

Service Director Report: Children and Safeguarding

To: Children and Young People Committee

Meeting Date: 14th September 2021

From: Director of Children's Services

Electoral division(s): All

Key decision: No

Outcome: The Committee is being asked to consider current performance of children's services and the extent to which we are delivering good outcomes for vulnerable children in Cambridgeshire.

The Members of the Committee have the information required to assess the continued improvement of service for vulnerable children and young people in Cambridgeshire.

Recommendation: Committee is being asked to:

- a) Note the information relating to the performance of children's services in Cambridgeshire, and;
- b) Note that while numbers of children in care continue to decline, a number of factors are resulting in an increase in placement costs, and;
- c) Note the actions being explored to address placement availability for children and young people in care.

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1. Background

- 1.1. This report provides Members with an overview of key performance information within early help and children's safeguarding services.
- 1.2. The report also draws on available qualitative information about the service in order, which when considered alongside performance information, provides an indication of where children's services are on their improvement journey towards an Ofsted rating of being 'Good' overall. At the last graded inspection in January 2019, children's services were described as 'Requiring Improvement to Be Good', but with a sub-judgement of 'Good' for leadership and management.

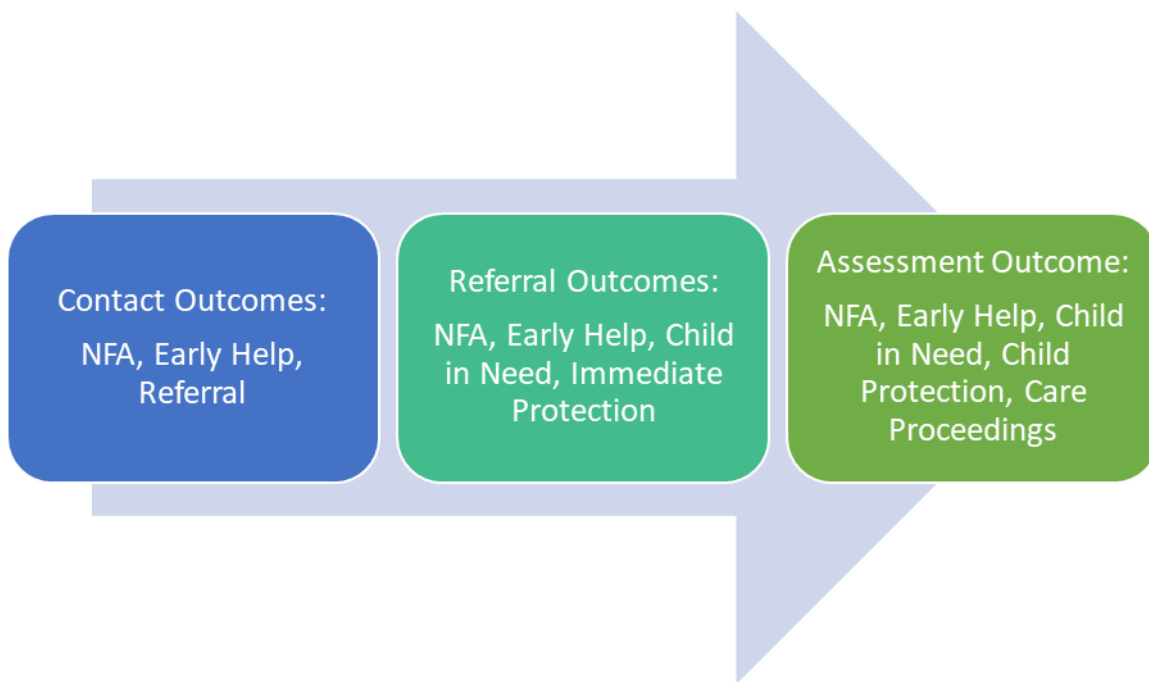
2. Main Issues

- 2.1. There have been many reports from a number of areas about how children's services have come under increasing pressure as a result of the pandemic. The position in Cambridgeshire is one where we are continuing to see high levels of demand for many of our services, and while the overall picture in terms of simple volume is not entirely clear as yet, what we are seeing is that the number of requests for support for children, young people and their families have remained high as we enter the school holidays – this is a time of year when we would normally expect to see significant reductions in such requests.
- 2.2. What has become clear is that there has been an increase in the complexity of need among those children and young people who are open to children's social care services. Overall numbers open to the statutory children's social care service have remained relatively stable, but we have seen a significant increase in the number of children subject to child protection plans. Part of the reason for this increase has been children coming to the attention of services later than they might otherwise have been as they have been less visible during lockdown periods.
- 2.3. There have also been some staffing challenges over recent months, with an increased difficulty in sourcing locum social workers for some parts of the service. We are working with our suppliers to address these issues where we can, and a focused piece of work to refresh our permanent recruitment strategy is also underway.
- 2.4. The main section of the report begins with some information about how referrals to children's services are managed, including how those that indicate that a child may be at risk of significant harm are identified, through the work of our Customer Service Centre and the Integrated Front Door. The following sections provide more detailed analysis of key performance and qualitative information about the operation of children's services, including our early help service.

How we respond to concerns or questions about children and young people

- 2.5. All enquiries [which are sometimes known as 'contacts'] about children and young people from the public or from other professionals come through the Cambridgeshire customer service centre. Many enquiries/contacts are dealt with at this point, and may result in signposting to voluntary or community sector organisations or the provision of advice.

- 2.6. Customer services pass some enquiries/contacts about children and young people that they cannot resolve to the Integrated Front Door, which includes the Early Help Hub and Multi-Agency Safeguarding Hub.
- 2.7. The Customer Service Centre also manages enquiries about children and young people living in Peterborough, and the Integrated Front Door is a fully shared service across the two authorities. This approach benefits both authorities in that we are able to offer a wholly consistent response to those referring partner agencies that operate across the greater Cambridgeshire area [notably the police and health, but also some Multi-Academy Trusts], as well as delivering a more efficient service than would be the case if each authority was to provide the facilities independently.
- 2.8. The Early Help Hub will respond to requests for support to children, young people and families who do not meet the thresholds for statutory social care services. The Hub works with partner agencies to identify a lead professional, who can provide coordinating support to the family. This will usually be a person who knows the family or child well; a health professional or teacher, for example.
- 2.9. Where it is clear from the information provided about a child or young person that they are likely to reach statutory thresholds for children's social care, the enquiry or contact is passed to the assessment service as a referral.
- 2.10. Where the information about a child or young person indicates that there may be risks and/or a need for support by children's social care, but this is not quite clear, the contact is passed as a referral to the Multi-Agency Safeguarding Hub, or MASH. The MASH includes colleagues from health, education and police services, as well as from children's social care. Information gathered from these other agencies might confirm the concerns and that there is a need for an assessment or other form of support from children's social care. Equally, it may be that information from partner agencies means that the level of concern is reduced, and that the needs of the child or young person can be supported through early help services.
- 2.11. Children receiving a service from children's social care will either be a child in need, defined under s.17 of the Children Act 1989, or a child in need of protection, defined under s.47 of the Children Act 1989. Children with disabilities receive support services under s.17 unless they are also at risk of harm. The possible outcomes at each stage of this process are summarised in the diagram below:



2.12. We must have parental consent to offer early help or child in need services to children and young people. The fact that a parent declines to provide consent is not sufficient grounds for a child to become subject to a child protection plan or for the authority to issue court proceedings.

Early Help

2.13. The vast majority of children and young people thrive through the support of their families, by accessing universal services provided by community health and schools, as well as through community groups and so on. Occasionally, a child, young person or their family may need some additional support; very often, this can also be met through their existing relationships with trusted professionals they know well – health visitors, school teachers, teaching assistants and so on.

2.14. Local authorities have a statutory duty to coordinate early help services, as opposed to being required to directly deliver these. Cambridgeshire has been able to retain a significant directly delivered early help service, through child and family centres, family support workers and young people’s workers. Some of the funding for these services comes from the Government in the form of payment by results, previously through the Troubled Families programme, which has been replaced by a programme called Supporting Families.

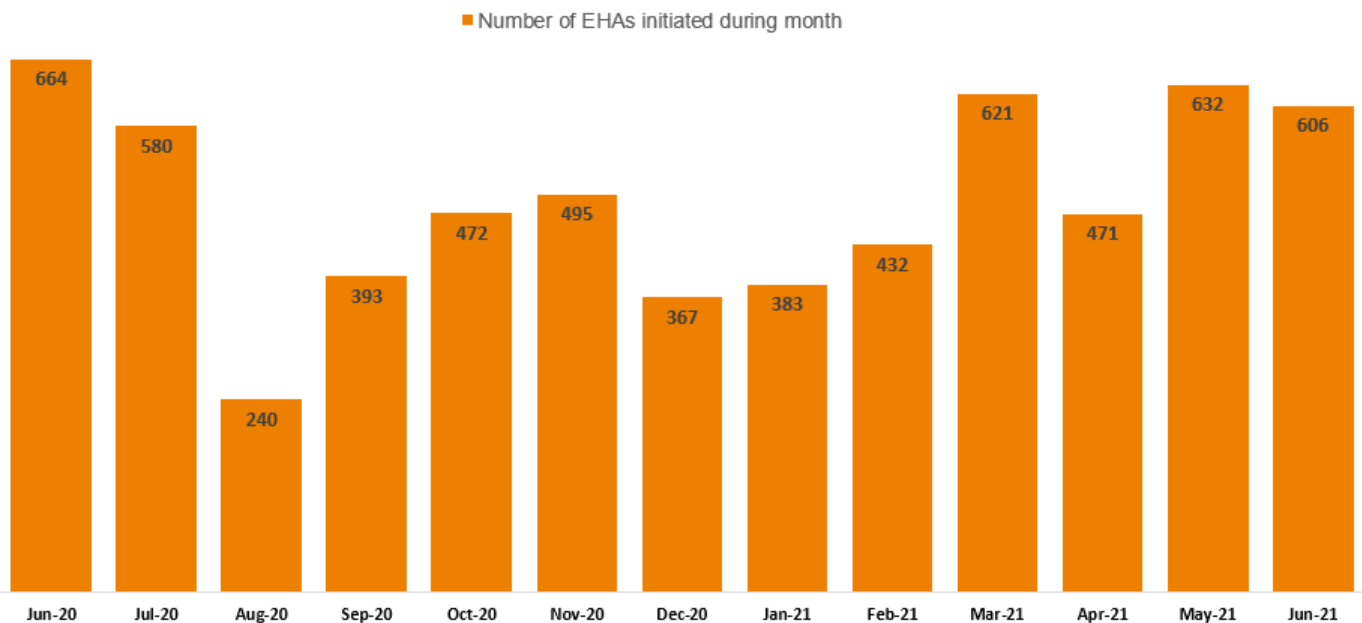
2.15. Our approaches to early help, as set out in the Best Start in Life approach and subsequently, the Strong Families, Strong Communities strategy for early help services are both fundamental building blocks in the programme to establish and the Children and Maternity Collaborative, with a footprint across the greater Cambridgeshire area. This footprint is in line with the broader Integrated Care System, of which the Children and Maternity Collaborative is a part.

2.16. Integrated Care Systems are in place to support the development of closer coordination and collaboration between health, local authority and other partner agency services in both adults and children’s services, and are part of the broader health system re-shaping of the role of Clinical Commissioning Groups.

2.17. The Cambridgeshire Integrated Care System has two place-based Integrated Care Partnerships, which are based on the footprints of the acute hospitals as opposed to local authority boundaries. Maintaining the benefits of coterminosity will mean that the way in which community based early help services are delivered will need to take the Integrated Care System and Partnership footprints into account.

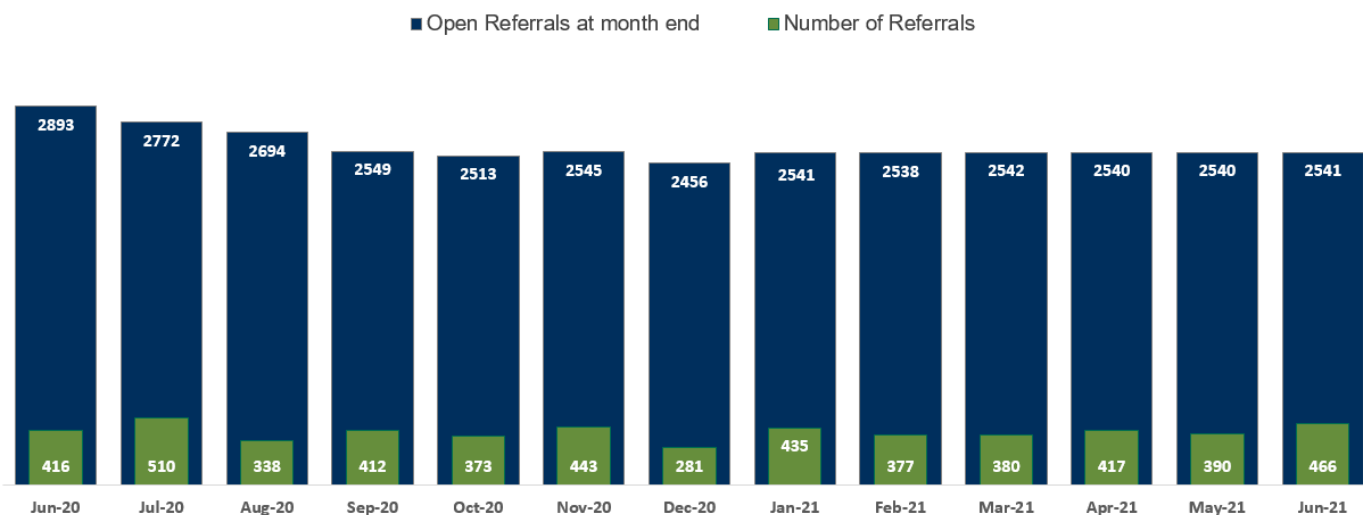
Key Performance Information: Contacts, Referrals, Early Help & Assessments

2.18. The chart below shows the number of early help assessments that are started in any one month. Early help assessments are initiated where it seems likely that a child, young person or their family will need support from more than one agency, or when their support needs are unclear. They are usually completed by practitioners who know the child or family well, and are completed with the family. A number are completed by our directly employed practitioners, but many are also completed by staff in partner agencies including schools and health:



2.19. Given that schools are among the largest identifiers of children and young people with additional support needs, it is not surprising that there were drops in December and January of this year. Actual numbers remain slightly lower than the position 12 months ago, although it should be noted that schools have always taken a very pro-active approach to identifying and supporting vulnerable pupils, even during times when they were offering largely virtual engagement.

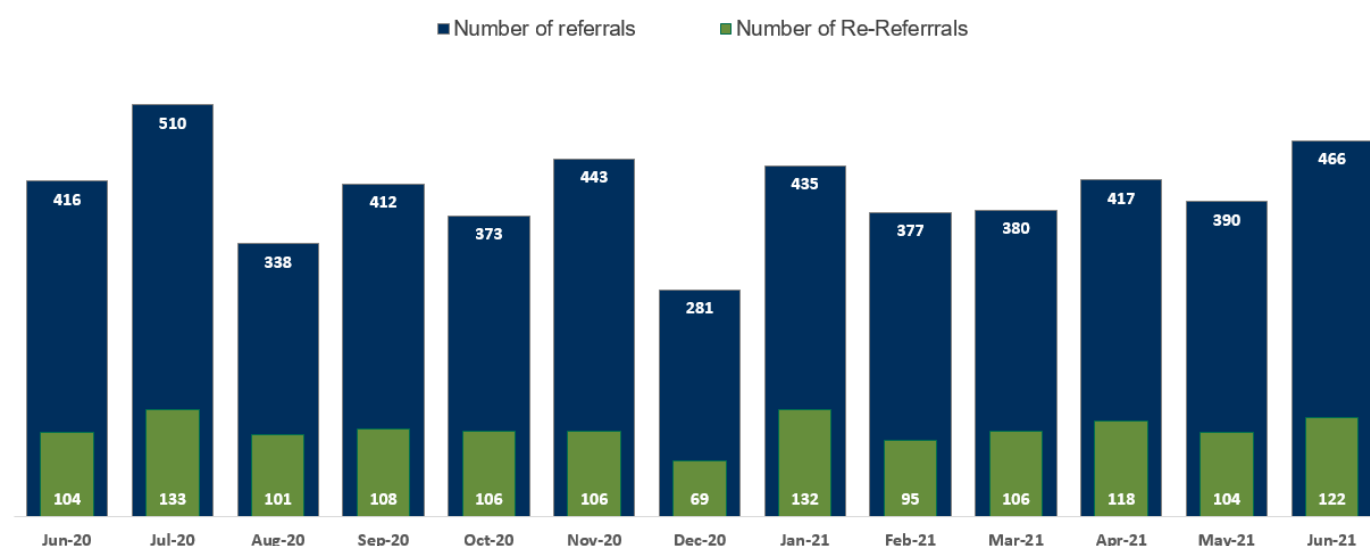
2.20. The chart below shows the numbers of referrals over the last 12 months, together with the total number of children and young people open to children’s social care services:



2.21. As can be seen from the above, we saw an increase in June 2021 in the number of children and young people we accepted as referrals into the service. There are often peaks in referrals at the beginning and ending of school terms; school staff who are concerned about a child may well want to refer in prior to the long summer break because the child will be less visible, for example. Referrals also tend to be higher after children return to school after a break. The number of referrals in the chart can be seen to be broadly following this pattern.

2.22. The overall number of children and young people open to the service has remained broadly steady since the beginning of the 2020 academic year. This is good news in one aspect of managing demand, but it should be noted that the complexity of needs being referred into the service has increased, which has put pressure on a service where we also have some staff vacancies in some of our key teams.

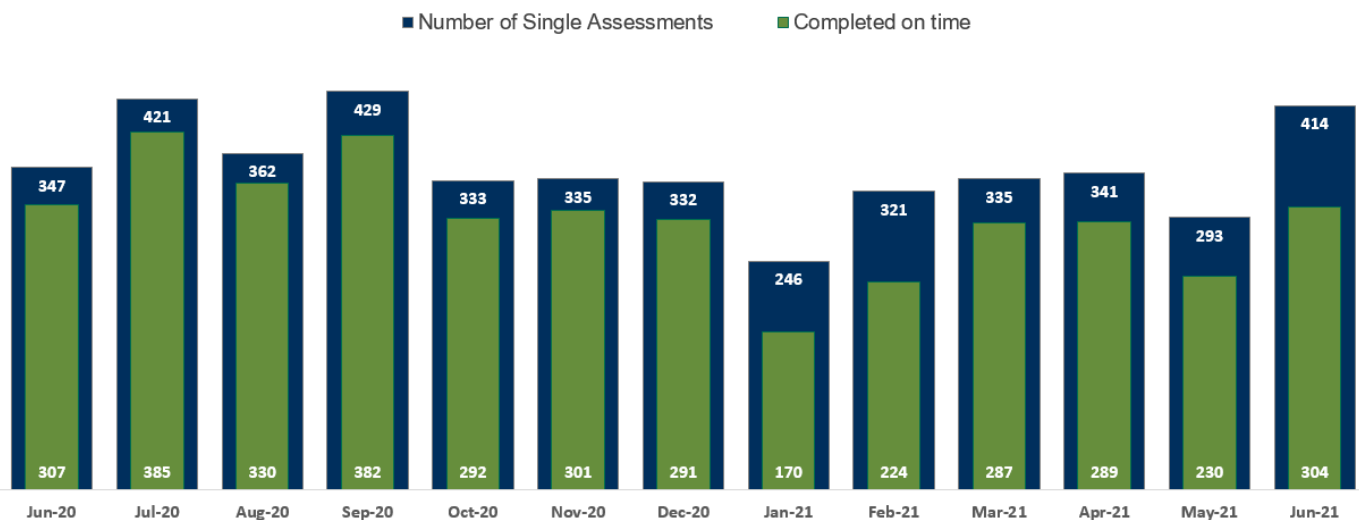
2.23. The next chart shows the proportions of re-referrals into the service:



2.24. This indicator measures the percentage of children referred to us who have been previously referred in the last 12 months. At a year to date average of 27%, this is above our target of 23%, which is also the England average and average of our statistical neighbours. This is an area where improvement is needed. A re-referral rate that is too high might indicate that we

have not dealt with the original referral in a way that has resulted in concerns for children being resolved.

- 2.25. Our view here is that we have more to do to improve the consistency of our assessments, and that improvements in this area will see a reduction in our re-referral rate. Many of our assessments are good, but not all of them thoroughly address the issues identified. Where this leads to a recommendation of stepping down to early help services, it is more likely that the child will be re-referred if the original issues have not been fully addressed.
- 2.26. We have slightly revised the remits of our heads of service as part of our approach to improving consistency in this area. We now have a head of service who is responsible for the Integrated Front Door and Assessment teams across both Cambridgeshire and Peterborough. This change brings dedicated focus to achieving consistency in terms of assessments while enabling the heads of service for the Family Safeguarding teams to concentrate on the longer term work of these teams.
- 2.27. The next chart indicates the timeliness of completion of our single assessments:

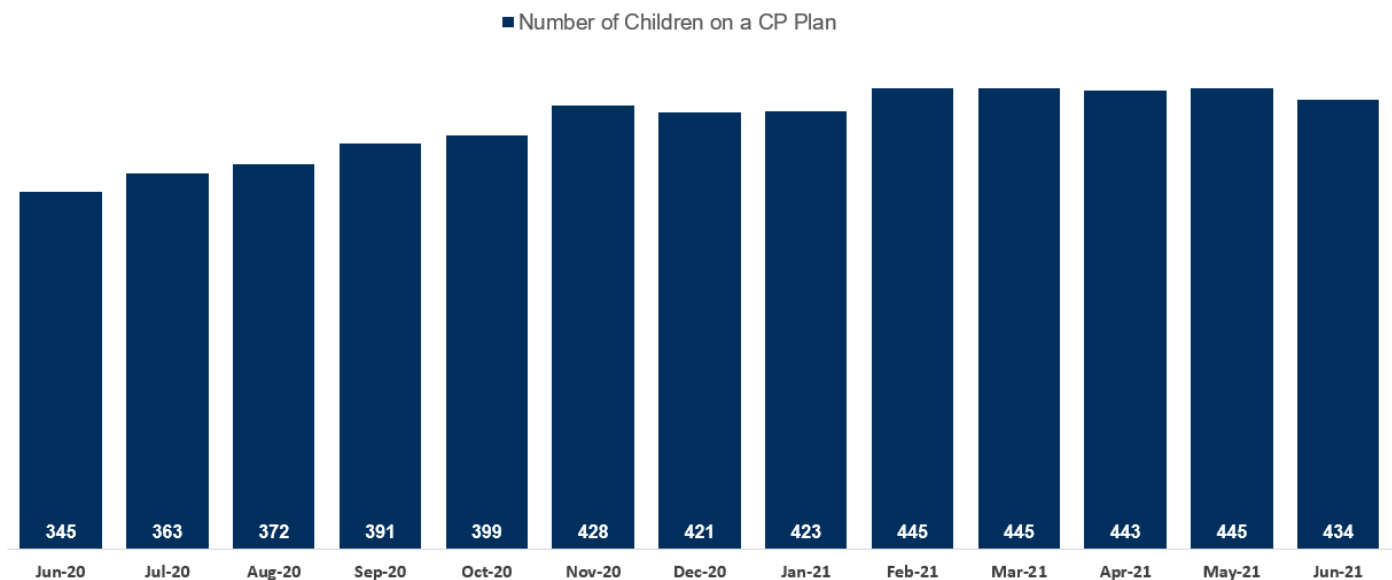


- 2.28. Single assessments should be completed within 45 working days. The current year to date completion rate is that 78.5% were completed within this time frame. This is below performance by our statistical neighbours [[84%] and considerably below our stretch target of 90%. There have been some particular challenges in recruitment in some of our assessment teams over the last few months, with shortages in both team manager roles as well as social worker roles. This has contributed to the recent downturn in completion rates.
- 2.29. At the time of preparing this report, we were beginning to see this situation improve, with a small number of permanent applicants as well as an increase in the availability of locum social workers. Assessment work attracts particular individuals, who only want to undertake very short term work and who enjoy the lack of predictability inherent in any assessment team, making the market for staff in this area particularly competitive. More information about what we are doing to improve recruitment and retention can be found later in this report.

Child Protection and Family Safeguarding

- 2.30. Where an assessment of a child or young person concludes that there is a need for a longer term piece of work to resolve issues within the family, the child’s case will move through to our multi-disciplinary Family Safeguarding teams.

- 2.31. Family Safeguarding is an approach that was initially developed in Hertfordshire. Adult facing practitioners are seconded into existing children’s social work teams. These practitioners are expert at working with parents who have emotional or mental ill health needs, are living in domestically abuse relationships, or who have substance misuse issues or problematic alcohol misuse. These adult practitioners work alongside parents in order to support them to make the changes they need to make so that they can provide the stability, love and care that their children need.
- 2.32. The Family Safeguarding approach in Cambridgeshire is funded by a DfE grant that meets additional staffing costs for a period of time while the model is embedded; once fully operational, the model is expected to be self-funding through the need to have fewer children in care. The model launched in March 2020, just before the pandemic took hold. Despite the challenges, it has been implemented mostly very successfully. Some staffing challenges remain in certain areas of the authority, however.
- 2.33. The chart below shows the number of children and young people who are subject to a child protection plan in Cambridgeshire:



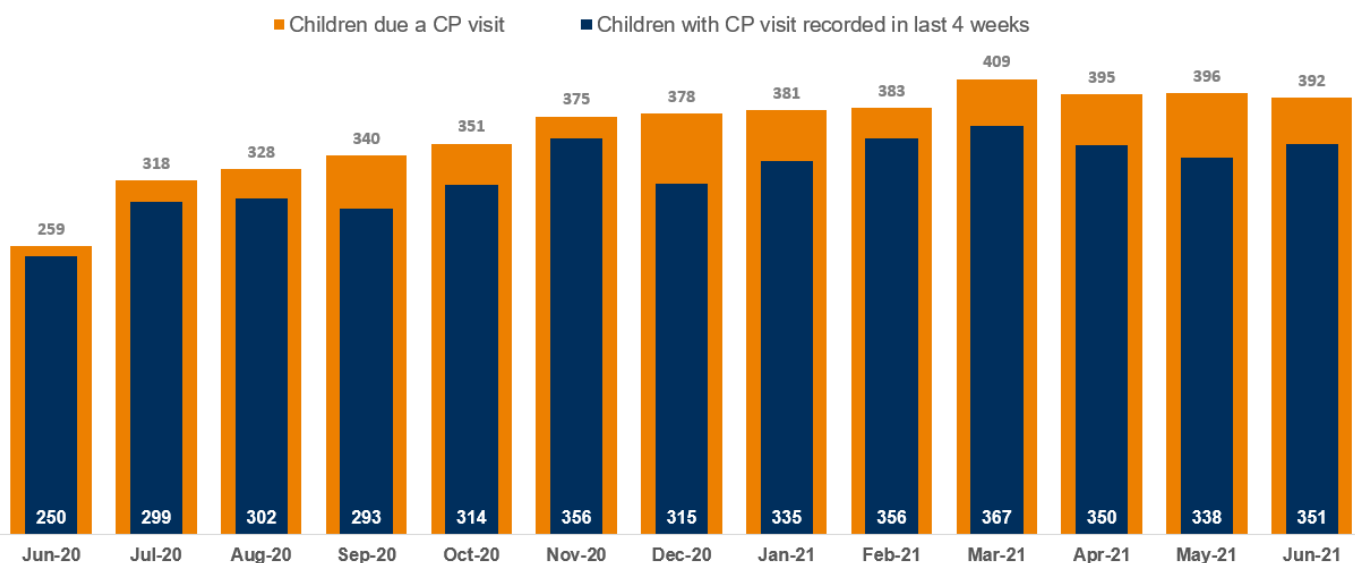
- 2.34. Children who are the subject of a child protection plan are the [relatively] small number of children that all partners agree are at greatest risk of significant harm in the community. Over the course of the pandemic, we have seen a steady increase in numbers of children and young people subject to child protection plans. There are a number of factors behind this increase. One of these is that it has taken longer to complete some work with families during lockdown periods. While social workers were continuing to visit during these periods, many partner agencies were engaging families virtually.
- 2.35. Our experience has been that virtual working has been a good way of engaging some families and take up of some services has been better in some circumstances – but this is mostly where support needs have been less complex. For families with the most complex needs, virtual engagement has not proved to be as effective as face to face work.
- 2.36. Another reason behind the increase is related to the fact that fewer children are being brought into care, as we work proactively with more families where risks are high through the Family Safeguarding approach. An increase in the level of risk being managed in the community in

this way would be expected to result in an increase in the number of children subject to child protection plans.

2.37. But it is also clear that we are seeing a continuing impact of children and young people having been less visible during periods of lockdown. While clear trends in numbers of referrals during the lockdown have been difficult to discern, the complexity of needs and risks facing children open to the service have increased. We are probably working with the same children, but in other circumstances, those children would have been referred earlier, and we would have been more likely to have been able to work with families under child in need procedures rather than child protection procedures.

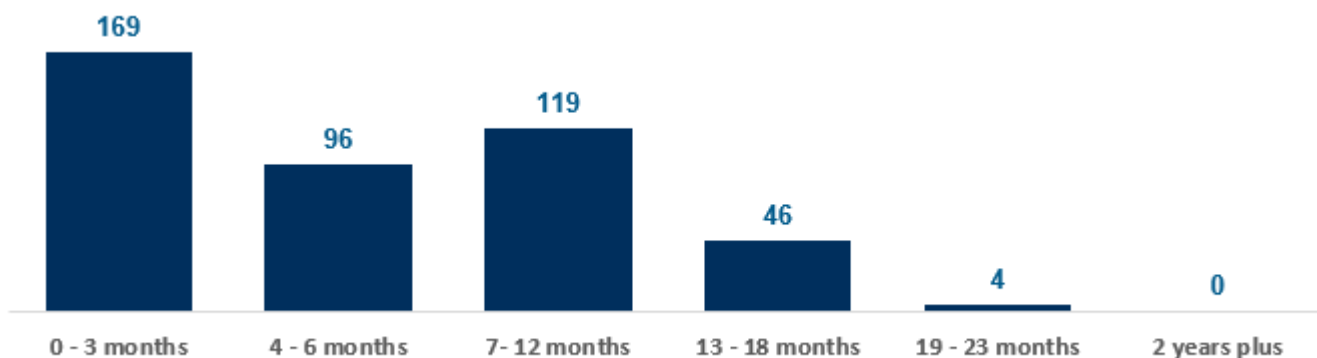
2.38. It is encouraging that this steady increase in the number of children subject to a child protection plan has appeared to have levelled off in the last two months. Our service will continue to engage families and provide the multi-disciplinary support that Family Safeguarding offers and do all we can to ensure that children remain safely with their families. That said, it is worth noting that in usual times, around 30-40% of children subject to child protection plans will come into care. These are not usual times, of course, and we have yet to see an increase in children in care numbers, but there are clear risks that such an increase may follow.

2.39. The following chart shows the proportion of visits to children subject to child protection plans who are visited within timescales:



2.40. Current performance is that 90% of visits due in June were undertaken within the required timescales. This is below our stretch target of 98% but seen in the context of the increase in numbers, is reasonable performance. It is inevitable that some visits do not take place; social workers may be unwell, for example, or have other short notice demands on their times such as needing to go to court on other cases. Some families may cancel visits for legitimate reasons. Others may cancel because they are seeking to avoid scrutiny. The important issue here is that managers know which families fall into the latter category, meaning that assertive action can be taken where needed.

2.41. The following chart shows how long children had been subject to a child protection plan as of the end of June 2021:



2.42. In most circumstances, children should not be subject to a child protection plan for longer than 12 months. This is because 12 months should be long enough to establish whether a family can provide the care a child needs or not. In the case of the latter, action should be taken to identify alternative care arrangements for the child. This could be through adoption, fostering, or a permanent placement with a relative under a Special Guardianship Order. In almost all of these outcomes, the process begins with an application to the courts for a care order.

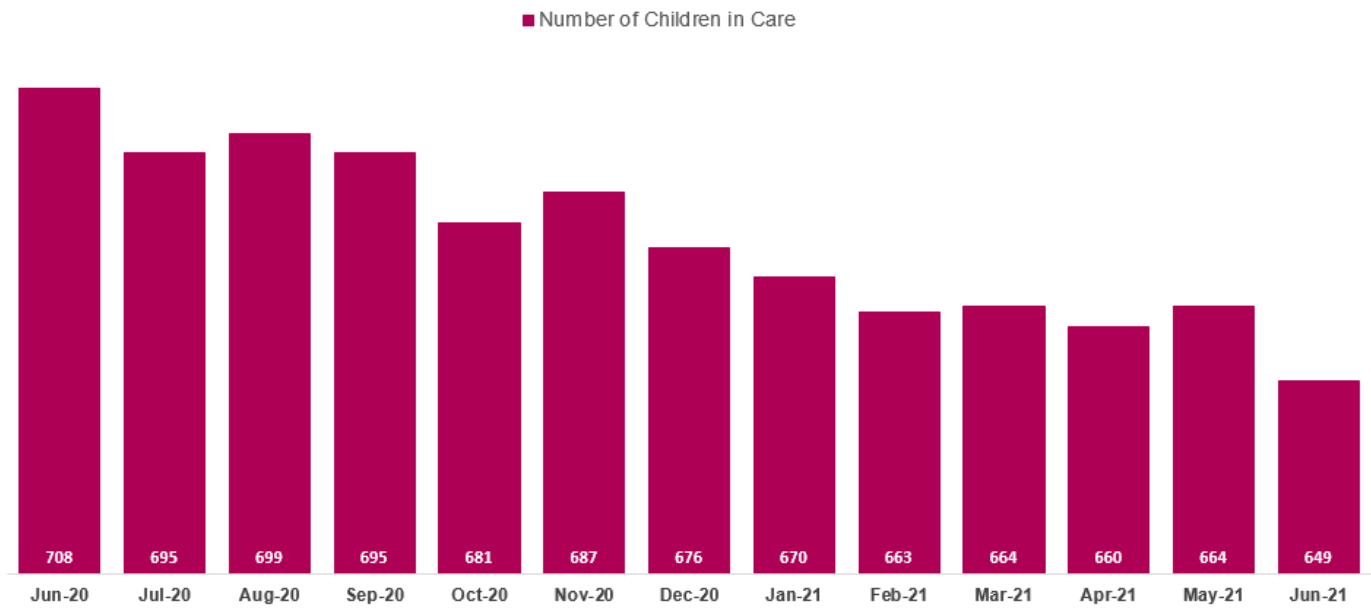
2.43. There has been an increase in the number of children subject for plans for between 13 and 23 months; this relates to the point made above that virtual working has been less effective for families facing very complex issues. We will begin to see over the next three months the extent to which the higher overall numbers, and the increase in numbers of children subject to a child protection plan, feed into higher numbers of children coming into care.

Children and young people in care

2.44. Prior to the wide ranging review of the model of delivery in children's social care, completed at the end of 2018, there had been a year on year increase in numbers of children coming into care in Cambridgeshire. Once those changes had become established, that increase was reversed, and the number in care has continued to decrease following the implementation of the Family Safeguarding model.

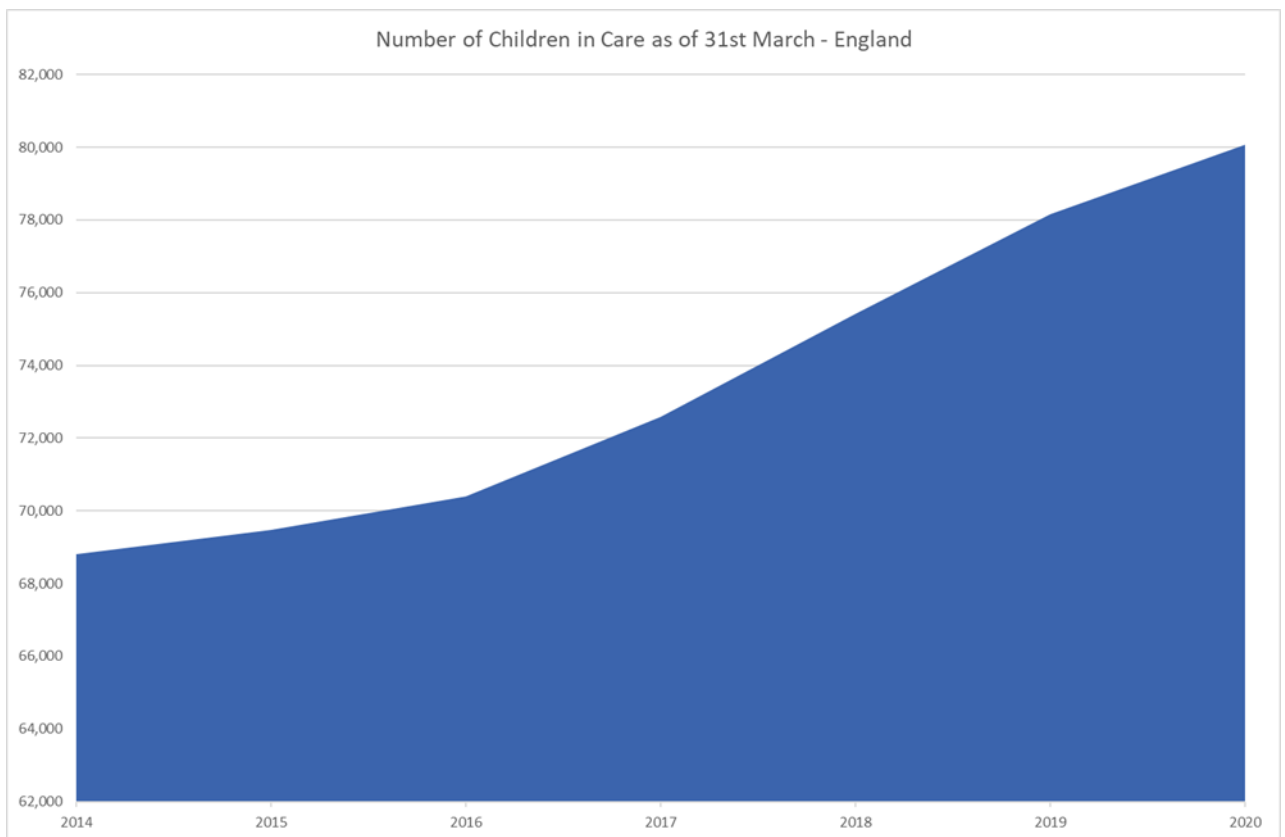
2.45. The chart below shows the recent history of children in care numbers in Cambridgeshire, compared with our statistical neighbour and England average:

2.46. The chart below shows the actual number of children and young people in care:



2.47. The trend continues to be generally downward and in ordinary circumstances, I would expect to see overall numbers move to around 600-620 by the end of the current financial year, followed by either a steady state or a continued slow reduction in numbers during 2022/23.

2.48. Recently published national data shows that the number of children in care continued to increase during the 2019/2020 financial year:

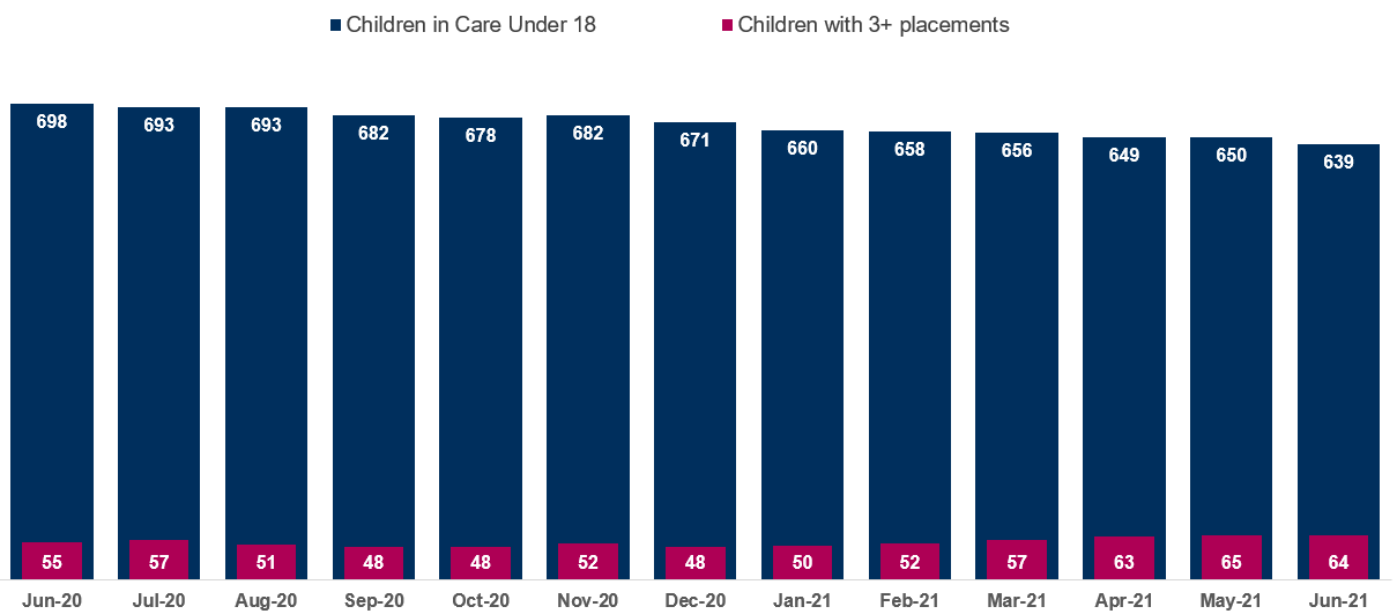


2.49. This national increase continues to result in a growing shortage of placements for children and young people in care that is affecting all local authorities, including Cambridgeshire.

2.50. As noted in the above discussion about numbers of children subject to child protection plans, however, these are not ordinary circumstances. The picture as far as overall numbers of children in care will not become clear until later in the year, when we can begin to evaluate the impact of higher numbers of children subject to child protection plans.

2.51. For children who do need to come into care, the best outcomes are generally associated with a move to permanent family based care through either adoption or permanent care with a relative [or close family friend] under a Special Guardianship Order. The majority of children who leave care to adoption or special guardianship are in care for only a relatively short period.

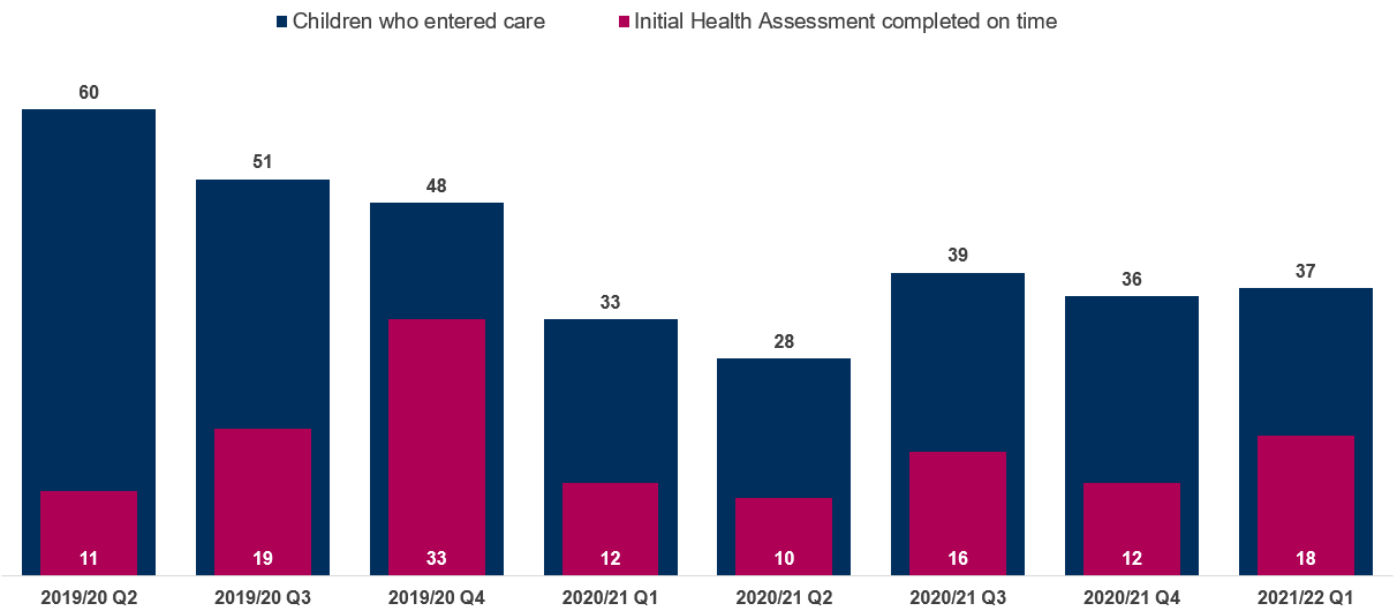
2.52. For children who remain in care longer, the best outcomes are associated with placement stability. The chart below shows the percentage of children in care who have had three or more placement moves in the last 12 months:



2.53. Our current performance, where 10% of children in care have experienced three or more placement moves in the last 12 months is better than the average of our statistical neighbours at 12%, but remains a little higher than we would ideally like to see. Authorities that are performing consistently well in this area achieve a figure of around 7%. Any lower indicates that thresholds into the care system, particularly for older young people, are too low, since it would be expected that a proportion of children in care will have very challenging care needs and will therefore experience changes in placements as arrangements break down. Good performance in this area relies on positive and proactive care planning, which is an area of continued focus for improvement in Cambridgeshire, as discussed in more detail below.

2.54. The current challenge for the local authority is the rapidly increasing cost of children’s care placements, in part driven by the continued national growth in numbers of children in care as mentioned above. New Independent Fostering Agency foster placements are now in the region of £1,000 per week – this is at least £150 per week more than the cost 18 months previously. Residential placement costs have also escalated. After deducting contributions from education and health made towards some residential placements, the average cost of all current residential placements is around £3,800 per week. Residential placements made since the beginning of January 2021 have averaged around £4,450 per week after contributions from health and education partners – an increase of almost 20%.

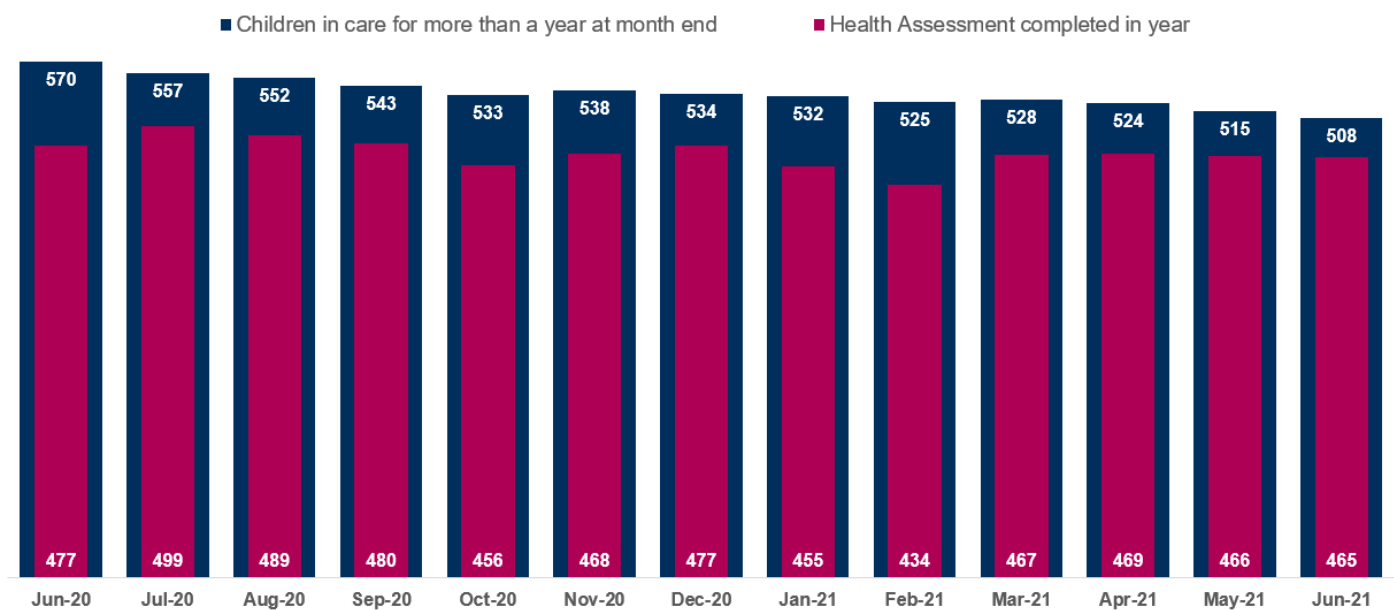
- 2.55. To some extent, these cost increases relate to an increasing complexity of need among our children in care. As overall numbers of children in care in an authority reduce, a higher proportion of those remaining in care have more complex needs, increasing unit costs of providing placements that can meet those needs. A more significant factor, however, is the acute shortage of placements for children in care nationally, which has been driving cost increases.
- 2.56. Shortages in placements for children in care are the subject of a national focus. The children's homes regulations were drafted as part of the Children Act 1989 and much has changed since that date. Regulations are currently being re-drafted with the aim of making it easier for new providers to enter the residential market, and for those providers to offer a more flexible form of care. Current regulations are based on the notion of a fixed building, with registered manager, providing medium and longer term care for a small group of children or young people.
- 2.57. Many young people who require specialist care may need something that is very different from this, and need it very quickly – a solo placement that can be set up very quickly by trusted and registered providers, for example. Under current regulations, such placements need to be registered through Ofsted, a process that takes a long time to complete.
- 2.58. Government has also announced capital funding for local authorities to provide their own residential children's homes. This funding would need to be match funded by the local authority. In line with the Council's sufficiency strategy, a business case in relation to developing our own residential provision is taking place, and this could include the authority making a bid for capital funding. The Committee will be kept informed of developments in this area as things progress, and any final decision will rest with Committee.
- 2.59. In the here and now, however, escalating costs of provision are now resulting in a clear budget pressure estimated as £1.25M on the external placement budget, despite reduced numbers of children in care. Robust budget management in other parts of the service means that this in-year pressure can be managed providing that there are no further increases. Any overspend in the current financial year will, however, have consequences for placement budgets in 2022/23.
- 2.60. The budget pressure this year should be seen in the context of the £1.25M saving target against placement costs for 2021/2, following delivery of around £2.6M in savings in the 2020/21 financial year.
- 2.61. Pressures and shortages of external fostering and residential placements also emphasise the need for us to continue our work with existing in-house foster carers to ensure that more feel able and confident to look after slightly older children and young people than they have done to date. The make-up of our population of children in care, as noted above, is changing and is becoming older, with more complex needs and fewer babies and very young children are now coming into care. We are also doing all we can to continue our recruitment campaigns so that we can continue to increase the number of our foster carers.
- 2.62. The following chart shows the proportion of children who come into care for the first time and who have an initial health assessment within the first 28 days:



2.63. This has been an area where performance has needed to improve and an area of focus for the Corporate Parenting sub-committee. It is a complicated area in that for an assessment to be completed within the required timescale, children’s services must inform health colleagues of the details of the child as well as supplying the required consents. Health colleagues then need sufficient time to arrange an appointment that is convenient for the carers.

2.64. We have re-modelled the system, with changes implemented at the beginning of this year; almost 50% of initial health assessments were carried out within the right timeframe in the first quarter, which while needing to improve further, is a significant improvement on preceding quarters.

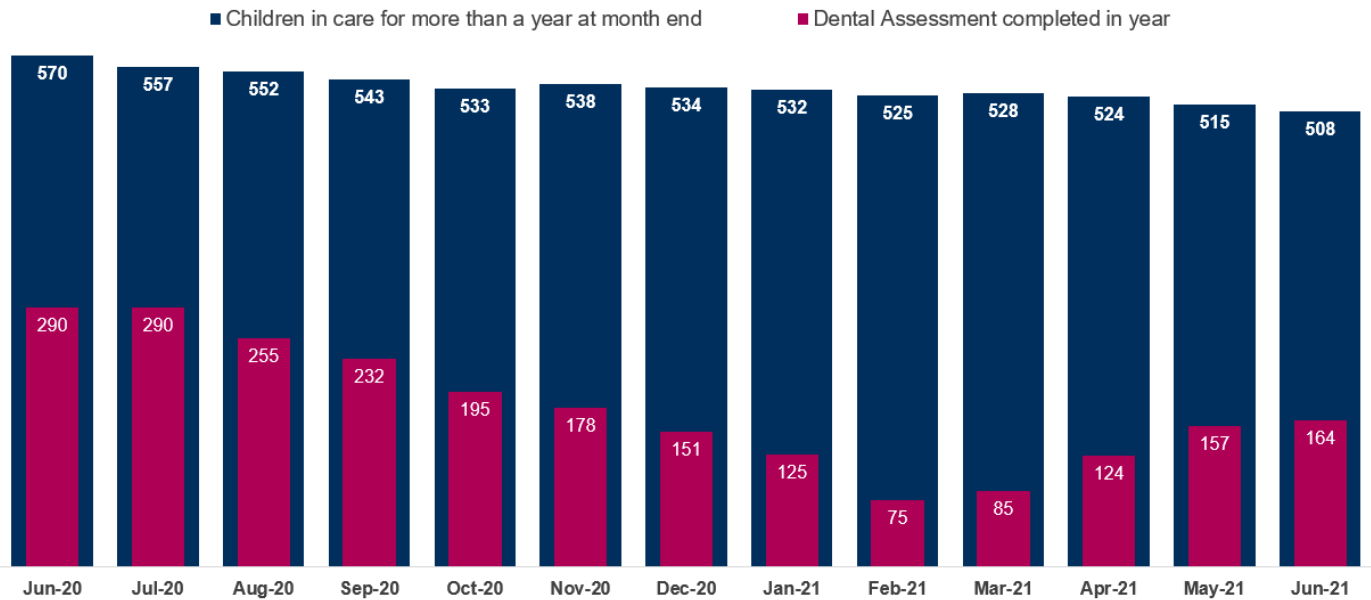
2.65. Children and young people in care should also have an annual health assessment. The following chart provides information on the proportion of children in care accessing their annual health assessment on time:



2.66. Despite the challenges of the pandemic, performance in this area has remained good, with current performance at 91.5% of annual health assessments being completed on time. A

number of older young people in care will often decline a health assessment, meaning that any performance over 90% is very good.

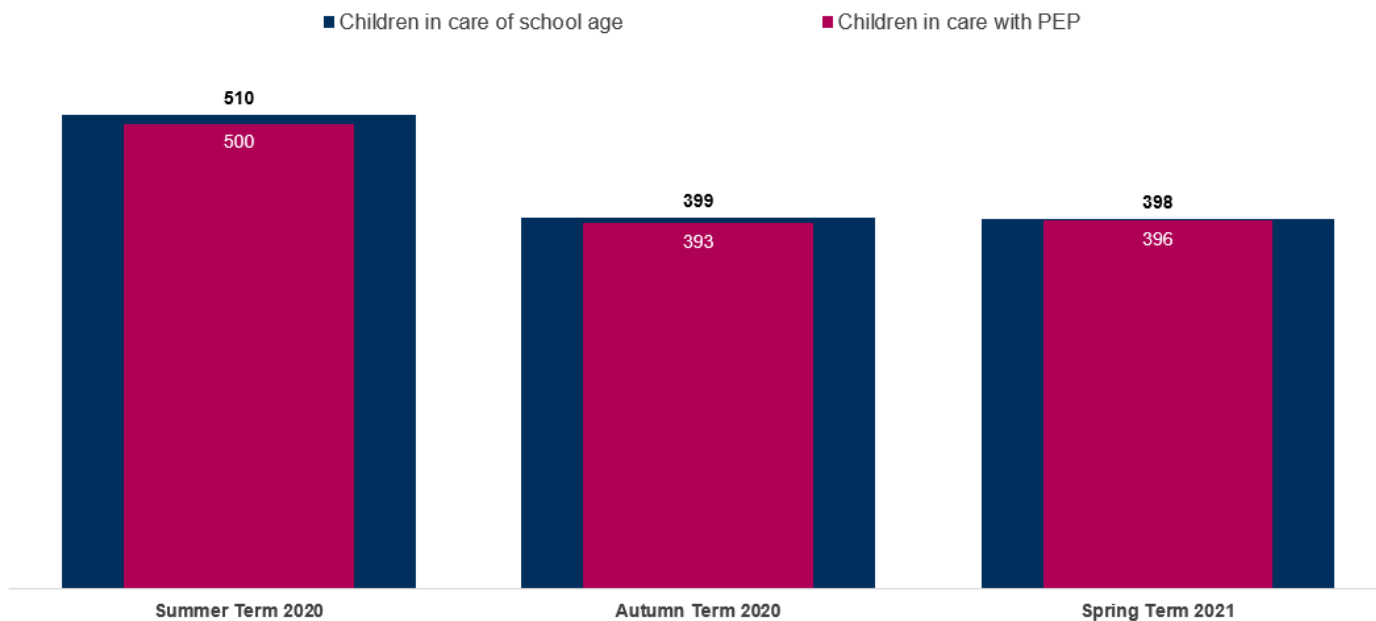
2.67. One area where the Covid-19 pandemic has had a significant affect is in the area of dental health checks, as is shown by the following chart:



2.68. It is encouraging that performance in this area is beginning to improve again as the pandemic restrictions ease; this is an area where we will do all we can to support children and young people to access appropriate dental health care. It should be noted that any child in care in need of urgent dental treatment during the lockdown has been able to access this with the support of our health partners.

2.69. The virtual school provides support to all children and young people in care. The role of the virtual school is to support the best possible educational outcomes by acting as a powerful advocate for children in the care system, and through the provision of additional support and funding as may be required.

2.70. All eligible children and young people in care should have a Personal Education Plan, or PEP. These set out the personalised aims and objectives for the child and describe any additional support that may be needed in order to achieve those aims. The chart below shows the proportion of children in care with a PEP:



- 2.71. Data for this indicator is collected termly and as can be seen from the above, performance is consistently good in this area, with the most recent data showing that 99% of all eligible children and young people have a PEP in place.
- 2.72. There is considerable activity taking place in relation to support to our care leavers, and particularly work to ensure that as many as possible remain in suitable accommodation having left care. Our current position is that 90% of all care leavers up to the age of 21 are in suitable accommodation; our target is for this to increase to 95% by the end of the current financial year, which would place us just ahead of our regional and statistical neighbours.
- 2.73. There will always be a small proportion of young people not in suitable accommodation; for some, this is a matter of choice – although our personal advisers do all they can to persuade care leavers to access suitable accommodation. For very small numbers at any one time, the accommodation may not be suitable because they are in custody or in hospital.

Children and young people with disabilities

- 2.74. This service sits within the Adult Social Care directorate. This is because the majority of children eligible to access the service will continue to receive a service as adults. Placing the service for children within the adult service therefore helps to avoid disruption at the point when a young person transitions into adulthood.
- 2.75. Children and young people with disabilities and their families have been particularly hard hit by the pandemic. Additional vulnerabilities have resulted in it being unsafe for many to attend school for longer than their peers, for example. Many formal and informal supports to families have been reduced or become unavailable, or families have been reluctant to access usual forms of support because of their concerns about their child's additional vulnerabilities.
- 2.76. Our services have worked very closely with parents, parent-carer organisations, children, young people and remaining services so as to provide as much support as possible. Our short breaks' residential provision have offered a range of very creative support services to families affected by Covid-19, including providing care to children who have had Covid-19 themselves. As the pandemic continued, we introduced a dynamic Covid-19 risk assessment

that considered all available sources of support to the child and family in order that we could prioritise those in most need to access the reduced short break services available.

- 2.77. For other families, we introduced a 're-direction of funding' approach, whereby children's personal budgets that had been associated with short breaks could instead be used by families to purchase other forms of support, with the agreement of the worker. Some families chose to purchase garden play equipment, for example.
- 2.78. The service promotes the use of Technology Enabled Care (TEC) in order to increase the child/young person's independence and to prepare them for adulthood. Any review of a child or young person's care package includes a discussion around the full range of TEC available, and how this might enable them to meet their desired outcomes (such as being able to access public transport independently by using one of the Travel Apps, or combatting anxieties by using one of the sensory pets – such as the very realistic and popular robotic Sensory Cats, which purr and provide a sense of warmth.) This has been particularly useful during and following the pandemic when anxieties have been raised for many children and young people.

Quality of practice and recruitment and retention of experienced staff

- 2.79. The above information is mostly focused on performance information. While it is important to understand what data is telling us about the likely quality of the service we offer to vulnerable children, young people and their families, it is also important that we understand the quality of those services.
- 2.80. A quality assurance service, reporting to an Assistant Director, plays a key role in this area. This service is shared with Peterborough. Quality is gauged by a number of activities including regular case file audits, audits that look at how practice addresses certain themes – how we respond to young people who are regularly going missing, for example – and regular dip-sampling of decisions made at key points across the system.
- 2.81. Where children are the subject of a child protection plan or are in care, an independent chair or reviewing officer also becomes involved. These experienced members of staff chair the child protection conferences or review meetings for children and young people in care, but also play an active role in ensuring that the agreed actions in relation to the child's plan are being addressed in a timely way. They monitor progress of plans between meetings and there is a case alert system in place that allows these officers to flag any concerns they may have about the progress of a plan for any child or young person.
- 2.82. Themes from audits, dip sampling, case alerts and from complaints and compliments all feed through into regular practice workshops that are delivered through the quality assurance service, with the focus being on improving practice and outcomes for children and young people.
- 2.83. Clearly, our aim is for us to make sufficient progress in improving our services to achieve and overall grade of 'Good' from Ofsted at our next graded inspection. The following table summarises Ofsted inspection outcomes for Cambridgeshire children's services over the last 10 years:

Year	Type of Inspection	Outcome
2012	Inspection of local authority arrangements for the protection of children	Inadequate
2014	Inspection of services for children in need of help and protection, children looked after and care leavers	Good overall, but ' Requiring Improvement to be good ' in the sub-judgement of Children in need of Protection
2019	Inspection of children's social care services	Requiring Improvement overall but Good for Leadership

- 2.84. Although the overall outcome from the 2014 inspection was good, the sub judgement for children in need of protection was 'Requiring Improvement'. This sub-judgement is usually a limiting one – i.e. the overall outcome cannot be better than sub-judgement grade for children in need of protection. Regardless of this apparent anomaly, it remains the case that the most important aspect of children's services – the ability to keep children safeguarded – has not been assessed by the regulator as being Good in Cambridgeshire at any time in the last 10 years, illustrating the challenge in achieving a good rating for this sub-judgement.
- 2.85. At the last graded inspection of children's services in January 2019, the overall grade was that children's services 'Required Improvement to be Good'. The sub-judgement for leadership and management was 'Good', however. This inspection took place just after the reorganisation of children's services away from the previous Unit model to the current structure. Ofsted inspectors said that this reorganisation had been managed extremely well, and that the reorganisation had clearly been necessary in order to ensure that the service would be in a position to improve.
- 2.86. The grade 'Requires Improvement to be Good' is a broad band; depending on where children's services are on that band, they can make considerable improvements and still be assessed as requiring improvement. Children's services had a long way to travel to be good overall in January 2019; we have made significant improvements in the consistency of service delivery since then, but are not yet consistently good in all areas.
- 2.87. One area where there is a continued need to improve consistency of practice is in the area of care planning for children and young people in care. Under the old unit system, this was an area of practice that had been neglected, and it is taking time for a thoroughly proactive approach to care planning to become embedded. The needs of children in care change over time, meaning that care plans also need to consistently evolve. Less proactive care planning can result in issues developing in placements. If these are not addressed quickly enough, the stability of the placement can be at risk.
- 2.88. Another example of where we continue to have work to do in improving consistency relates to the quality of our assessments. Children's social care has a statutory duty to complete an assessment of any child who we believe may be in need or in need of protection. While many of our assessments are good, not all sufficiently analyse all of the circumstances. A number of specialist risk assessment tools are available to support this process, for example when understanding the impact of persistent neglectful parenting, but these are not yet used consistently.

- 2.89. We welcome external scrutiny as part of our improvement journey. As members of the Eastern Region of the Association of Directors of Children's Services, we are part of the regional sector-led improvement programme. This includes a variety of programmes in place to support improved practice which includes a programme of peer reviews.
- 2.90. As an authority in the 'Requiring Improvement' category, Cambridgeshire is able to access peer reviews through the eastern region. These independent reviews focus on particular aspects of practice – usually where the local authority is aware that improvements are required. Peer reviews result in a short report that summarises areas where the authority is performing well and making recommendations for improvement. This peer review framework has considerable credibility with our regulator, Ofsted.
- 2.91. At least one peer review will be programmed in between now and the next full inspection by Ofsted. In addition Ofsted has indicated strongly that they will undertake a focused visit in Cambridgeshire before the next full inspection takes place. These external and independent activities combined with our own continuous assessment of the quality of our services, are important aspects of ensuring that we are continuing on our improvement journey to delivering consistently good quality services to vulnerable children and young people, and identifying or confirming areas where continued focus is required.
- 2.92. As noted earlier in this report, our assessment teams have experienced some staffing challenges over recent months affecting experienced qualified social workers and team managers in particular. Assessment teams are challenging places to work; they do not suit everyone. The shortage of experienced front line staff and managers is a national issue and we are reliant on supplementing vacancies through the use of agency social workers. As the pandemic has continued, the availability of agency social workers has also reduced. Where we have vacancies, it is inevitable that there will be an impact on the quality and timeliness of work.
- 2.93. We are working on a refreshed recruitment campaign that will draw on what is special about working for Cambridgeshire County Council, while also ensuring that we are doing all we can to retain the staff that we have. Cambridgeshire has a good track record of promoting from within, which is clearly very positive in terms of retention, although does not add to the number of employed staff across the Council.
- 2.94. We are also exploring whether there are any other actions that can be taken to ease access to affordable housing for some groups of staff, recognising the high cost of housing in some parts of the County in particular. This is a complex area, and work is at an early stage, but there has been a positive response from key stakeholders including district councils.

Ofsted framework and likely future inspections

- 2.95. The current inspection framework includes focussed visits that take place between graded inspections. Ofsted also meets once a year with senior officers in each authority for what is called an annual conversation. While all inspection activity, including focussed visits, are unannounced, an indication of likely future inspection activity is sometimes offered during the annual conversation.
- 2.96. The Cambridgeshire annual conversation took place in May 2020. Ofsted indicated that the usual inspection programme is running about 12 months' behind as a result of the disruption caused by the pandemic. Inspectors also indicated that Cambridgeshire would receive a

focussed visit before any graded inspection is to take place, meaning that a graded inspection is unlikely before the end of the 2022 calendar year.

- 2.97. Focused visits, as the name suggests, involve inspectors looking at a small part of the overall service. This is intended as a supportive process, helping local authorities to strengthen practice in key areas before any graded inspection. These visits result in a letter summarising areas of strengths and areas for development, but no grade is awarded.

Concluding remarks

- 2.98. This report aims to provide a comprehensive summary of the progress being made in children's services in securing consistently good outcomes for children and young people.
- 2.99. While our current assessment is that children's services remain in need of improvement in order to be good, the service continues to benefit from stable leadership, and the different areas of the service are all now developing well. Consistency of practice does need to continue to improve in some areas.
- 2.100. Some of our managers continue to need some support to develop their full potential in their roles. The important thing is that we know the areas on which continued focus is required, and that we have strong mechanisms in place to steadily improve practice and outcomes for children and young people in Cambridgeshire.

3. Alignment with corporate priorities

3.1 Communities at the heart of everything we do

The following bullet points set out details of implications identified by officers:

- Children do best when they live in stable family homes, attend a consistent school and build sustainable community relationships.

3.2 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- Effective family support services enable families to address issues that would otherwise have an adverse impact on their children. Where children need to come into care in order for their wellbeing to be safeguarded and promoted, enabling them to remain living in the right placement is most likely to enable them to achieve the best outcomes.

3.3 Helping our children learn, develop and live life to the full

The following bullet points set out details of implications identified by officers:

- Children do best in learning and development if they are able to live in stable and loving homes, with their own families if at all possible, or with well-matched foster placements or other care settings if remaining at home is not in their best long-term interests.

3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications for this priority.

3.5 Protecting and caring for those who need us

The following bullet points set out details of implications identified by officers:

- Vulnerable children are entitled to be supported to remain at home with their parents wherever possible. Our family support services work with families where parents are struggling to meet the needs of their children so that they are supported to make the changes they need to make.
- Where children would be at risk of significant harm were they to remain in the care of their parents, or where they have very complex needs that require specialist care, we provide well-matched placements to enable children and young people to grow up safely and achieve the best possible outcomes.

4. Significant Implications

4.1 Resource Implications

The following bullet points set out details of implications identified by officers:

- As noted in the main body of the report, an increase in placement costs for children and young people in care, partly associated with an increase in complexity of their needs, has meant that there is a projected overspend of around £1.25M on the external placement budget. Coincidentally, this is equal to the savings target applied for the current financial year.
- An in year pressure of this amount can be managed through re-allocation of other underspending budgets, but any overspend this year will have implications for budgets in the following financial year. Ensuring sufficient resourcing is a focus of the current business planning process.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implication

There are no significant implications for this priority.

4.3 Statutory, Legal and Risk Implications

There are no significant implications for this priority.

4.4 Equality and Diversity Implication

There are no significant implications for this priority.

4.5 Engagement and Communications Implications

There are no significant implications for this priority.

4.6 Localism and Local Member Involvement

There are no significant implications for this priority.

4.7 Public Health Implications

The following bullet points set out details of implications identified by officers:

- Supporting good outcomes for children, young people and their families contributes to an overall improvement in public health outcomes.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Roger Brett

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the Head of Procurement? No

Name of Officer: Henry Swan

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Lou Williams

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Christine Birchall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Lou Williams

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Raj Lakshman

5. Source documents guidance

5.1 None