Standards and Policy; and Targeted Youth Support Services. The Referral and Response team was based alongside the Central locality team.

Social care practice and workforce

Alongside developments to service structure, the Trust spent considerable time establishing a baseline understanding of practice to inform changes to the organisation, management and delivery of services. Social care practice and workforce legacy issues identified by this baselining and the evaluation's scoping stage were widespread:

- lack of a child-centred approach or an evidence-based approach to reviewing practice, including insufficient supervision/oversight

- inadequate data analytics and capacity of operational staff to address issues, leading to case 'drift'

- inconsistent application of thresholds for intervention

- low staff morale and high use of agency staff

- high turnover of senior staff

Getting the basics right is an essential part of any improvement journey,[46] and working with the Council, multi-agency partners and advisors, the Trust established the foundations to improve practice in its first year in operation. These developments are summarised below and discussed in the next section:

- increasing the capacity and effectiveness of social care services through improving workforce stability, development of tools and guidance, and staff development

- the use of evidence to inform practice, including an internal audit programme, reporting on performance statistics and capturing the voice of children and families

- encouraging innovation and learning through new initiatives, including the Social Care Innovation Fund projects

The improvements seen under the Trust are substantial, and it is continuing its transformation journey at the end of this evaluation. There is good awareness and understanding of the need to consolidate changes, and to strengthen particular aspects of services (captured through the Trust's robust performance monitoring programme), both their own and those delivered by the partnership.

Capacity and effectiveness of social care services

While the changes to service structures were underway, improving the quality of practice (i.e. how staff work with children and families) was at the heart of the work undertaken by

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[46] Bryant, B., et al. "Action research into improvement in local children's services: practical implications for lead members and senior leaders. Local Government Association." 2016. http://www.isospartnership.com/publications.html

the Trust. The Council had undertaken a recruitment drive and moved to address quality issues before the Trust was established, however deep-rooted and far-reaching challenges existed with workforce stability, the availability and effectiveness of systems and processes supporting practice, the frequency and quality of supervision and training, and the limited used of evidence-based decision making[47] [48]. The Trust learned how best to strengthen children's social care provision and to put into place the necessary systems needed to begin this process in Doncaster. After basic infrastructure and practice were in place, the focus of work shifted towards ensuring improvements were achieved.

Workforce stability

Workforce stability was recognised as essential to the success of the Trust: staff turnover was costly and ineffective and more crucially, high practitioner turnover threatened continuity of relationships with children. The challenge for the Trust was to demonstrate it was a supportive and attractive place to work for permanent staff. This was more difficult given the public perception of children's services in Doncaster, in particular, as with other authorities, that 'everyone is fishing in the same pond', and temporary contracts may be more financially attractive than permanent positions. An associated challenge was to attract permanent senior managers, in an organisation with an historic instability of senior leadership.

Building on the recruitment drive the Council had begun, the Trust in its first year put in place most of its strategic team and permanent Heads of Service, permanent team managers and successfully replaced some temporary agency staff with permanent social workers. National indicators demonstrate the agency worker rate in the year up to 30 September 2014 was 30%[49]. This rate reduced to 21.4% in the year up to 30 September 2016.[50] Practitioners also described more stability in their teams a year into the Trust, compared to the three to six months before. National indicators support this view; in the year up to 30 September 2014 the turnover of FTE children's social workers was 25%.[51] This had reduced to 16% in the year up to 30 September 2016.[52] 74% of the workforce that began with the Trust remains.[53] However, this was not the case across the Trust,

[47] Ofsted. "Inspection of local authority arrangements for the protection of children: Doncaster Metropolitan Borough Council." 2012. https://reports.ofsted.gov.uk/local-authorities/doncaster

[48] Le Grand, J. Wood, A., Gibb, M. "Report to the Secretary of State for Education on ways forward for children's services in Doncaster." 2013. https://www.gov.uk/government/publications/report-to-the-secretary-of-state-for-education-on-ways-forward-for-childrens-services-in-doncaster

[49] Department for Education. "Statistics: Children's social work workforce 2014." 25 February 2015. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2013-to-2014

[50] Department for Education. "Statistics: Children's social work workforce 2016." 16 February 2017. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016

[51] Department for Education. "Statistics: Children's social work workforce 2014." 25 February 2015. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2013-to-2014

[52] Department for Education. "Statistics: Children's social work workforce 2016." 16 February 2017. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016

[53] DCST. Internal records.

with some services, such as ACPS, reported in qualitative discussions as still having a high proportion of agency staff and vacancies a year after the Trust was established.

Twenty-six per cent of staff had left the organisation since the Trust was established and staff interviews suggest the majority of leavers were not seen to share the values and direction of the Trust. In the year up to August 2016, 18 agency workers became permanent staff, suggesting working for the Trust is becoming increasingly attractive. Interviews with Trust staff suggest variation in morale across services, with adoption and fostering having higher levels of satisfaction compared to R&R and Early Help. The difference in levels may be due to adoption and fostering being settled services, and R&R and services delivering the Early Help strategy viewed by senior management as having the most experience of challenge and change since the Trust was established. In part this was attributed to the nature of the work: for example the R&R is comparatively faster paced and procedural.

A more stable frontline workforce (e.g. social workers and practitioners)[54] is further evidenced by reductions in frontline staff turnover (down to 2.2% in August 2016[55]) and sickness (down to 5% in August 2016 from 10-11% in 2014), suggesting better continuity of care for children and families. The Trust has a dedicated HR unit and this focused support on a smaller group of staff compared to how HR is set up in a local authority – with HR to support all services across a much larger organisation – was commended by Trust senior managers for enabling the improvements to staff stability, and development.

Marketing and communications – such as the partnership with Guardian Online which results in regular articles about the Trust, articles in sector publications (e.g. Children and Young People Now) and the use of social media by staff and young people in care (e.g. Heads of Service tweeting, young people and staff blogging) – were seen by Trust staff to help raise the profile of the Trust, both in the community and amongst current and potential employees. The focus on staff development (discussed in detail in *Staff development*, below) and improving the systems and processes in place to support staff to excel in their roles was also seen to be driving staff retention.

> *"Seems more stable. Everybody feels part of the team whether agency or not. [We have] more autonomy given by our managers to make decisions based on our knowledge of the family. It feels less authoritarian, [the] approach." (Practitioner, Trust)*

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[54] This does not include family support workers or management.
[55] Corporate Scorecard for August 2016.

Work culture and staff morale

Building a positive ethos and culture while engaging the workforce is a defining characteristic of the initial stage of a children's service improvement journey.[56] The work culture in the Council was described by some of those who transferred into the Trust as 'hectic', 'destructive' and 'unstable'. The Trust's leadership has leveraged the opportunity of a 'fresh start' that the establishment of the Trust presented, and driven forward a massive culture shift that has positively influenced staff morale, as noted by staff and partners, and Ofsted and the Local Government Association.

> *"We felt very unlistened to [in DMBC]. There were too many people involved in the lines of decision making. For four years we were inadequate under the council and there was no improvement to that in four years. I don't know what the barrier was there, but [it] certainly feels like a safer place to work under the trust." (Practitioner, Trust)*

> *"Previously [the Council] focused more on a crisis and all in together, now there's more of culture of [a] peer supervision approach. People will ask others for advice and what support can be given with a case. [We] can now talk to managers if we are struggling with a case." (Practitioner, Trust)*
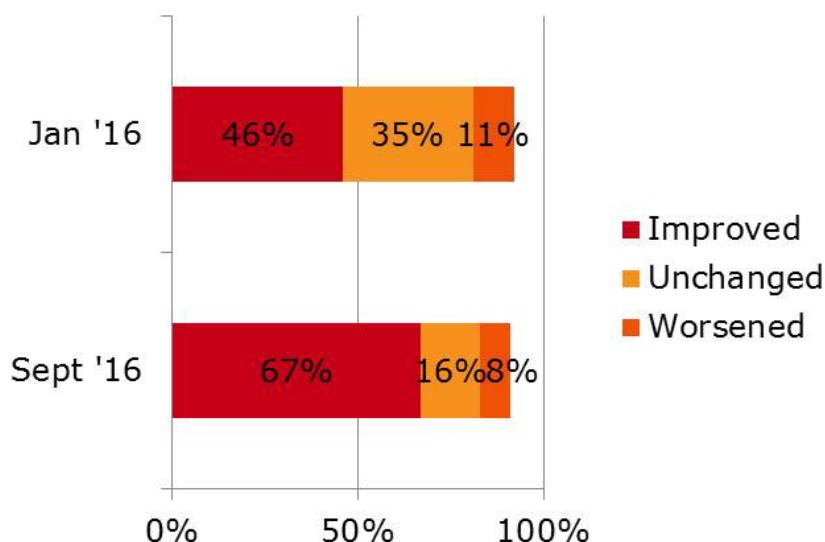
> *"You can see more of 'can do' morale. I notice [this] at conferences and meetings with [Trust] staff; they are more motivated." (Partner)*

Setting high expectations through its performance and quality assurance framework and challenging staff to meet those, encouraging new ways of working and celebrating successes within the Trust and amongst the community have facilitated this dramatic change. Improvements to staff morale are closely linked to the changing work culture. This was a challenging journey and a difficult adjustment for many, but one that is seen to have led to benefits for staff.

Staff perceptions of a much changed work culture under the Trust are supported by the staff survey results (see Figure 3): 46% of staff surveyed in January 2016 responded the work culture had improved, compared to 67% in September 2016. The percentage of Trust staff responding the culture was unchanged between waves also improved, with 35% responding in January 2016 the work culture was unchanged, down to 16% in September 2016. Staff who have experience of working both in DMBC and the Trust described the Trust as having less 'blame culture' in interviews.

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[56] Bryant, B., et al. "Action research into improvement in local children's services: practical implications for lead members and senior leaders. Local Government Association." 2016.
http://www.isospartnership.com/publications.html

Figure 3 Work culture

Base: Trust staff surveyed in January 2016 (186) and September 2016 (127)
Source: Reflections on the establishment of the Trust – work culture

Changes to staff morale demonstrate the impact this culture change has had within the organisation. The reinvigorated energy brought about by a strong strategic message to do things differently, to innovate and to enable social workers to perform their social work role was seen by strategic staff as having raised morale. Survey responses to the extent to which Trust staff feel part of a team remained stable: 87% agreed they feel part of a team in January and September 2016 (Bases: 127, 186 respectively). With staff sickness having reduced to 5% in August 2016 from 14% in December 2014, the first quarter of operation, the workforce is more stable and appears more satisfied.

A consistent and clear vision, demonstrated and reinforced by senior leadership, is viewed by staff and partners as supporting this culture change.

> *"[There is a] direction of travel, to make sure the most vulnerable achieve their full potential. [The Trust] have vision of where they are going and the objective of the Trust is really clear." (Partner)*

> *"We now have a new, shared vision of where we want to go, in our delivery of services to children and families. I feel more enthused and like I have belonged. I can see how I fit [with the direction of the Trust]." (Practitioner, Trust)*

A challenge to this culture reported by a small number of staff and partners was the 'uncomfortable feeling' about the more corporate and commercial nature of the Trust compared to what these individuals were used to. For these staff, this was exemplified by the reduced flexibility in budget decisions day-to-day (e.g. commissioning service and finding accommodation for children) and was something they were adjusting to.

"The culture feels very business-like; everything needs to have business plan. [It] feels very new. Now [we] have to present costings before a decision is made." (Practitioner, Trust)

Bureaucracy

Bureaucracy and speed of decision making are related, though distinct, from work culture. Organisations with high bureaucracy and slow decision making can challenge an empowering and enabling work culture, and undermine staff satisfaction. Bureaucracy can be influenced by both structures (i.e. managerial decision makers) and processes (i.e. administration and paperwork). The former was viewed by senior and middle managers to mainly be alleviated in the Trust for three reasons. The flatter management structure meant senior staff were closer to the context underpinning decisions and had better awareness of their service's needs.

"A massive challenge to bureaucracy used to be if you wanted to transfer a case from child protection to CIC. Because they had a different Head of Service they wouldn't allow you transfer that case over. Now, they have a Head of Service by locality and (CIC) have the same Head of Service so if a case is ready to transfer the Head of Service will now pick the phone up to the CIC team and say the case is being transferred. [This] stops instability for families." (Practitioner, Trust)

The scope of the Trust was seen by senior staff and partners as freeing up strategic and senior staff from local authority pressures (e.g. regularly responding to elected members) enabling the Trust more agility in how it functions. Yet, as we read earlier, senior staff have been heavily involved in responding to the contract monitoring requests of the Council. The single focus on children meant staff involved in decision-making were more accessible, a similar advantage to the flatter management structure introduced in the Trust. Senior leadership were seen by practitioners as encouraging transparency in decision making through internal communications (e.g. newsletters, staff blogs) and this style of working was believed to reduce the number of staff asking for the same things at different times.

Bureaucracy from administration and paperwork for practitioners was reported in qualitative interviews as largely comparable to DMBC and other authorities. The greater clarity in policies and procedures and the storing of these centrally on the intranet was seen by practitioners as effective in saving time, however they perceived paperwork to be overly-burdensome and a barrier to their spending more time with children and families, much the same as in most local authorities.

Qualitative interviews shed light on what is seen to be maintaining this bureaucracy: 1) documentation of similar content across different formats (e.g. information captured in single assessment, child protection conference report, legal gateway documents and court statements, and information collected at contact and through the MASH); and 2) greater expectations on practitioners to document their work as part of the drive for

addressing inconsistencies in practice, in addition to conducting a professional recording of a good quality assessment expected of any social worker (e.g. senior management requirements for performance management and statutory reporting requirements).

> *"There is still lots of replication of forms. For example, completing a single assessment, child protection conference report, and legal gateway paperwork and court statements. It is the same content but in different formats. Have to cut and paste a lot of work over because it is repetitive. Why can't the single assessment follow through and just been added to?" (Practitioner, Trust)*

While processes to capture improved practice and performance were seen as necessary, the time taken up by these processes was seen in some cases to undermine staff attendance at training, their ability to reflect in detail on cases in supervision and the extent of their freedom to take up opportunities to influence practice. Practitioners were eager for senior managers to consider easier ways for practitioners to document practice required for performance monitoring.

> *"The time taken to fill everything in [is time we] could be spending with families. The catch 22 is we need to be evidencing the work we do. Just could do with less repetition." (Practitioner, Trust)*

The Trust was expected to introduce freedom and flexibility for staff, to influence change in how they work and deliver services. Yet, front-line practitioners' ability to act on the encouragement from management to influence change was seen to be curtailed due to capacity. Staff interviews suggested freedom to influence change sits more so at the team and senior manager levels (e.g. attending practice forums, deep diving into particular topic areas such as with CSE and outreach work with key agencies). Front-line staff described being limited in their ability to act on increased freedom to innovate because of increased time spent on administrative tasks such as those described above linked to bureaucracy. Streamlining the administrative tasks practitioners are required to do to demonstrate compliance and performance will help to free up their time to work more flexibly and innovatively.

Development of tools and guidance

Ensuring staff have the appropriate tools to effectively meet the requirements of their job was another key priority for the Trust from inception, with the development of new tools and guidance, as well as the refinement of existing resources to be fit for purpose. Prior to the Trust, staff reflected on a lack of basic practice standards in services, unclear protocols for ways of working, and ineffective tools for case management. The development of practice standards and new and refined systems to facilitate efficient and effective working by the Trust helped to bring clarity to staff about what is expected of them, and confidence in the leadership of the Trust that they know what is needed to deliver a successful service.

Professional practice guidance was developed for all services in the Trust. For example, ACPS staff benefited from documents produced related to assessment, identification, and intervention in relation to domestic abuse, substance misuse, mental health, learning disability, physical abuse, emotional abuse, and sexual abuse. For many practitioners, this was the first time they had formal guidance on policies and practices, and staff valued the clarity they brought in informing expectations and practice.

Developed in April 2014 with input from across the partnerships, a Single Assessment Framework[57] was informed by guidance outlined in key publications[58] and, under the Trust, had since been accompanied by a methodology focused on causation (i.e. factors behind domestic violence) to determine the appropriate treatment of a case. The strengthened Framework provided the risk analysis function, identification and analysis and is all embedded on an electronic system (the eCAF, see below). This demonstrates essential progress on establishing quality assurance mechanisms.

Another system introduced by the Trust was the online Common Assessment Framework[59] (eCAF) to steer the work of the ACPS team. The eCAF was introduced by the Council in 2012 in paper form, and the Trust's move from paper assessment to an online form helped practitioners to save time preparing case notes and provided a more useful framework for conducting case notes. Practical limitations of the software were reported early on, however, and limited practitioners' ability to work effectively. eCAF was not integrated with Liquid Logic, the Trust's case management system, making transferring information between the systems time-consuming and prone to errors. Given that many ACPS cases were stepped down from statutory care, the fact that the two systems were not aligned caused frustration and delays in work early on.

> *"They're almost mutually exclusive, because you can't be logged in to both Liquid Logic and eCAF at the same time. Sometimes you want to bring something across from one system to the other, but that's not as simple as just copying and pasting it. It seems wasteful of time." (Practitioner, Trust)*

Systems to facilitate cross team working were also introduced, such as the duty system for ACPS social workers, and strengthened, such as the multi-disciplinary team (MDT) meetings. MDT meetings were developed in the Council to facilitate effective transfer of cases from Early Help to R&R, and were seen to have been reinvigorated post-Trust.

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[57] A Single Assessment Framework is a tool for social workers to use when a referral for a child results in an assessment being made. When assessing all children – whether disabled, in need of protection or looked after – the framework aims to be holistic and child-centred. Originally the tool was designed to include an initial and core assessment, each with different time scales. Doncaster's Single Assessment Framework involves one assessment that must be completed within 35 days to abide by statutory obligations.

[58] Getting it Right for Every Child in Doncaster and Working together.

[59] The eCAF is a tool for other, none social work agencies to use to assess children/families and determine whether partner services they are accessing are sufficient for their needs or whether the agency needs to refer the children/family to another agency, which may be statutory social services.

Managerial staff from partner agencies consistently attended and helped to allocate cases across partners. This change was attributed to the senior leadership in the Trust communicating to partners, urging them to work collaboratively and jointly with Trust staff for a single purpose – better outcomes for children.

> *"I think the MDT has been really good. I think it's been more effective this time round than in previous attempts. It used to not be very well attended. There was reluctance by managers to attend… Now it's been made more formal and it's discussed in managers meetings." (Practitioner, Trust)*

MDT meetings were subsumed by the Early Help Hub when it was launched.

Staff development

Supporting staff development was recognised as fundamental to improving the quality of practice in the Trust. While training was provided to practitioners when they worked within the Council, these were described as infrequent and not as varied or tailored as believed necessary. 'Staff learning centre days' were organised in 2015 to establish a baseline of staff strengths and areas for improvement. These days helped the Trust to identify immediate areas for attention, as well as informing a professional improvement programme to strengthen practitioner skills.

Taking the IFST as an example, during the early days of the Trust, both practitioners and managers expressed concerns over the consistency and quality of assessment processes and children in need plans. Staff morale was low and supervision meetings were being used to review cases and quality assure casework. In response, the Trust delivered intensive and regular training to IFST practitioners in early 2015, instructing them on how to do a good assessment, prepare genograms and a chronology, use Liquid Logic, record a home visit, and ensure risk resilience. The IFST service was seen as having progressed substantially by its practitioners and staff in other services following this intensive support.

> *"[The] Team Manager is now getting clearer, more consistent guidance from Senior Management about what the IFS Team should be doing. You can see that the [IFS] Team are clearer now about how they are to work, more focused and more content. They seem to be working much better. More settled and able to be more supportive of one another. (Practitioner, Trust)*

Practitioners and managers reported this had increased their confidence in their own ability and that of their colleagues to do their jobs well. An additional impact of this training was an improved clarity of the role of IFST practitioners and the way in which they work together to deliver a better service.

The senior management team in the Trust was seen to be committed to ensuring practitioners were equipped with the right skills and in January 2016 had launched an

intensive practice improvement programme (PIP). This programme was implemented with financial support from the Council. Building on what was gathered from the learning centres in early 2015, the programme brought in Practice Standards Advisors to mentor practitioners, helping to improve their skills, and was seen by strategic staff as a key part of meeting aims set out in the Ofsted Inspection Plan.
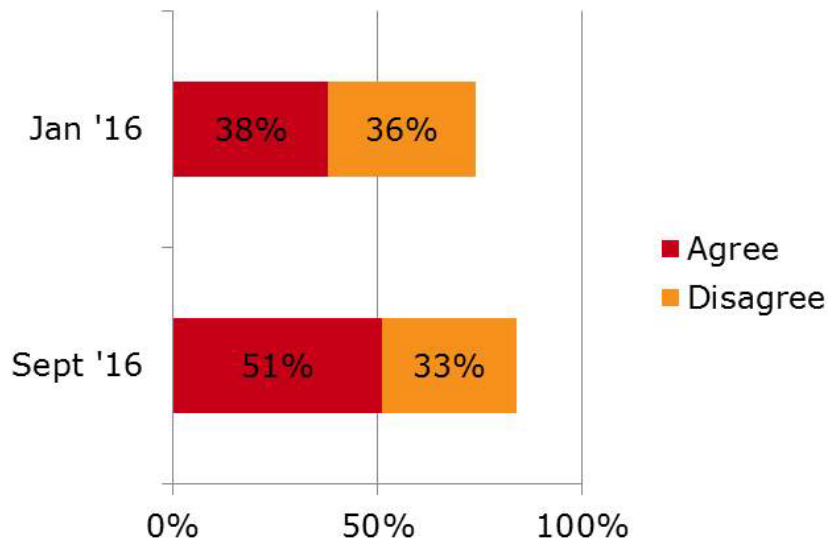
The availability and regularity of training opportunities were seen by practitioners to have increased under the Trust (though Council staff reported a relatively higher number of training opportunities in the Council as well). A recurring view from Trust staff was that the Trust went beyond the 'generic social worker training' that was provided by the Council in the past. Signs of Safety training was identified as particularly beneficial: practitioners reported feeling more confident in looking for, and addressing, risks in cases in a holistic way, and using a 'shared language' when discussing Signs of Safety that was believed to support a more consistent practice. Staff who attended the training explained that the frequency and applied nature of the training helped them see how they could translate it into practice. Staff were also offered training in areas like undertaking care proceedings and on therapeutic interventions for looked after children and children experiencing sexual exploitation.

> *"Signs of safety training has helped us with how to get the voice of the child to come through in cases and assessments. I think we've been able to have more tools in our toolbox to offer to families." (Practitioner, Trust)*

The improvement in the availability and content of training available under the Trust was valued by Trust staff, with practitioners interviewed reporting better quality and more frequently run training. However, Trust staff ability to take part in available training remains an area for the Trust to review: in January 2016, only 38% agreed with the statement 'I have enough time to undertake learning and development'. Improvements between survey time points are seen, with 51% of Trust staff agreeing with this statement in September 2016 (see Figure 4).Taken together with other opportunities for learning, such as the monthly team 'stop the clock' development sessions started by the Council shortly before services moved into the Trust, the Trust was seen by staff, and external evaluators,[60] to have improved the quality, quantity and variety of development support to staff.

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[60] Ofsted. "Monitoring visit of LA children's services." September 2016. https://reports.ofsted.gov.uk/local-authorities/doncaster

Figure 4 Ability to attend training

Base: Trust staff surveyed in January 2016 (186) and September 2016 (127)
Source: Learning and development – I have enough time to undertake learning and development

Performance monitoring

The ability to capture and use Trust-wide intelligence to inform service and practice decisions was seen by senior management as crucial for understanding what works well and what requires attention in its services. During the period of learning and transition that characterised the Trust's first year, the Trust began to establish the mechanisms to understand the quality of its service performance and design, and implement new processes to respond to identified weaknesses. These are summarised below and discussed next.

- Quality assurance has been strengthened with more regular staff supervision, comprehensive audit arrangements in place and a new cadre of Practice Standards Advisors established to support improvement at an individual and team level

- Essential performance monitoring infrastructure and tools were established (e.g. an auditing programme, performance and quality framework, a centralised performance monitoring system with designated performance leads for each locality, delivering guidance and training to team managers)

- At a strategic level, a joint Performance Accountability Board has been established

- Activities to improve capturing the voice of the child to inform how performance could be strengthened have also been carried out

- The Trust has improved the timeliness and quality of time practitioners spend with families, as well as demonstrated improvements to family engagement and contact with care leavers

This work is clearly at the forefront of the minds of staff and partners. The Trust is seen to now have the capacity, and commitment, for robust self-assessment, a characteristic of the middle phase of an improvement journey (fair-to-good).[61]

Staff supervision

Research shows that providing good supervision to practitioners is associated with job satisfaction, retention and effectiveness.[62] Supervision provided to practitioners when they worked within the Council was seen to be patchy, and tended to be more focused on firefighting than reflection.

> *"I now get regular, monthly supervision by my Head of Service. [In the Council] supervision was 'hit or miss. Now I have direction, my responsibilities are outlined, and I am told what I have to improve on." (Middle management, Trust)*

The Trust was committed to reviewing and revising the approach to supervision of staff. A policy for more regular supervision (from bi-annual to monthly) was established to improve quality of practice. Through more timely management oversight and support, training on delivering supervision was provided to managers, and audits of supervision were introduced to demonstrate consistency in meetings. These initiatives helped to encourage the provision of supervision and improved staff confidence in the support available to them. Although, staff capacity in some cases undermined the extent to which practitioners could engage with supervision.

Training on management and supervision delivered to managers improved their understanding of what good supervision looks like, and their confidence in delivering it.

> *"I'm more confident in [my ability to deliver] supervision and in looking for risks." (Middle management, Trust)*

The Trust had also introduced monitoring of the frequency of supervision being carried out amongst staff from September 2015: 86% of locality based frontline staff had a timely supervision in October 2016. Supervision was not monitored by the Council, so a comparison is unavailable. Senior managers have confidence that quality supervision is being undertaken, because the internal audit methodology tracks this (e.g. whether there was management oversight of cases, outcome and timeliness of management decisions, etc.).

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[61] Bryant, B., et al. "Action research into improvement in local children's services: practical implications for lead members and senior leaders. Local Government Association." 2016.
http://www.isospartnership.com/publications.html
[62] Ofsted. "State of the nation report on children's social care." 2015.
https://www.gov.uk/government/publications/ofsted-social-care-annual-report-201314

Trust staff felt well supported in January 2016, with 79% agreeing they had confidence in their direct line manager (Base: 186). This confidence has improved; in September 2016, 90% of Trust staff agreed with this statement (Base: 127). Similar improvements are seen in responses to whether staff receive regular supervision and feedback from their line manager: in January 2016 77% agreed (Base: 186), compared to 88% in September 2016 (Base: 127). The qualitative research provided further insight into the value of this support for practitioners:

> *"Having somebody else look at [a case], sometimes they can see a really easy way out of this situation you're really struggling with. And it just gives you tips and targets." (Practitioner, Trust)*

There were, however, service areas that were identified as requiring further support and guidance. ACPS practitioners continued to face particular pressures on their time that tended to undermine regular supervision, including volume and complexity of cases and other priorities. ACPS managers echoed the view around the difficulty of regular supervision raised by practitioners.

> *"I think in terms of reflection when you've got such a high case, when caseloads are high and you've got to remember the managers are rushed and stressed. It feels like it's, let's get this done and over with as quick as possible really. You try to discuss your most difficult cases in supervision." (Practitioner, Trust)*

The new locality structure and the removal of a management tier were expected to support better caseload management and earlier involvement of senior management on difficult cases. Continuing to review the capacity of staff to engage with support mechanisms in place would help maximise the benefits of these offers.

Essential performance monitoring infrastructure in place

Over the course of the evaluation essential performance monitoring infrastructure and tools were established to facilitate the capture and interrogation of Trust-wide intelligence. These included: a performance framework; a centralised performance monitoring system; guidance and training delivered to team managers; and a Performance Accountability Board being established. Trust staff across roles were aware of the senior leadership's drive to demonstrate quality practice and of the mechanisms in place to do this (e.g. monthly case audits, performance management framework, flatter management structure, 'stop the clock' days to share examples of what 'good' looks like). These efforts are raising perceptions of the Trust's ability to deliver a quality service: partners expressed increased confidence in the practice taking place because they were aware of the focus on performance management.

Two barriers to effective performance management identified in interviews included 1) a fragmented performance picture due to the lack of insight from partners (e.g. schools, children's centres), limiting evidence-based service decision making by the Trust, and 2)

capacity of staff to engage with the requirements set out by senior management to monitor performance within and across services.

Auditing to understand performance

A focus on performance through results and outcomes was identified by Ofsted as one of the eight core behaviours of an effective leadership in children's services.[63] A lack of confidence by senior management in the accuracy of performance intelligence (both staff and case information) received from the Council prompted the Trust to implement an intensive auditing programme. An auditing programme was the precursor to a robust performance and quality framework developed in the Trust's second year of operation.

Initially the focus was on introducing an audit culture, ensuring audits were consistently conducted, and focused on whether fundamental practices were being followed – 'checking [they] were getting the basics right'.

Taking ACPS as an example, audits of ACPS case notes in the first months the Trust was operating revealed poor quality recording (e.g. a child was on a plan but no issues were recorded in notes). This insight prompted the ACPS team to develop a pro forma to record visits, with notes stored on Liquid Logic, and linked to the child's plan. This form was reportedly used well and the quality of recording was viewed to have improved. Audit outcomes were discussed in management meetings, and the themes flagged by audits became the focus of monthly 'stop the clock' meetings.

Audits were understood to be a key quality assurance mechanism, and performance monitoring evolved over the course of the evaluation to become highly valued by practitioners as helping to signpost practice challenges and initiate change.

> *"It's a lengthy process, but ideal. Because having somebody else look at it, sometimes they can see a really easy way out of this situation you're really struggling with. And it just gives you tips and targets." (Practitioner, Trust)*

The quality of assessments has improved. Performance data on monthly audits conducted by the Trust identified examples what Ofsted would rate as 'outstanding' cases in August and September 2016, and in September there were no inadequate cases in those sampled. Though inconsistencies in assessment quality remained (e.g. some not demonstrating voice of child captured, dates or sufficient description of visits not captured) across staff and services the improvements reported demonstrate progress.

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[63] Ofsted. "Joining the dots: effective leadership of children's services." March 2015.

Voice of the child

Involving children in decisions that affect their lives (and reflecting that in case documentation) is key for delivering a quality service tailored to the needs of the children it supports. All staff interviewed who had worked in the Council had agreed the voice of the child had been missing. The Trust's business plan put the voice of the child as its first priority; the Trust filled vacant Independent Reviewing Officer posts, introduced an annual achievements award event for children in care, introduced the role of Young Advisors to advise the senior management team on what young people want from the Trust and launched a new care leaver's council. Staff confidence in the Trust's ability to capture the voice of the child has improved following these initiatives.

> *"Keeping children at the heart of everything we do. The whole voice of the child agenda has become an obsession. I'm quite happy for it to be an obsession ... involvement at all levels, consultation, case review - can you hear the voice of the child." (Senior management, Trust)*

Care plan audits and case audits by the Trust following go-live showed the provision of advocates and a Children's Rights Officer had been missing since before the Trust was established. At that point, there were nine IROs[64], some of interim status, that were perceived to be drawn upon to 'act as a plaster' for the provision of advocacy services. In response, the Trust recruited two Participation Workers to support the engagement of children in their care journey.

> *"I think it's quite clear that the care plan should be completed in collaboration with the child, so you take away the review and you incorporate that into the care plan. The format it has is good, it's what a professional needs, but separately, the child should have something they can do. Maybe a way of interacting. The important things to kids: they need a light at night, a bath, they don't like cheese sandwiches." (Practitioner, Trust)*

With the new posts filled, IROs were able to conduct a review of every child's care plan and to work with children to ensure they contribute to their care process where appropriate. The development of processes supporting the capture of the voice of the child (case audit's review of whether the child's perspective is captured, MOMO app used by CIC[65] to comment on their plans, the advocacy service representing the voice of children at conferences) and a senior leadership commitment to ensuring work is directly informed by a child's views supports better representation of children's views.

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[64] At the time of interview.
[65] Mind of my own app. MOMO apps give young people an instant and convenient way to express their views, wishes and feelings, and social workers a smart way to record them. http://www.mindofmyown.org.uk/

"There is now a clear focus on the interests and outcomes for children, and they are being given meaningful opportunities to share their views. I realise there is still more to do but feel optimistic that this will be achieved which, for me, makes for a much healthier and contented work place." (Practitioner, Trust)

Performance improvements were seen as a result: 90% of children in care contributed to their own statutory review in August 2016. This data was not captured in the children in care data reports of 2014 that predated the transfer to the Trust, though staff increasingly believed gathering the voice of service users has improved under the Trust. 67% of staff in January 2016 (Base: 186) and 85% of staff in September 2016 (Base: 126) believed gathering the voice of service users has improved under the Trust.

Areas for further focus identified by staff interviewed include improving engagement with LAC, CIN and children under age 5. A consultation cafe[66] delivered in March 2016 showed children feel well supported but are critical of 'being listened to', suggesting there is further room for either acting on the views of children and families or in evidencing actions taken following feedback.

Direct work with families

Listening to children, young people and families is key for practitioners to understand the needs of those they support and to respond effectively, yet undertaking direct work with families can be difficult to achieve amongst competing demands on practitioners' time. The Trust has improved the timeliness and quality of time practitioners spend with families, as well as demonstrated improvements to family engagement and contact with care leavers.

Seventy-eight per cent of Trust staff surveyed greatly or somewhat agreed they are spending more time with families under the Trust. Indicator analysis strengthens the view social workers are spending more time with families: from 3,155 contacts with families in 2014 to 3,874 contacts in 2016 (up to August). Family engagement in children in need meetings was substantial, with 95% of mothers, 77% of fathers and all grandparents invited to CIN meetings having attended. Comparison data from before the Trust was established was unavailable. A move driven by senior management to go beyond monitoring activity with families and towards purposeful engagement, demonstrates improvements in the timeliness and quality of engagement. For example, practitioners use Signs of Safety and discussed applying lessons learned from innovation projects like the Growing Futures programme. Variable quality assessments reported by managers and senior staff suggest more work is needed to consolidate this endeavour.

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[66] Doncaster Children's Services Trust. "'Engagement – Voice of the Child' Report to the Children, Young People and Families Committee." May 2016.

Staff interviews suggest these positive trends of engaging more with families are facilitated by management oversight in supervision and on plans and assessments, and Signs of Safety methodology encouraging practitioners to unpick the strengths and expectations of families. Barriers to direct work identified in interviews include demanding caseloads reported by CIC staff and IROs, and some practitioners reporting they lack the time to record the time they are spending with families. The average caseload for social workers has changed from 14.2 in the first quarter of 2015, to 17.4 in August 2016. This is in line with the Trust's targets, and while it has increased, it was viewed by senior managers as appropriate, given the differences in complexity of cases. Baseline data on caseload levels is unavailable for DMBC however the Trust has been reporting caseloads in a consistent way since November 2015. The average caseload will be dependent upon the number of referrals at any given time, and the Trust reportsthat the average caseload has fluctuated between 15.5 and 18 between November 2015 and Nov 2016, in line with its targets. The proportion of staffing carrying high caseloads[67] has fallen from 12% in November 2015 to 9% in November 2016.,

Working innovatively

The priority placed early on to strengthen core social care delivery prompted a focus on innovation. The transition to the Trust was viewed to have stimulated a desire for a new way of thinking and, while not unique to the Trust model, there have been a number of new initiatives that the Trust has engaged in:

- the Trust was leading on Growing Futures[68], a major Children's Social Care Innovation programme[69] aimed at tackling domestic abuse through a new approach to multi-agency governance and leadership, a cultural shift in attitudes and tolerances, a shared risk methodology, a new psychological and therapeutic practice and new police and therapeutic practitioner roles

- the Trust was a partner in the South Yorkshire Empower and Protect innovation programme which developed a new fostering model for children and young people at risk of or experiencing sexual exploitation, and a new assertive outreach model of intensive support[70]

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[67] A high caseload is defined by the Trust as 26 or more. However, certain workers such as newly qualified workers or advanced practitioners will have their caseloads protected well below this figure, dependent upon complexity. A caseload will also be a mixture of open CiN/CPP/CIC cases and allocated work for statutory assessment, so a caseload of 25 wouldn't necessarily mean 25 ongoing CiN cases.
[68] http://www.doncasterchildrenstrust.co.uk/growing-futures
[69] https://www.gov.uk/government/publications/childrens-services-innovation-programme
[70] http://www.doncasterchildrenstrust.co.uk/empower-and-protect-

- the Trust was one of the six national rollout areas for the PAUSE innovation programme, an initiative to help break the cycle of women experiencing repeat removal of children in their care[71]

- the Trust was a partner in the 'Mockingbird' programme, initially developed in Washington, DC. This initiative involves a new model of support to birth families and foster carers, led through specialist foster carer support hubs[72]

- work was ongoing to reform the use of the residential estate. This had included the change of use for one of the Trust's children's homes to become the hub for a new support programme to help families who have asked for their children to be taken into care because their behavior is too difficult to manage. Called 'Edge of Care', the provision had been rated as 'good overall' and commended for the 'highly focused and practical support' it provides to parents who are considering placing their children in care

- the Trust lead the regionalising adoption agenda[73] and becoming the sub-regional adoption lead for South Yorkshire

- an initiative called EPIC was launched in the Youth Offending Service to target young people on the edge of offending.[74]

Staff and partners agree that the ability of the Trust to bid for and secure DfE Social Care Innovation Programme funding - to deliver many of the initiatives above - would likely not have been feasible in DMBC. The scope of the Trust was seen by senior staff and partners as freeing up strategic and senior staff from local authority pressures (e.g. responding to elected members) enabling the Trust more agility in how it functions, including engaging in the DfE Innovation Programme.

> "[The Trust has been able to engage with the DfE Children's Social Care] innovation programme because they are not constrained by the same framework as that the council has to adhere to." (Senior management, Council)

Growing Futures, South Yorkshire Empower & Protect, PAUSE and the Mockingbird Family Model were repeatedly referenced in response to whether the Trust was innovating. Some lessons learned from these projects have been communicated to other services (e.g. Domestic Abuse Navigators from Growing Futures discuss their work and opportunities for working together with IROs and reportedly challenge social workers to raise the quality around how they work with families experiencing domestic abuse). However a recurring finding was that staff could name the projects but were less aware

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[71] http://www.doncasterchildrenstrust.co.uk/pause-
[72] http://www.mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model
[73] DfE. "Regionalising adoption." June 2015. https://www.gov.uk/government/publications/regional-adoption-agencies-programme
[74] http://www.epicdoncaster.co.uk/

of the outcomes and what that meant for their practice. Embedding innovation within and across services will allow the Trust to meet another characteristic of the second phase – fair-to-good – of an improvement journey.[75] The challenge for the Trust is ensuring the sustainability of time-limited services: the Innovation funding for the PAUSE project has ended and the Trust does not have additional funds available to continue this work.

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[75] Bryant, B., et al. "Action research into improvement in local children's services: practical implications for lead members and senior leaders. Local Government Association." 2016. http://www.isospartnership.com/publications.html

Working in partnership

The need for a coordinated, multi-agency approach, leveraging local resources and knowledge, is part of the basis for improving outcomes for children and families.[76] The foundations for addressing the historically fragmented relations between statutory and voluntary partners and children's services in Doncaster discussed in the beginning of this report (see *Context in which the Trust was established*) were laid out early on by the Trust. These were recognised by the Trust's senior management team as an important cornerstone for success in delivering a high quality children's social care service. Initially, the Trust progressed with strategic level partner relationships which did not permeate to the operational, peer-to-peer practitioner level.

> *"Many [operational] partners blamed the Council for failing children's service so decided they don't want to work with the council. It is hard to come back from that, it takes time." (Practitioner, Trust)*

The locality model brought partners and practitioners into closer proximity, with direction and support needed to facilitate collaborative and productive working relationships. Partnership relationships remain an important area of focus for the Trust in order to drive improvements for vulnerable children.

Key statutory partners noted a significant culture change in the Trust and, alongside a more stable workforce, positively influenced their willingness to engage with children's social care – a key change from pre-Trust.

> *"So, for me the benefit of the Children's Trust is that I'm working with the same people but I can follow people up and they're not going, or we can move things on better. I got to the point [under DMBC] where I thought 'there's no point of even discussing this or telling them this because they're not going to be here, they've only got a 3-month contract, what's the point'." (Partner)*

Anecdotal feedback from partners suggests they think cases are being worked more effectively due to more improved working relationships.

> *"The consistency of social worker [practice] and the bringing in of Signs of Safety and extra support for it so that there's a more common language between social workers and health visitors. The aim is to get to joint visiting but [we are] not there yet. (Partner)*

While it is too soon for there to be substantial changes in outcomes for families as a result of improved partnership working, there is an expectation this will follow.

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[76] "Working Together to Safeguard Children," 2013; "Munroe Review of Child Protection," 2011; "No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse," 2000; "Statement of Government Policy on Adult Safeguarding," 2013.

Trust staff also see the improvements to partnerships under the Trust: in January 2016 59% of Trust staff surveyed (Base: 186) agreed partnerships in the delivery of children's services had improved, compared to 75% of staff who agreed with this statement in September 2016 (Base: 127). The proportion of Trust staff responding partnerships were unchanged under the Trust has gone down, from 24% in January 2016 to 12% in September 2016.

> *"I think other Partners take us more seriously now - Schools, Health, Police and all the rest of it. But I don't know if it's because they know what we're all about now, what Doncaster Trust is about... and they listen now, and if we request something is carried out they tend to do it more than when we were at DMBC." (Practitioner, Trust)*

Factors limiting further progress in partnership working include staff perceptions that some partners are more risk averse to safeguarding than necessary. This has resulted in examples of inappropriate referrals and inconsistently applied thresholds.[77]

> *"Other agencies' understanding of risk and how it should be dealt with. In the Doncaster context there's still fear and anxiety about missing things. But safeguarding is bread and butter of Trust, whereas other agencies haven't had the same level of effort put in so as to enable [their] staff to understand risk levels." (Senior management, Trust)*

The Trust is rolling out Signs of Safety training with partners to support appropriate application of thresholds. The capacity of partners to engage with and action initiatives at the pace of the Trust is another factor limiting progress. While partners such as the police, RDaSH and CCG recognised improved working relationships, partnerships with nurseries, schools and CAMHS are still developing.

Strategic-level multi-agency partners

Children's services do not work in isolation; they sit within a wider, multi-agency network that together drives improvements for vulnerable children. Visits by external bodies and discussions with staff and partners highlight examples of improvements to partnership working, summarised below and discussed in the next section:

- Ofsted found child protection enquiries are informed by multi-agency discussion and within strategy meetings

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[77] Ofsted. "Monitoring visit of Doncaster Metropolitan Borough Council children's services." 2016. https://reports.ofsted.gov.uk/local-authorities/doncaster

- Achieving for Children highlighted the availability and use of a comprehensive dataset jointly developed by the Council and Trust for the management of the Early Help Hub

- the Doncaster Safeguarding Children Board (DSCB) has improved

- growing trust from partners in the Trust's ability to deliver safe and quality services to children and families

- the provision of multi-agency training and support, provided by Early Help coordinators, was seen by practitioners as assisting engagement and understanding of professionals working across the local partnership

- the Corporate Parenting Board was viewed as 'reinvigorated', with a 'clearer remit' and members 'motivated' to respond to key priorities

Partnership working with statutory and voluntary sector agencies was reported by staff and partners as having improved, though was not yet seen as sufficient progress for delivering maximum efficiencies in working together. Improvements were attributed to partners' growing trust in the Trust's ability to do its job because of performance management structures, senior leadership and more frequent and transparent strategic communication.

> *"The relationship has improved over the past two years – building up trust and transparency. Now [we are] looking at joint strategy development. Things have evolved and improved. [The Trust] started from a bad position and has made significant improvements." (Partner)*

> *"[The] new management regime has stopped [the] conveyor belt of social workers. [There is] more consistency, knowledge and expertise around families. Now I think they've gained [the] trust of partners. They are on the ball and know their business. [The Trust] can be tasked with work and it is delivered in a professional and timely manner." (Partner)*

All local authorities are required to have a Local Safeguarding Children Board (LSCB) which has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. Under the leadership of a strong chair, the Doncaster Safeguarding Children Board (DSCB) has improved substantially from the low base identified at the 2012 Ofsted inspection; in late 2015 it was rated 'requires improvement' by Ofsted[78] and was viewed to have strong representation from partners who effectively challenge one another, and was seen to be fit for purpose following significant change.[79] Since March 2015, the DSCB has been

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[78] Ofsted. "Doncaster Metropolitan Borough Council Single Inspection." 2015. https://reports.ofsted.gov.uk/local-authorities/doncaster
[79] Local Safeguarding Association. "Safeguarding Peer Review: Doncaster Children's Services Trust Feedback Report." 2016.

working together with external partners to promote learning, improvement and effectiveness across the children's social care system. The Board has provided a key challenge function to the Trust and the Council, with particular focus on developing the CSE assurance report and action plan, reviewing thresholds and establishing a new Early Help threshold framework. The DSCB recognised work remains to strengthen its role, including ensuring it has a robust understanding of the Trust's performance, evaluating its training offer and developing a communication strategy so practitioners, multi-agency partners and the community is aware of its work.

The Performance Accountability Board (PAB) is another example of an improvement to strategic partnership working. The PAB was jointly introduced by the Trust and Council in the Trust's second year, combining existing improvement boards, with the aim to identify key cross-cutting safeguarding issues where there was interdependence of partners. The Board initially identified a number of areas of work to focus on, including: families with particular challenges or risks (e.g. neglect, mental health and domestic abuse, exposure to radicalisation, modern slavery, etc.); information sharing; and the proactive use of data. Bringing together chief officers into the PAB was thought to improve focus and rigour around performance as other Boards were in the process of review. The clear focus on accountability and demonstrating outcomes was also expected to improve transparency of steps taken by local partners to improve performance.

> *"[The New Performance Accountability Board will] hold all Partners to account against improvement inspection outcomes…I think that will significantly strengthen the partnership and the strategic working." (Senior Management, Trust)*

The management and accountability of the Corporate Parenting Board was flagged early on by senior staff in the Trust and Council, and by Ofsted, as requiring attention. The Corporate Parenting Board are responsible for the care and protection of children and young people in care, as well as care leavers, in the same way that a good parent would be. The Board consists of elected members, and seeks to improve the life chances of children in care and care leavers. The Trust made clear what the Board was for but members of the Board did not quickly attend to new roles and responsibilities. In part this was attributed to a changing role, driven by senior management in the Trust – moving from elected members providing scrutiny towards a new role as proactive advocates for children with increased visibility in the community. The Terms of Reference for the Board were revised in January 2016 to address this uncertainty, and engagement activities between Trust senior leadership and members of the Board were carried out to strengthen its performance. Operational responsibility for the Corporate Parenting Board eventually transferred to the Trust. The Board was since viewed as 'reinvigorated', with a 'clearer remit' and members 'motivated' to respond to key priorities, including establishing better links with the Children in Care Council and ensuring the voice of children and young people are represented in the decisions related to children's social care.

Facilitators for effective strategic partnerships included stability in a more focused senior management and a shared willingness to change practice among both the Trust and partners. A strengthened LSCB, introduction of the PAB, developments to the Corporate Parenting Board, and hosting regular opportunities for strategic stakeholders to engage with one another were also identified. These relationships have matured and progress has been made. However, heading into the second year of operation areas for continued attention in the Trust included attendance by all key partners, proactive engagement at key strategic stakeholder boards and meetings, and strengthening trust through open communication and accountability with consistent level of follow-through on commitments.

Operational-level multi-agency partners

The Trust needed to overcome a range of historic challenges to support effective partnership working at an operational level, all of which impact the speed and efficacy of case work:

- a lack of trust in the Council and Trust by partners due to past failure

- a disconnect between strategic and operational commitment to action

- high staff turnover stymieing relationships

- differences in expectations of partners based on their priorities and relationships with social care practitioners

- data and information sharing issues and inconsistent attendance at meetings.

Progress made with relationship development at the strategic level is seen to be influencing operational-level partners, albeit more slowly.

Heads of Service and practitioners also feel that partners would benefit from receiving additional support and encouragement in using the new Early Help Assessment to help deliver a targeted, coordinated approach to Early Help provision. The evidence gathered through discussions two years into the Trust suggests there would have been a benefit in further strengthening relationships with two partners in particular:

- Cafcass and ACPS practitioners require greater communication and collaboration in preparing care plans for children going through proceedings so plans are not unexpectedly challenged in the Court

- CAMHS providers and IFS practitioners need to strengthen their relationship so that CAMHS providers regularly attend TAC meetings, so the decision on whether to step up a case to social care is informed by the knowledge of all providers working with a child and their family.

Change management

The Trust, the Council and their partners have worked hard to change systems, structures, processes and practices to improve the quality of services to children, young people and their families while, in parallel, maintaining and delivering a core set of services – a significant challenge. Staff and partners considered it inevitable that there would be a period of disruption and an ongoing process of learning to determine what works best for the delivery of children's social care services in Doncaster. The fast pace of change seen in Doncaster impacted people in different ways: those at a strategic level had less time to effectively communicate with staff across levels, whereas practitioners and front-line staff had less time to engage with and understand changes. This improved in time but it highlights how communication and staff and partner engagement early on during a major service transformation process is critical and worthy of reflection to support comparable processes of change management elsewhere.

Leadership

Children's social care services in the Council were characterised by deep-rooted issues with leadership and strategy. Without a stable and visible leadership and a clear vision outlining the goal of services, and the way in which they are to get there, staff and partners were left uncertain. Quality of senior leadership was viewed by staff and partners as fundamental to the changes under the Trust. A stable, committed, transparent and accountable leadership is one key element underpinning the changes seen under the Trust repeated across all interviews, and reinforced by evidence elsewhere.[80] [81]

> *"There is more communication from the leadership about changes and vision. Staff have more trust. They never used to see the head of service when it was DMBC. The Trust feels very open and honest; that wasn't the case with the LA. The focus is very much [on] the best outcomes for the children and encourages practitioners with their work." (Practitioner, Trust)*

> *"No hierarchy fear of approaching senior leaders. Before there was uncertainty of what people did at the top. Big change was removing Service Manager post. Now more streamlined and transparent decision making when the TM makes a request." (Middle management, Trust)*

The strategic vision of the Trust is ultimately no different than the Council – to keep children and young people in Doncaster safe – but the roadmap for achieving that vision

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[80] Ofsted. "Social care annual report." May 2016. https://www.gov.uk/government/publications/ofsted-social-care-annual-report-2016
[81] Ofsted. "Joining the dots: Effective leadership of children's services." March 2015. https://www.gov.uk/government/publications/effective-leadership-of-childrens-services-joining-the-dots
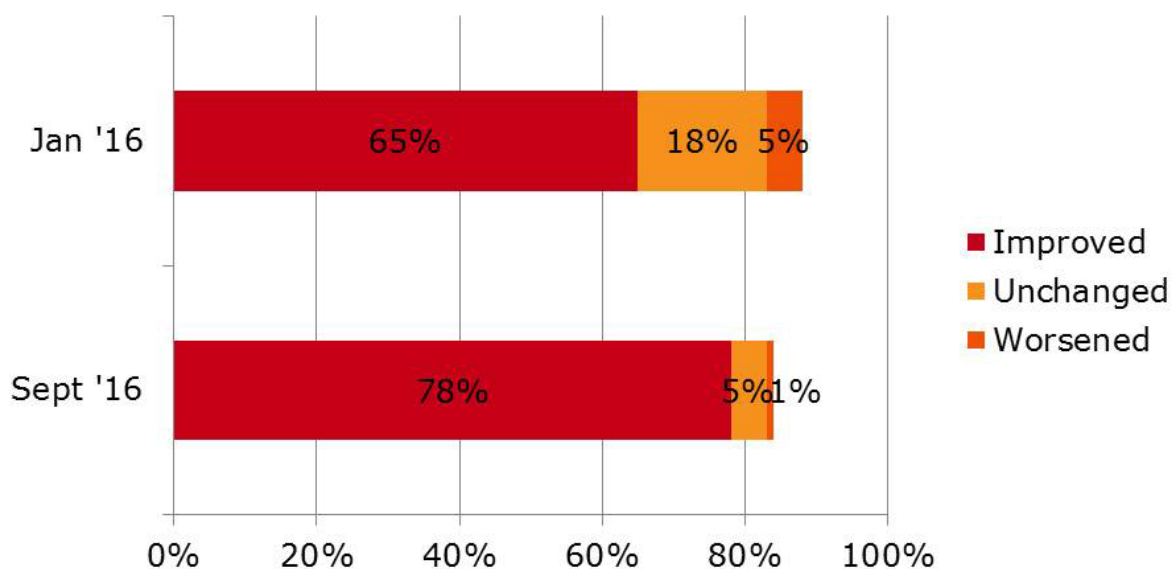
and the clear leadership commitment to ensuring this vision is met is different in the Trust. The vision was shared, embedded and clear for staff and partners. Awareness and understanding of the vision was supported by formalising the vision in the initial business plan then updating it in the 2016–2019 business plan, and reinforced through communications.

> *"Since we've moved over to the Trust, they've really drilled down...We're all clear on where we've been, where we are now and where we need to go. We're all really clear now. Because it's all absolutely drilled into you now. It's second nature."* *(Middle Management, Trust)*
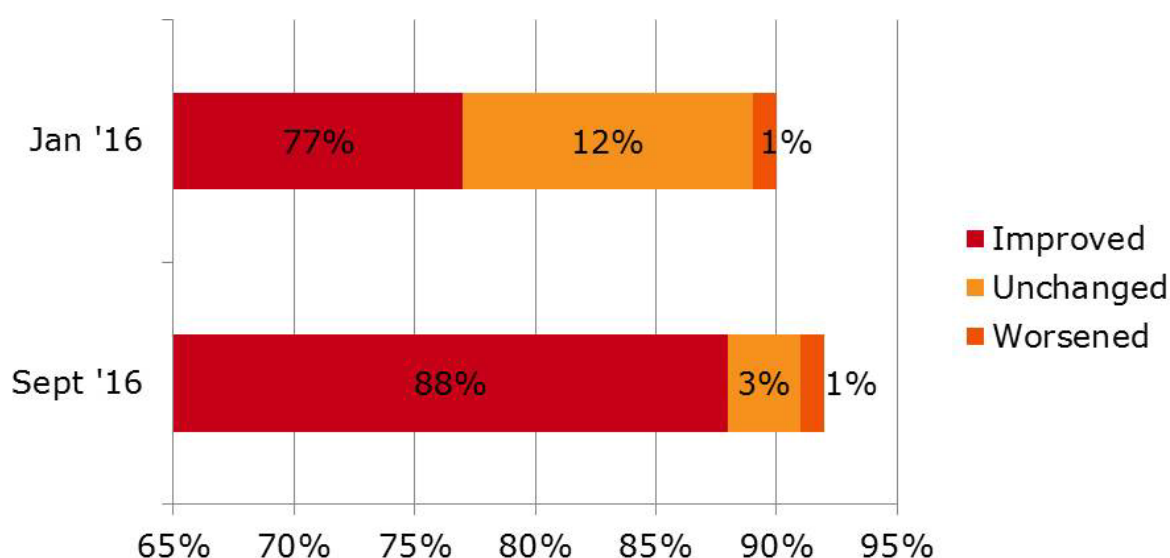
Trust staff described feeling 'enthused', 'enabled' and 'motivated' by the clarity in what the Trust is, its aims and how it will meet those aims. Of Trust staff surveyed in January 2016, 65% agree senior strategic leadership of children's services has improved, while 77% agree the strategic vision of children's services has improved (Bases: 186). Improvements to responses to both measures were seen in September 2016; 78% agree leadership had improved, while 88% agree the vision had improved (Bases: 127). See figures 5 and 6.

Figure 5 Strategic leadership

Base: Trust staff surveyed in January 2016 (186) and September 2016 (127)
Source: Reflections on the establishment of the Trust – senior strategic leadership of children's services

Figure 6 Strategic vision

Base: Trust staff surveyed in January 2016 (186) and September 2016 (127)
Source: Reflections on the establishment of the Trust – strategic vision of children's services

In communicating the transition of children services from the Council to the Trust during the early days of the establishment of the Trust, practitioners did not always understand what this meant for them practically in their day-to-day work. While management staff and partners reported being informed of strategies and developments, early evaluation findings suggested this did not always filter through to front-line workers and operational partners.

Communications from senior management to practitioners are key for minimising anxiety, for improving understanding of the aims of the Trust and for instilling belief in the strategic direction of the organisation. This is particularly the case in a context of instability and where practitioners feel undervalued and demoralised. Over time the Trust has strengthened its strategic communication and engagement, learning from what worked well and less well.

Operational communication

The pace of change and capacity of strategic staff early on influenced communication to staff, in both the Trust and Council, about developments affecting their day-to-day work. Changes to job roles and service structures were prominent examples from when the Trust was established that unsettled staff. Increasingly regular communication from the senior management team to staff through a range of channels and providing clarity in staff roles and responsibilities facilitated improvements to operational communication by year two.

Significant changes to the ways in which staff in ACPS and R&R were expected to work were not communicated effectively. The announcement of ACPS taking on court proceedings and R&R becoming a MASH lacked timely consultation and communication

to maximise awareness, tackle anxieties and support staff in their roles. This was particularly unsettling having been announced shortly after the transition to the Trust.

> "*Direction of strategy is not always clear. Move to a MASH is being investigated, and I'm not sure why…if our processes are working. No consultation was done with managers or front-line staff – staff need to feel heard, but staff also need to know/understand the rationale for changes.*" *(Middle Management, Trust)*
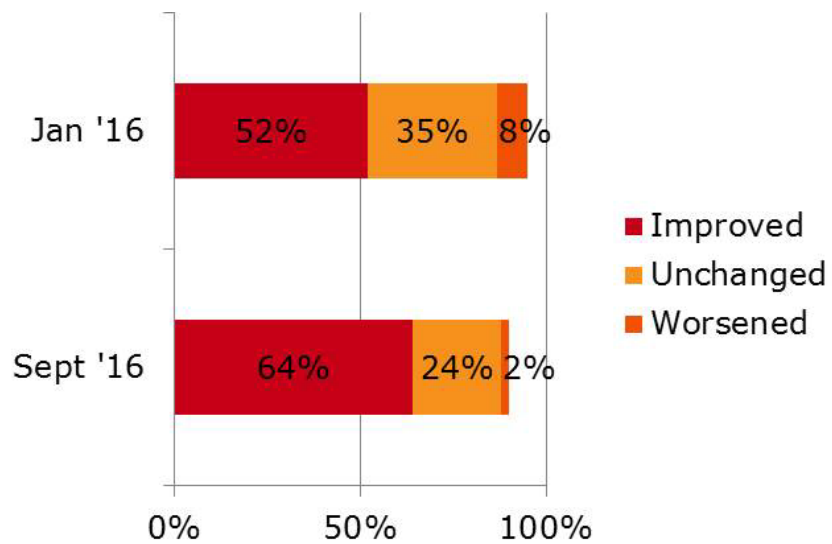
Difficulties with operational communication were not restricted to staff within the Trust: a challenge was presented by the division of services between two organisations – the need to ensure operational communications made it to all relevant staff, including those based in the Council. Operational staff within the Council reported feeling excluded from communications about Trust developments during the first year as these were not relayed down from senior management in the Council. It would have been beneficial for senior management in the Trust and Council to develop a more extensive communications strategy to ensure that everyone was kept up to date regardless of the organisation they were based.

> "*I feel sometimes we are the last to know about things. Some people are better informed than others; it's a bit of a roller coaster.*" (*Practitioner, Council)*

The move of additional Council-based services to the Trust (e.g. Children with Disabilities) has helped to minimise these concerns, as has more regular communication from senior leadership. The impact of more regular communication from the senior leadership team over time is seen in the staff survey. Of Trust staff surveyed in January 2016, 64% agree that the Trust keeps them well informed about changes affecting their work (Base: 186), compared to 76% of Trust staff surveyed in September 2016 (Base: 127). The Trust's policies and procedures are also viewed as clear and helpful: of Trust staff surveyed in January 2016 56% agree the Trust's policies and procedures are clear and helpful (Base: 186), compared to 74% of staff surveyed in September 2016 (Base: 127). Discussions with practitioners highlighted a 'listening culture' was taking shape within the Trust over time; managers were seen as more readily listening to practitioner needs, and more likely to provide support and initiate changes to ways of working.

Clarity in staff roles and responsibilities were also seen by practitioners and management as having improved under the Trust. A recurring message from Trust practitioners was the clearer expectations communicated by management for all staff to 'step up' and do the best job possible. Improvements to clarity in staff role and responsibilities in children's services were seen between staff survey points (see figure 7). In January 2016, 52% of Trust staff responded improvements can be seen under the Trust (Base: 186), compared to 64% in September 2016 (Base: 127). The view that role and responsibilities was unchanged under the Trust has reduced: 35% reported clarity was unchanged in January 2016 while 24% reported this in September 2016.

Figure 7 Clarity in roles and responsibilities

Base: Trust staff surveyed in January 2016 (186) and September 2016 (127)
Source: Reflections on the establishment of the Trust – clarity in my role and responsibilities in children's services

Conclusions

This evaluation explored the journey of change of children's social care in Doncaster since the establishment of the Trust and provides early evidence on the impact and added value of the Trust's work[82] in respect to the organisation, management and delivery of services. The Trust was established in the context of 'long-term historic failure of corporate and service management'[83] in Doncaster, with cycles of improvement and regression that were characterised by deep-rooted issues with leadership and strategy, management and oversight, and core social work practice. Successive attempts to bring about improvements from 2005 were unsuccessful and it was in this context that the Trust was established on 30 September 2014. Through its improvement approach and working closely with the Doncaster Metropolitan Borough Council and multi-agency partners, the Trust has since implemented a range of processes, systems and activities to respond to issues identified and documented by the Department for Education, Ofsted and external evaluators. In doing so it has improved the quality of practice in children's social care services and evidence of some improvements to outcomes for children, young people and families can be seen.

Key improvements

Key improvements underpinning effective implementation of the Trust relate to leadership, communication, partnership working, performance monitoring and quality assurance, Trust structure, culture and workforce stability, and staff development. These improvements (summarised in Figure 8) have brought about the necessary conditions for better quality practice.

Figure 8 Enablers of improved quality of practice

Leadership and communication - A stable, committed, ambitious and accountable leadership was a necessary condition for facilitating the range of improvements seen

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[82] This report covers developments between May 2014 and November 2016.
[83] Le Grand, J., et al. "Report to the Secretary of State for Education on ways forward for children's services in Doncaster." 2013. https://www.gov.uk/government/publications/report-to-the-secretary-of-state-for-education-on-ways-forward-for-childrens-services-in-doncaster

within Doncaster. The calibre and credibility of senior leadership has been a driving force in establishing a new culture in children's social care, a new set of expectations and standards, and a new way of communicating. Trust staff described feeling 'enthused', 'enabled' and 'motivated' by the aims and ambitions for the Trust. Evidence gathered through the evaluation suggests that attracting senior staff with the capabilities and opportunities to influence the necessary change would have been a significant challenge should children's social care services have remained under the Council.

Partnership working - Greater strategic communication, an improved approach to quality assurance, delivery of multi-agency training and support, and follow-through on commitments have improved relationships with partner agencies. This has led to a growing trust from partners in the Trust's strategic and operational capabilities and credibility, in turn leading to greater partnership working. Though there remains the scope to improve the effectiveness and consistency in collaboration with all partners, stakeholder feedback suggests that without the stark change in leadership that the Trust brought about, such changes in partnership work would not have been possible.

Performance monitoring and quality assurance - The ability to capture and interrogate Trust-wide intelligence to inform service and practice decisions has improved and the Trust is seen to have the capacity, and commitment, for undertaking robust self-assessment. Essential performance monitoring infrastructure and tools have been established, and quality assurance has been strengthened, ensuring Trust senior management has the oversight necessary to identify and address any issues with performance or delivery.

Trust structure - The introduction of a locality model and changes to the organisation of Early Help have streamlined the organisation of children's social care services, directly supporting appropriate and timely referrals, more effective service delivery and improved quality assurance. Work remains to consolidate the changes to Early Help and ensure demand is effectively planned for and responded to.

Trust culture and workforce stability – The establishment of the Trust presented the opportunity for a 'fresh start' which the senior leadership within the Trust have capitalised on. From their investment in staff, to quality assurance, to the way in which the Trust communicates about their work, there has been a large shift in culture. Quality practice is expected and celebrated, and the Trust is seen to be an exciting place to work. In turn this has positively influenced staff morale and workforce stability (improving continuity of care to families). Such a change in culture, while theoretically possible under the Council, would inevitably have taken longer to achieve if it were to be achieved at all.

Staff development - Supporting staff development was fundamental to improving the quality of practice in the Trust and substantial time and resource has been invested to strengthen workforce capabilities. The fresh start, heightened expectations and change in culture afforded by the Trust supported staff buy in to an intensive practice improvement programme accompanied by new practice standards and systems to facilitate efficient

and effective working. These have helped staff understand what is expected of them, and established confidence and credibility in the Trust leadership.

Quality of practice – Collectively, these improvements have been necessary to enable the right conditions for practice improvements to emerge and drive some initial changes to outcomes for children. There was strong and consistent qualitative feedback from staff and partners, on improvements to quality of practice seen across services. It is the expectation of the evaluation team that the foundations for improved practice have largely been established, and that the factors detailed above will help ensure improved practice which should in turn lead to improved outcomes for children and families in Doncaster.

During the latter stages of the evaluation, the emphasis shifted away from the process of implementing a Trust in Doncaster, and towards providing measurable evidence on the added value of the Trust. For the final phase of fieldwork, the evaluation focused on two additional research questions: whether the Trust was viewed as having worked in Doncaster, and whether the progress under the Trust have been achieved under the Council as it was at the point of transferring children's social care services to the Trust. The answers to these questions are discussed next.

The Trust is working in Doncaster

The Trust is clearly still on a transformation journey, and improvements to many of the outcomes for children and families will necessarily take a number of years to become evident. Nonetheless, the improvements identified through this evaluation demonstrate the Trust is working in Doncaster. From a low base, and building upon progress made by the Council in collaboration with its improvement partner, iMPOWER, the Trust has made tangible improvements to the organisation, management and delivery of services to the children and families it supports, and can demonstrate some improvements to outcomes for children.

It is important here to recognise that in 2014 the Trust took control of a failing service in a failing local authority; a service that had deep-rooted issues impacting practice and culture, and one which had undergone cycles of improvement and failure. Trust, credibility, confidence and quality were all in short supply. This evaluation has gathered evidence which demonstrates that the implementation of the Trust has gone a long way in addressing many of the issues that called into question that effectiveness of children's social care in Doncaster, and of the safety of children and families.

Added value of the Trust in Doncaster

The pace and scale of change to children's services seen under the Trust's leadership was not seen by Trust staff and partners as having been achievable under the Council as it was at the point of children's social care services transferring to the Trust. A

combination of features viewed by staff and partners as essential for supporting the positive changes to children's social care services seen in Doncaster under the Trust include:

- A stable, committed, transparent and accountable leadership

- The single focus on children, enabling senior staff to focus attention on children's social care services without the distractions faced by their counterparts in local authorities

- The fresh start of a new organisation, breaking with the past context and experiences of children's social care services in the Council

- The appetite and freedom to work differently

- The investment of time and resources

The Trust is now seen by senior staff and partners as consolidating improvement and being on track for 'good or better' status by October 2017.

Conditions necessary for consolidating improvements in the Trust

While there is clear evidence to suggest that the necessary conditions are in place for the Trust's achievements to be sustained and embedded within Doncaster, there are also factors that could undermine the performance of the Trust model as implemented in Doncaster, and its potential impact on children and families:

- the single contract the Trust holds with the Council limits its financial stability and ability to develop and grow as an independent organisation. Securing additional revenue streams and new opportunities related to joint commissioning and joint budgets would bring financial security for the Trust, greater freedom in service delivery, and greater responsiveness to child and family needs

- engagement and effectiveness of support available from universal and preventative services – Early Help services, front door and MASH were reported as needing to join up more coherently to embed a single point of access into social care, bring about efficiencies in ways of working, and ultimately manage the inflow of referrals into social care more effectively. Unless services involved in preventative support have the capacity and motivation to regularly and directly engage with social care services, the Trust's ability to respond to demand at the front door, initiate change and achieve improved outcomes for children may be limited

- ability of staff and partners to maintain the pace of change, engaging with developments and applying changes in practice. The pace of activity in the Trust has been quick, and the scope of work varied and complex. Staff and partners have been required to work differently, efficiently and effectively in the high

pressured and demanding context of children's social care while also keeping up with strategic and cross-service developments. By regularly supporting staff and partners to keep up with this progress – through engagement activities, clear and regular communication, ongoing consultation and vigilance to caseloads for staff – the Trust may be able to ensure continued and consolidated progress.

Recommendations for policy and practice

This report documents the journey of change of children's social care in Doncaster since the establishment of the Trust and provides early evidence on the impact and added value of the Trust's work. It also captures the factors that have facilitated and hindered implementation. With no blueprint to follow in the inception, establishment and operation of the Trust in Doncaster, lessons learned by the Trust may be useful for other organisations involved in alternative delivery models.

Operational lessons included putting in place key business support staff and a permanent leadership structure prior to Trust go-live and agreeing a performance baseline at the point of transfer. Legal and contractual lessons included avoiding splitting interdependent children's social care services between a Council and Trust, ensuring sufficient time and expertise to work out the legalities of setting up an independent adoption and fostering service, and developing funding arrangements that capture spend as well as budget. Lessons were also shared about how best to bring all those involved in children's services along on the transformation journey, including prioritising engagement with strategic and operational partners earlier in the transition process.

Key business support in place early

The lack of key business support staff prior to inception was felt to have delayed the Trust's ability to grasp existing practices, processes and systems. Issues identified following the handover with a period of learning and transition could be seen to present risks to the quality and stability of service delivery, and inhibiting the development of grounded strategies and performance frameworks. The following activities may help to support more efficient and effective launch of a new Trust:

- to avoid service disruption before a Trust goes live, strive to have in place a solid business infrastructure with a core business support team, and clarity about who is responsible for planning and implementing transition arrangements. This may involve ring-fencing funds to get dedicated Council-based staff or new staff for focusing on systems-related issues. There should be sufficient lead in time (e.g. 3–6 months) for these dedicated staff to shadow services and ensure the institutional and practical knowledge of running services is in place

- prioritise HR and performance management functions in the transition to a Trust, including: the recruitment of strategic and senior operational staff early in the

transition; establishing mechanisms to understand the quality of service performance and design; and consistently communicating how evidence-based decisions are made about changes to services

Stable and visible senior management team

Due to the timescales for the establishment of the Trust, Heads of Service from DMBC transferred over that subsequently left the Trust, resulting in early instability of senior staff and time spent replacing essential personnel. The following activities may help to support more efficient and effective launch of new trust:

- where possible, put in place a permanent senior management structure before going live

- ensure visibility of a stable senior management team to minimise anxiety over interim management, and demonstrate to the Trust that those guiding its future are committed to growing and supporting a business that has children at its core. Where possible, put management cover in place for those who have left or are off sick. Doing so may support more junior staff, providing the necessary direction they require to fulfil their remit

Baselining undertaken before Trust launch

After the point at which the Trust took over responsibility for service delivery, considerable time was spent establishing a baseline understanding of practice to inform changes to the organisation, management and delivery of services. Senior managers dedicated substantial resource to collecting and reviewing operational and performance evidence, identifying the gaps in business intelligence then establishing the systems and mechanisms needed to capture that intelligence. While essential work, this was seen to stall progress with other necessary initiatives required to get the business up and running and to deliver services. The following activities may help to support efficient and effective service delivery:

- have a longer lead-in time in the run-up to launching the Trust and ensure sufficient resource is in place to review and consolidate Council intelligence. Waiting to make decisions about budgets, contractual indicators and the remit of services until there is confidence in the quality and availability of operational and performance evidence will ensure strategic decisions are well informed

- in order to monitor the difference the Trust is having on staff morale and well-being, in particular compared to its predecessor, run a staff satisfaction survey before the Trust is launched to serve as a baseline. Similarly, ensure evidence is collected at this time on staff turnover, sickness and complaints

- review appropriateness of Council policies and guidance in light of the Trust's vision and revise these documents before go-live so staff have greater clarity about expectations for ways of working early

Legal and contractual arrangements

The decision to divide services between the Council and Trust introduced a disjointed pathway in the children's social care system. The impact of this - isolated services, Council services with limited access to the Trust's improvement programme, responsibilities and accountability measures not fully understood by staff and partners - was still evident for both the Trust and Council twenty-four months post-launch. Greater clarity around legal and contractual may help to ensure clear lines of contract management, promote the most effective use of resources, and help to support a consistency of service and understanding among service users, staff and partners. The following activities may help to support efficient and effective service delivery:

- avoid dividing interdependent services between the Council and the newly established organisation. If this is unavoidable:

  - establish an agreed and clear-cut division of responsibilities and accountability procedures between the Council and the Trust, and between teams within these organisations, before dividing the delivery of services
  - consider and agree appropriate measures to respond to the potential short-, medium- and long-term implications on quality of service and workforce of dividing up the delivery of services

- map a long-term plan for the management of all children's services (whether initially earmarked for the Trust or not), even if using a phased approach such as was chosen for Doncaster

- anticipate the legalities and logistical complexities of registering the Fostering and Adoption services (required because the Trust is an independent body) and allow for sufficient time prior to the establishment of the Trust to respond to these

Financial arrangements

The Trust identified 'hidden costs' of legacy issues from its baselining activity which required interrogation to understand the extent and implications of legacy issues on service provision and associated costs. The single contract the Trust held with the Council limits its freedom to grow and innovate because the Trust's operating budget is tied to the delivery of agreed activities, thereby restricting it from investing in new services or initiatives. The following activities may help to support efficient and effective service delivery:

- agree a baseline before the Trust is launched, so that the operating budget at go-live is based on the best available information. Doing so will minimise the

likelihood of time-intensive renegotiation of the budget at a time when strategic and senior staff should be focused on getting a new organisation up and running

- develop funding arrangements that reflect spend as well as budget, and include working capital and sufficient cash flow for the Trust to cope and cover debt and invest in services and initiatives to develop, grow and innovate

- begin thinking about additional revenue streams, such as joint commissioning and joint budget opportunities, before the launch of the Trust and discuss with local partners and stakeholders early on

Bringing others along on the transformation journey

Some partners and staff reported being confused by, and struggled to engage with, the Trust's changes leading up to, and during, go-live. They did not see a clearly communicated plan to deliver on the Trust's vision, and therefore experienced low morale and buy-in during some quarters. The agility and pace of the Trust to develop has been fast and DMBC and statutory and voluntary sector partners have not always been able to keep up, having to ensure their own operations and priorities are delivered. The following activities may help to support efficient and effective service delivery:

- establish a clear vision, and the building blocks needed for achieving this vision, early on, and before the Trust goes live. This requires a solid and accurate understanding of the baseline from which the service is working, which may be more achievable through the timely completion of business infrastructure and HR and performance management functions described above

- provide ongoing, clear and evidence-based communication on developments, decisions and strategies. Staff and partners need a coherent and agreed message to share with service users, other professionals and the public. This could include the rationale for decisions senior management have made, acknowledgement of the impact of changes on staff, services, partners and users, and reassurances to all those impacted by the major transition the Trust presents. Paying particular attention to staff that remain in the Council may support better morale and buy-in across all those staff delivering services and support to children in Doncaster

- initiate early engagement and negotiation with key partners within Council services, front-line staff, and with delivery partners at both the strategic and operational level, to avoid any disconnect in awareness of progress between those strategic stakeholders driving change and individuals delivering change. This early and targeted engagement may help to strengthen some historically tenuous relationships and help a Trust to benefit from the local knowledge and expertise of its local partners as it revises and refines its approach to service delivery

- take a holistic view of services working with children and families, and drive forward a collective commitment for all local partners to up the pace to meet the

need for change and their capacity to support change. This should be factored in to decision making, timescales, contractual arrangements and KPIs

- address unnecessary bureaucracy by working with staff to understand what is practically needed, to ensure harmony between existing and newly established processes and sign-off points

- maintain staff morale and reduce anxiety about change by communicating sensitively and early on where changes will result in increased work or longer processes (even in the short term). Front-line staff appreciate it is impractical to know the fine detail of strategic decisions but would value brief updates on developments across the organisation and any anticipated implications for them

- following the launch of a Trust, build in time to prepare for and respond to the higher number of inspections required of services that are in scope for a Single Inspection Framework and also independent and voluntary organisation inspections.

References

Achieving for Children, August 2016. 'Intervention Highlight Report.'

Achieving for Children, 2016. 'Review of the effectiveness of early help services in Doncaster.'

Audit Commission, April 2010. 'Corporate Governance Inspection Doncaster Metropolitan Borough Council'.

Bryant, B., Parish, N. and Rea, S., 2016. 'Action research into improvement in local children's services: practical implications for lead members and senior leaders. Local Government Association.' (viewed on 25 November 2016)

Department for Education, 23 March 2017. 'Statistics: looked-after children.' (viewed on 5 April 2017)

Department for Education, 31 November 2016. 'Statistics: children in need and child protection.' (viewed on 5 April 2017)

Department for Education. "Statistics: Children's social work workforce 2016." 16 February 2017. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2016 (viewed on 8 May 2017)

Department for Education, June 2015. 'Regionalising adoption.' (viewed on 1 July 2016)

Department for Education. "Statistics: Children's social work workforce 2014." 25 February 2015. https://www.gov.uk/government/statistics/childrens-social-work-workforce-2013-to-2014 (viewed on 8 May 2017)

Department for Education, 2013. 'The Edlington Case: A Review by Lord Carlile at the request of The Rt Hon Michael Gove MP, Secretary of State for Education.' (viewed on 5 May 2013)

Department for Education, 2013. 'Working together to safeguard children – a guide to interagency working to safeguard and promote the welfare of children.' (viewed on 10 February 2015)

Doncaster Children's Services Trust, 2016. 'Annual Report 1 October 2015 – 30 September.'

Doncaster Children's Services Trust. 'Business Plan: 2016–2019.' (4 December 2017)

Doncaster Children's Services Trust, 2015 'Initial Business Plan 1 October 2014 to 31 March 2016.' (viewed on 12 August 2015)

Doncaster Children's Services Trust, May 2016. 'Engagement – Voice of the Child' Report to the Children, Young People and Families Committee.'

Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust, 2016. 'Annual Report of the Doncaster Children's Services Trust (1 October 2014 – 30 September 2015).'

Doncaster Metropolitan Borough Council and Doncaster Children's Services Trust, 2017. 'Annual Report of the Doncaster Children's Services Trust (1 October 2015 – 30 September 2016).'

Doncaster Metropolitan Borough Council, September 2015. 'Multi-Agency Early Help Strategy for Children, Young People and their Families.' (viewed on 15 January 2015)

Le Grand, J. Wood, A., Gibb, M., 2013. 'Report to the Secretary of State for Education on ways forward for children's services in Doncaster.' (viewed on 4 April 2014)

Local Safeguarding Association, 2016. 'Safeguarding Peer Review: Doncaster Children's Services Trust Feedback Report.'

Munro, E., 2011. 'Munro Review of Child Protection: Final Report.'

Department of Health, 2000. 'No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.' (viewed on 3 November 2017)

Ofsted, 2016. 'Monitoring visit of Doncaster Metropolitan Borough Council children's services.'

Ofsted, 2015. 'Joining the dots: effective leadership of children's services.' (viewed on 3 November 2017)

Ofsted, 2015. 'Doncaster Metropolitan Borough Council Single Inspection.' (viewed on 3 November 2017)

Ofsted, 2012. 'Inspection of local authority arrangements for the protection of children: Doncaster Metropolitan Borough Council.' (viewed on 4 April 2014)

Ofsted, 2006. 'Doncaster Children's Services Authority Area: Review of Services for Children and Young People.' (viewed on 4 April 2014)

Ofsted, September 2016. 'Monitoring visit of LA children's services.'

Ofsted, May 2016. 'Social care annual report.' (viewed on 3 November 2017)

Ofsted, 2015. 'State of the nation report on children's social care.' (viewed on 3 November 2017)

Department of Health, 2013. 'Statement of Government Policy on Adult Safeguarding.' (viewed on 3 April 2014)
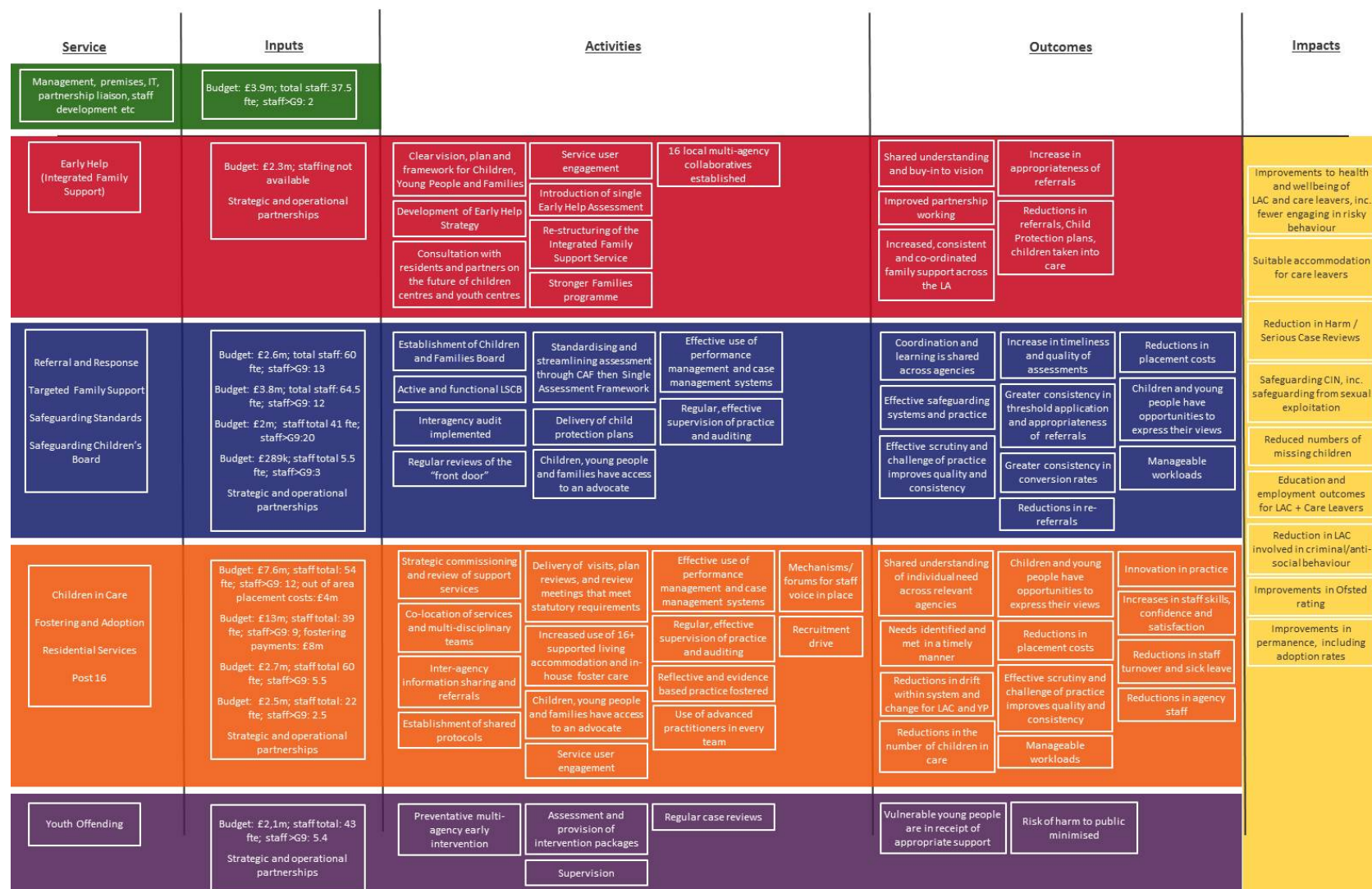
Appendix 1: Scoping stage logic model

This section illustrates a logic model for the early strategic planning of the Trust. It serves as a tool for the research team in understanding which areas were key focal points, identified during early set-up of the Trust. The research team looked to capture evidence against these components of children's services prioritised by the strategic leadership team early on in the establishment of the Trust. The model was developed as a tool to guide the evaluation approach and with the expectation we it would be refined across the evaluation. With the move away from a whole-systems process evaluation and ongoing iterations in the Trusts' strategy and activities it was not feasible nor desirable to develop a model with a grounded theory underpinning it. This model is separate from the models of service delivery planning (see Appendix 2) as it solely represents the early strategy within the Trust. Given the complexity, volume and pace of change in the establishment of the Trust the model was unable to explicitly link what changes made led to what children's services leadership had expected to achieve.

The logic model illustrates the strategic components of children's services under **four categories**:
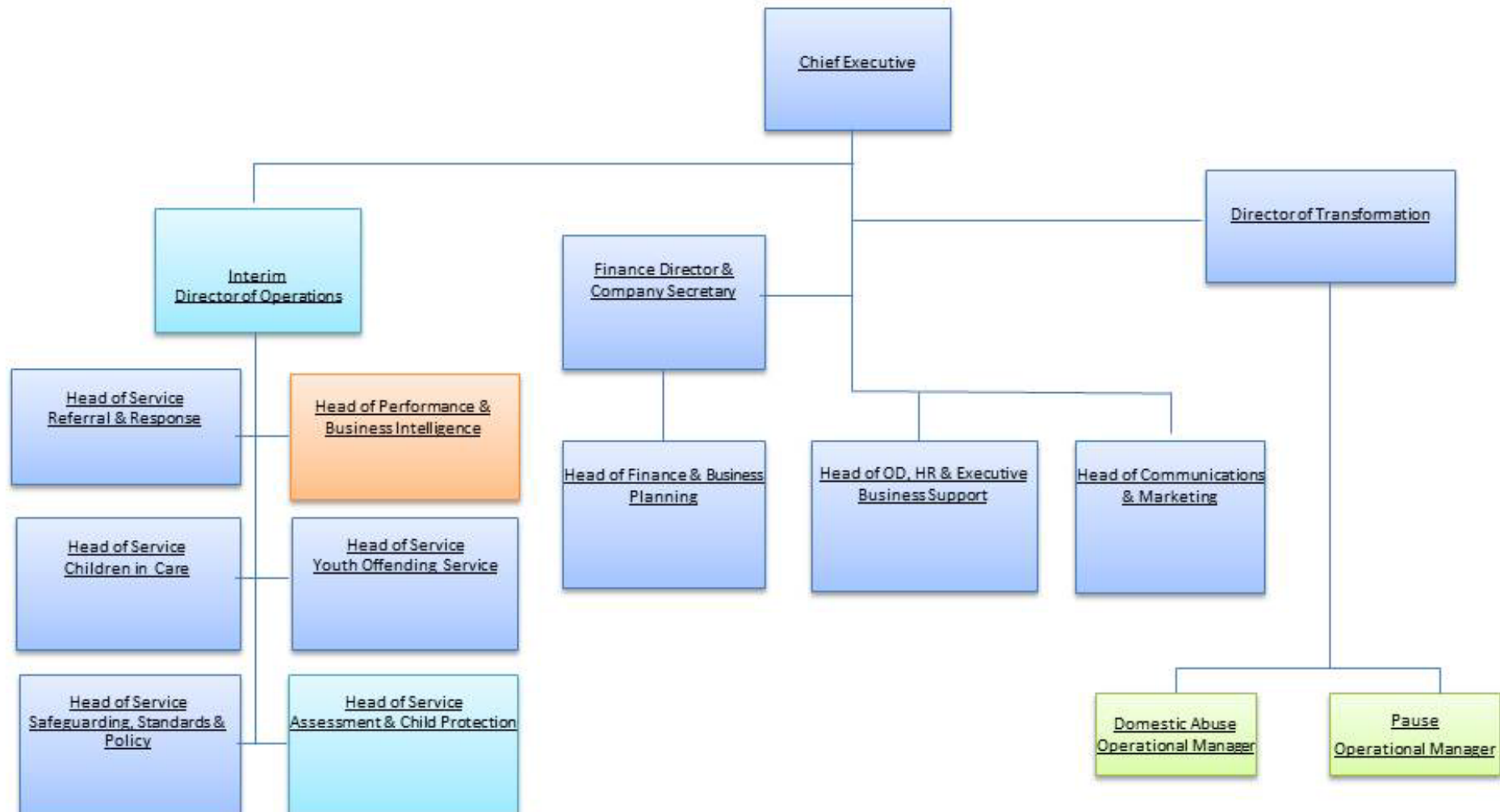
- **Inputs** – these are the elements being invested (e.g. budget, time, resources) into the Trust to facilitate the changes.

- **Activities** – these are the processes and delivery mechanisms being used.

- **Outcomes** – short to medium term changes or benefits.

- **Impacts** – longer term changes or benefits.

Figure 9 below visualises the scoping stage logic model.

Service	Inputs	Activities	Outcomes	Impacts
Management, premises, IT, partnership liaison, staff development etc	Budget: £3.9m; total staff: 37.5 fte; staff>G9: 2			

Early Help (Integrated Family Support)

| Service	Inputs	Activities			Outcomes			Impacts
Early Help (Integrated Family Support)	Budget: £2.3m; staffing not available Strategic and operational partnerships	Clear vision, plan and framework for Children, Young People and Families Development of Early Help Strategy Consultation with residents and partners on the future of children centres and youth centres	Service user engagement Introduction of single Early Help Assessment Re-structuring of the Integrated Family Support Service Stronger Families programme	16 local multi-agency collaboratives established	Shared understanding and buy-in to vision Improved partnership working Increased, consistent and co-ordinated family support across the LA	Increase in appropriateness of referrals Reductions in referrals, Child Protection plans, children taken into care		Improvements to health and wellbeing of LAC and care leavers, inc. fewer engaging in risky behaviour Suitable accommodation for care leavers Reduction in Harm / Serious Case Reviews Safeguarding CIN, inc. safeguarding from sexual exploitation Reduced numbers of missing children Education and employment outcomes for LAC + Care Leavers Reduction in LAC involved in criminal/anti-social behaviour Improvements in Ofsted rating Improvements in permanence, including adoption rates

Referral and Response / Targeted Family Support / Safeguarding Standards / Safeguarding Children's Board

Service	Inputs	Activities			Outcomes		
Referral and Response Targeted Family Support Safeguarding Standards Safeguarding Children's Board	Budget: £2.6m; total staff: 60 fte; staff>G9: 13 Budget: £3.8m; total staff: 64.5 fte; staff>G9: 12 Budget: £2m; staff total 41 fte; staff>G9:20 Budget: £289k; staff total 5.5 fte; staff>G9:3 Strategic and operational partnerships	Establishment of Children and Families Board Active and functional LSCB Interagency audit implemented Regular reviews of the "front door"	Standardising and streamlining assessment through CAF then Single Assessment Framework Delivery of child protection plans Children, young people and families have access to an advocate	Effective use of performance management and case management systems Regular, effective supervision of practice and auditing	Coordination and learning is shared across agencies Effective safeguarding systems and practice Effective scrutiny and challenge of practice improves quality and consistency	Increase in timeliness and quality of assessments Greater consistency in threshold application and appropriateness of referrals Greater consistency in conversion rates Reductions in re-referrals	Reductions in placement costs Children and young people have opportunities to express their views Manageable workloads

Children in Care / Fostering and Adoption / Residential Services / Post 16

Service	Inputs	Activities				Outcomes		
Children in Care Fostering and Adoption Residential Services Post 16	Budget: £7.6m; staff total: 54 fte; staff>G9: 12; out of area placement costs:£4m Budget: £13m; staff total: 39 fte; staff>G9: 9; fostering payments: £8m Budget: £2.7m; staff total 60 fte; staff>G9: 5.5 Budget: £2.5m; staff total: 22 fte; staff>G9: 2.5 Strategic and operational partnerships	Strategic commissioning and review of support services Co-location of services and multi-disciplinary teams Inter-agency information sharing and referrals Establishment of shared protocols	Delivery of visits, plan reviews, and review meetings that meet statutory requirements Increased use of 16+ supported living accommodation and in-house foster care Children, young people and families have access to an advocate Service user engagement	Effective use of performance management and case management systems Regular, effective supervision of practice and auditing Reflective and evidence based practice fostered Use of advanced practitioners in every team	Mechanisms/ forums for staff voice in place Recruitment drive	Shared understanding of individual need across relevant agencies Needs identified and met in a timely manner Reductions in drift within system and change for LAC and YP Reductions in the number of children in care	Children and young people have opportunities to express their views Reductions in placement costs Effective scrutiny and challenge of practice improves quality and consistency Manageable workloads	Innovation in practice Increases in staff skills, confidence and satisfaction Reductions in staff turnover and sick leave Reductions in agency staff

Youth Offending

| Service	Inputs	Activities			Outcomes	
Youth Offending	Budget: £2,1m; staff total: 43 fte; staff >G9: 5.4 Strategic and operational partnerships	Preventative multi-agency early intervention Supervision	Assessment and provision of intervention packages	Regular case reviews	Vulnerable young people are in receipt of appropriate support	Risk of harm to public minimised

Appendix 2: DCST organograms

The following diagram illustrates the senior organisation of the Trust at the point of transfer, in September 2014.

- Chief Executive
  - Interim Director of Operations
    - Head of Service Referral & Response
    - Head of Performance & Business Intelligence
    - Head of Service Children in Care
    - Head of Service Youth Offending Service
    - Head of Service Safeguarding, Standards & Policy
    - Head of Service Assessment & Child Protection
  - Finance Director & Company Secretary
    - Head of Finance & Business Planning
    - Head of OD, HR & Executive Business Support
    - Head of Communications & Marketing
  - Director of Transformation
    - Domestic Abuse Operational Manager
    - Pause Operational Manager

The following diagram illustrates the senior organisation of the Trust from January 2016, and at the time of writing this report. The Children with Disabilities service, management oversight of the Early Help Hub and operational lead responsibility for the Corporate Parenting Board moved to the Trust after the Trust was established. At the point of writing this report, discussions were also underway to move more family support services into the Trust; children's centres and the virtual school staff remain in DMBC.

Appendix 3: Service delivery model

The following is a comparison of DCST and DMBC service delivery models at three time points. The table shows the changes in the organisation of services – from what was before the Trust was established to what is now in place – and the budgets and full time equivalent staffing of these services, in the following order starting with the most recent:

- as of August 2016 when the locality model in the Trust was in place – the most recent time point and thus the model that is currently in place in Doncaster;

- as of October 2014 (when the Trust was launched) and following the baseline activity conducted by the Trust that identified previously unknown information related to service user and staff numbers, hence the changes to budget and staffing information; and

- as of May 2014 during the scoping stage of the evaluation

Changes to budgets and staffing numbers across the time points are a result of activities that unearthed new information and painted a clearer picture of the status of children's services following the implementation of the Trust, and changes to the organisation and management of services as the Trust bedded in.

Type of service delivered	DCST as of August 2016 *Operating budget: £46.15m*	DMBC as of October 2014[84] *Operating budget: estimated at £46.196*	DMBC as of May 2014 *Operating budget: estimated at £49.6m*
Management and infrastructure	Key Service/Team: Commissioning, Finance, Legal, Business Support, Performance, Workforce Development, HR, Communications, Premises, Executive Office (including VAT liability) & Locality Heads of Service Service budget: £8.747 Service staffing: 116 fte	Key Service/Team: Management, premises, IT, partnership liaison, staff development, Business Support, Executive office (including VAT liability Service budget: £8.65 Service staffing: 108 fte	Key Service/Team: Management, premises, IT, partnership liaison, staff development Service budget: £3.9m Service staffing: 37.5 fte; staff>G9: 2

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[84] The service budgets and the staff numbers are taken from the initial budget information provided at Trust set-up. The initial budget was only for six months as the Trust commenced on the 1st October 2014 therefore the initial budget has been doubled to ensure comparison purposes. The DFE funding of the Executive office has been added into October figures to aid effective comparison.

Early Help and Prevention	Key Service/Team: Intensive Family Support (teams located in each of the four localities), Early Help Hub, Multi-agency Safeguarding Hub Service budget: £1.417m Service staffing: 44	Key Service/Team: Integrated Family Support (family and youth support workers) Service budget: £2.36m Service staffing: 79	Key Service/Team: Integrated Family Support Service budget: £2.3m Service staffing: Staffing not available Services remaining in DMBC: Education Welfare
Referral and Response	Key Service/Team: Located in the central locality Service budget: £1.271m Service staffing: 29	Key Service/Team: Referral and Response Service budget: £1.4 Service staffing: 33	Key Service/Team: Referral and Response Service budget: £2.6m Service staffing: 60 fte; staff>G9: 13
Targeted Youth Support	Key Service/Team: Youth Offending Service (including EPIC team) Service budget: £2.107m Service staffing:58	Key Service/Team: Targeted Youth Support Service budget: £1.8m Service staffing: 44	Key Service/Team: Targeted Youth Support Service budget: £2,1m Service staffing: 43 fte; staff >G9: 5.4
Safeguarding, Standards and Policy	Key Service/Team: IROs, CP services, LSCB Support, QA Service, Local Authority Designated Officer (LADO) Service budget: £2.282 Service staffing: 51	Key Service/Team: Safeguarding Standards – including LADO & DSCB Service budget: £2.001m Service staffing: 50	Key Service/Team: Safeguarding Standards Service budget: £2m Service staffing: 41 fte; staff>G9:20
Assessment and Child Protection Service	Key Service/Team: Teams located in each of the four localities Service budget: £3.833 Service staffing: 95	Key Service/Team: Teams located in each of the four localities Service budget: £3.485 Service staffing: 84	Information unavailable
Children in Care	Key Service/Team: Teams located in each of the four localities Service budget: £7.604 Service staffing:43 Includes out of area placement costs £5.5m	Key Service/Team: Children in Care Service budget: £5.585 Service staffing: 47 Includes out of area placement costs: £3.2m	Key Service/Team: Children in Care Service budget: £7.6m Service staffing: 54 fte; staff>G9: 12; out of area placement costs: £4m

Looked After Children	Key Service/Team: Fostering Service, Adoption Service and Contact Centre. Allowances to foster carers (CAO, SGO & AA) and independent Foster Carers Service budget: £15.6 Service staffing: 48 Fostering payments: £9.3m	Key Service/Team: Fostering and Adoption Team & Contact Centre. Allowances to foster carers (CAO,SGO & AA) and Independent Foster Carers Service budget: £15.8 Service staffing: 45 Fostering payments: £10.4m Services remaining in DMBC: DMBC remains responsible for the virtual school for children in care. As corporate parent, promote social, educational, health and emotional wellbeing of children in care and care leavers	Key Service/Team: Fostering and Adoption Team Service budget: £13m Service staffing: 39 fte; staff>G9: 9; fostering payments: £8m Services remaining in DMBC: DMBC remains responsible for the virtual school for children in care. As corporate parent, promote social, educational, health and emotional wellbeing of children in care and care leavers
Residential Services	Key Service/Team: Residential Services Group Homes Service budget: £2m Service staffing: 57	Key Service/Team: Residential Services Service budget: £2.3m Service staffing: 57 fte	Key Service/Team: Residential Services Service budget: £2.7m Service staffing: 60 fte; staff>G9: 5.5
Post 16/18+Service	Key Service/Team: 18+ service Service budget: £1.4m Service staffing: 17	Key Service/Team: Post 16 service Service budget: £2.7m Service staffing: 21	Key Service/Team: Post 16 service Service budget: £2.5m Service staffing: 22 fte; staff>G9: 2.5
One-off projects, including Innovation Fund projects	Key Service/Team: Growing Futures, Pause, Mockingbird, Regionalisation of Adoption, Liquid Logic Development, Practice Improvement Programme, Ofsted Improvement Service budget: £2.491 Service staffing:	NA	NA

Appendix 4: Summary of indicators

In addition to qualitative and staff survey evidence, the evaluation draws on a range of reviewed measures. The following list of measures were developed in collaboration with the DfE, the social enterprise Morning Lane[85] and the Trust, when the focus for the evaluation shifted away from implementation, and towards gathering evidence that helps illustrate change in relation to practice and outcomes. The measures reviewed have grown following additional evidence provided by the Trust and Council. Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used. We would expect some of the indicators to vary between those which might reasonably be expected to show a change quickly after a change in practice and those which need time to emerge (for example, children being subject to CPP for a second time, and length of placement). The following is a brief commentary on the indicators reviewed, which are summarised in detail in Table 1 overleaf. There is considerable room for interpretation with any indicator and so the below section describes the indicators and the above report contextualises these indicators.

Performance management and the indicators reviewed

Since the establishment of the Trust considerable improvements in data collection and interrogation that can inform the management of performance have been made. Based on the available data, the previous performance management system primarily concentrated on the status of children or their place on a journey through the care system. The Trust has revised the performance management approach and now provides that basic data but also allows for some questions to be answered about the quality of the work being done – or at least suggest further questions that need to be asked about the quality of that work.

The performance of the contract with the Council is reviewed monthly through a Corporate Scorecard that captures performance against a range of high level indicators and a prose commentary explains the numbers where needed. Both the Trust and the Council are anxious to contiuously review and refine reporting mechanisms so that these indicators can be more focused on outcomes for children as well as compliance with processes.

There are regular – usually quarterly – detailed, internal reports produced by the Trust that are centred on performance data. These include indicators needed for external scrutiny by the DfE and Ofsted as well as indicators that go beyond external requirements. Prose commentaries, again at a good level of detail, put flesh on the bones. There is evidence from these reports that evaluation is taken seriously by senior

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[85] http://morninglane.org/

managers and is seen as essential to improvement. The less formal Monthly Performance Reports set out issues that have arisen and the action expected to address them.

Although there is variation from year to year in the rate of children in need the underlying trend since 2012 and 2013 has been significantly downwards. The re-referral rate, similarly, has declined and the proportion of children in need for more than two years has also declined.

The rate of children who are the subject of a child protection plan has increased slightly in recent times although this was in response to an Ofsted inspection that led to the needs of some children being reassessed. The proportion of children who are the subject of a child protection plan for a second time has also reduced.

There has been a slight reduction in the number of children in care since 2013 and 2014 and a significant increase in those who are adopted from care. Placement stability has improved and there has been a slight reduction in the proportion of children in care experiencing three or more placement moves in a single year. These figures sit well against national comparators reported by DfE.

Figures relating to the immunisation of children in care, their dental care and their health assessments have all improved as has the proportion of care leavers in suitable accommodation. The proportion of care leavers in education, employment or training has increased but remains a challenge, as does the proportion of children with personal education plans.

The involvement of children in care in decisions that affect their lives is strong. The Trust has tracked its monthly performance on the proportion who have, for example, contributed to statutory reviews since 2015 and figures are consistently high. Similarly, the involvement of family members in conferences for children who are the subject of a child protection plan is good, and has improved since the formation of the Trust.

The 'process' indicators that can be used as a proxy to the health of the Trust as an organisation have been steadily improving. There is a rigorous process for auditing case files against Ofsted descriptors. The proportion graded as 'good' or better has increased and the fluctuations in these numbers have been largely due to a gradual raising of the bar in relation to what constitutes high quality by the Trust.

The percentage of staff who have had a timely supervision is relatively high and the percentage of staff who are agency workers is falling. Three quarters of the staff who began with the Trust remain and the high turnover rate at the beginning has now fallen considerably. The sickness rate has also been halved.

Table 1 Summary of indicators

2014	2016	Source	Commentary
Rate of children in need per 10,000 children at 31 March			
345.9	381.7	Department for Education. "Statistics: children in need and child protection." https://www.gov.uk/government/collections/statistics-children-in-need	This is a significant reduction from previous years, from 507.2 in the year ending 31st March 2013 and 654.8 in the year ending 31st March 2012.
Percentage of Referrals within 12 months of a previous referral, year ending 31 March			
37%	23%	Department for Education. "Statistics: children in need and child protection." https://www.gov.uk/government/collections/statistics-children-in-need	A significant reduction in the re-referral rate is seen between 2014 and 2016
Proportion of Children in Need for more than 2 years at 31 March			
35.6%	28.3%	Department for Education. "Statistics: children in need and child protection." https://www.gov.uk/government/collections/statistics-children-in-need	A year on year reduction since 2014 is seen.
Rate of children who became the subject of a Child Protection Plan per 10,000 children, year ending 31 March			
65.0	72.8	Department for Education. "Statistics: children in need and child protection." https://www.gov.uk/government/collections/statistics-children-in-need	An increase is seen between 2014 and 2016. Following an Ofsted

2014	2016	Source	Commentary
			inspection in late 2015, the Trust re-assessed all cases which resulted in some cases escalating to a child being subject to a child protection plan.
Proportion of children who became the subject of a plan for a second or subsequent time, year ending 31 March			
17.6%	17.7% latest data from the DCST internal record14.2% [86]	Department for Education. "Statistics: children in need and child protection." https://www.gov.uk/government/collections/statistics-children-in-need For 2016 DCST. Internal records.	A reduction between 2014 to the most recent internaql DCST figures is seen.
Family engagement in conferences for children subject to Child Protection Plans[87] [88]			
84% of family member (32/38) (in July 2015[89])	91% (49/54) of mothers, 71% (25/35) of fathers, 78% (7/9) of grandparents and 100%	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are*	Attendance of family members at review conferences increased between July

[86] DCST. Internal records
[87] DCST. Internal records.
[88] DCST. 2016.09 Attendance Record.

2014	2016	Source	Commentary
	(9/9) of other family members attended.[90]	*used.*	2015 (the earliest date in which attendance by family members was recorded) and September 2016.
Rate of Children Looked After at 31 March, per 10,000 children			
77	75	Department for Education. "Statistics: looked-after children." https://www.gov.uk/government/collections/statistics-looked-after-children	A slight reduction between 2014 and 2016.
Children in care with a completed personal education plan			
83% (267 out of 322 eligible[91] children)	86% (311 out of 361 eligible children).	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	In September 2014, 83% of children had a PEP. This has slightly increased as of December 2016, with 86% of eligible children with a PEP.
Children in care who contributed to statutory review			
NA	88% (74 out of 84 children in care)	DCST. Internal records.	CIC contributed to statutory review - In

[89] This is the earliest date in which attendance by family members was recorded. All family members (mother, father, grandparents) were grouped into the category of 'family members' at this time.
[90] The categories for family members changed in December 2015, to demonstrate individual family member's attendance, rather than a category.
[91] Children of statutory school age (5-15) and in care for more than 28 days

2014	2016	Source	Commentary
		Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.	July 2016, 88% of children in care (74/84) participated in their reviews. The Trust has tracked its monthly performance on this measure at least since April 2015 and it is consistently high – in the range 84% to 96%.[92]
Long-term placement stability for Children in care[93]			
54%	In **2015** 56% (2016 data not available yet)	Local Authority Interactive Tool https://www.gov.uk/government/publications/local-authority-interactive-tool-lait	Seen a slight increase from 54% to 56% of children in care for 2.5 years or more and been in the same placement for 2 or more years [94]..
Percentage of children adopted from care in the year ending 31 March			
16%	24%	Department for Education. "Statistics:	An increase,

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[92] Summary Data provided by DCST, August 2016
[93] The percentage of looked after children in the same placement for at least 2 years, or who are placed for adoption and their adoptive placement together with their previous placement, last for at least 2 years
[94] The methodology for this data has changed so is not directly comaparable

2014	2016	Source	Commentary
		looked-after children." https://www.gov.uk/government/collections/statistics-looked-after-children	to 24% in April to March 2016, compared to 16% in April to March 2014.

Children looked after at 31 March with three or more placements during the year ending 31 March

2014	2016	Source	Commentary
12%	In **2015** 10% (2016 data not available yet)	Local Authority Interactive Tool https://www.gov.uk/government/publications/local-authority-interactive-tool-lait	A slight reduction to 10% in 2015, compared to 12% in 2014[95].

Immunisations up to date for children in care

2014	2016	Source	Commentary
327/340[96]	357/360 [97]	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	In 2014 of 340 looked after children 327 had immunisations up to date (up from 1 in 2013). The upward trend continued under the Trust; in 2016 of 360 looked after children 357 had immunisations up to date.

Dental check of children in care

2014	2016	Source	Commentary
208/340	313/360	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	In 2014 208 children looked after had a dental check (up from 113 in 2013) and this increased to 313 in 2016.
Annual health assessment of children in care			
281/340	338/360	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	In 2014 281 of children looked after had an annual health assessment (up from 245 in 2013) and this increased to 338 in 2016.
Care leavers in suitable accommodation in the year ending 31 March[98]			
64%	76%	Department for Education. "Statistics: looked-after children." https://www.gov.uk/government/collections/statistics-looked-after-children	An increase to 76% in the year ending 31st March 2016, compared to 64% in the year ending 31st March 2014.
Care leavers in education, employment and training (EET) in the year ending 31st			

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[98] % of Care leavers (now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday) that were identified to having been in suitable accommodation around the point of their birthday

2014	2016	Source	Commentary
March[99]			
28%	36%	Department for Education. "Statistics: looked-after children." https://www.gov.uk/government/collections/statistics-looked-after-children	In the year ending 31st March 2014 the proportion of care leavers age 19-21 in EET was 28% and this increased to 36% in the year ending 31st March 2016
Supervision frequency of frontline staff			
NA	86%	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	86% of locality based frontline staff had a timely supervision in October 2016 - data not collected by DMBC.[100]
The agency worker rate in the year ending 30 September			
30%	21.4%	Department for Education. "Statistics: Children's social work workforce" https://www.gov.uk/government/statistics/childrens-social-work-workforce	The agency worker rate in the year up to 30 September 2014 was 30%. This rate reduced to 21.4% in the

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[99] % of Care leavers (now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday) that were identified to having been in suitable accommodation around the point of their birthday
[100] DCST. Internal records.

2014	2016	Source	Commentary
			year up to 30 September 2016. In 2016 18 staff moved from agency to permanent posts.[101]
Staff turnover rate in the year ending 30 September			
25%	16%	Department for Education. "Statistics: Children's social work workforce" https://www.gov.uk/government/statistics/childrens-social-work-workforce	In the year up to 30 September 2014 the turnover of FTE children's social workers was 25%. This had reduced to 16% in the year up to 30 September 2016. 74% of the workforce that began with the Trust remains.102
Staff sickness rate			
10-11%	5%	DCST. Internal records. *Due to issues with data quality and availability, there was limited ability to consistently evidence change pre- and post-Trust, and as a result different time points within and across measures are used.*	Reduced from 10-11% in 2014 to 5% in the year up to August 2016.[103]

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[101] DCST. Internal records.
[102] DCST. Internal records.
[103] DCST. Internal records.

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