Agenda Item No: 7

# Service Director's Report: Children and Safeguarding

| | |
|---|---|
| To: | Children and Young People Committee |
| Meeting Date: | 9 March 2021 |
| From: | Executive Director People and Communities |
| Electoral division(s): | All |
| Forward Plan ref: | n/a |
| Key decision: | No |
| Outcomes: | To provide a summary of key performance information for children's services covering the last 12 months, and actions taken to maintain and/ or improve performance in the context of the continuing pandemic.<br><br>That Committee Members have a good oversight of key performance indicators in relation to the safeguarding of vulnerable children, and the progress of children and young people in care. |
| Recommendation: | The Committee is recommended to:<br><br>a) Note and comment on the key performance information and actions being taken to continue to improve outcomes in children's services.<br><br>b) Note and comment on the continuing work by all in children's services, including our foster carers, to support children, young people and families through the continuing pandemic. |


Officer contact:
Name: Lou Williams
Post: Service Director Children & Safeguarding
Email: Lou.Williams@cambridgeshire.gov.uk
Tel: 01733 864139

Member contacts:
Names: Councillors Simon Bywater and Samantha Hoy
Roles: Chair/Vice-Chair
Email: Simon.Bywater@cambridgeshire.gov.uk samphoy@googlemail.com
Tel: 01223 706398 (office)

# 1. Background

1.1. The report begins by summarising key performance information in children's services as of the end of January 2021.

1.2. The report also summarises some recent developments in respect of Corporate Parenting services, including changes that we expect to deliver improved outcomes for children in care and young people leaving care.

# 2. Main Issues

**Summary of key performance information**

2.1. This latest performance report needs to be seen in the context of the country returning to national lockdown in January 2021.

2.2. As in previous lockdowns, managers across the service have reviewed all children known to early help and safeguarding services in order to determine those who are most vulnerable. Face to face visiting remains in place for all children and young people about whom we have greatest concern, although direct visiting is also supplemented by virtual visiting where appropriate.

2.3. As previously, we have worked closely with schools to support continued attendance by vulnerable children and, again as previously, schools have remained hugely supportive.

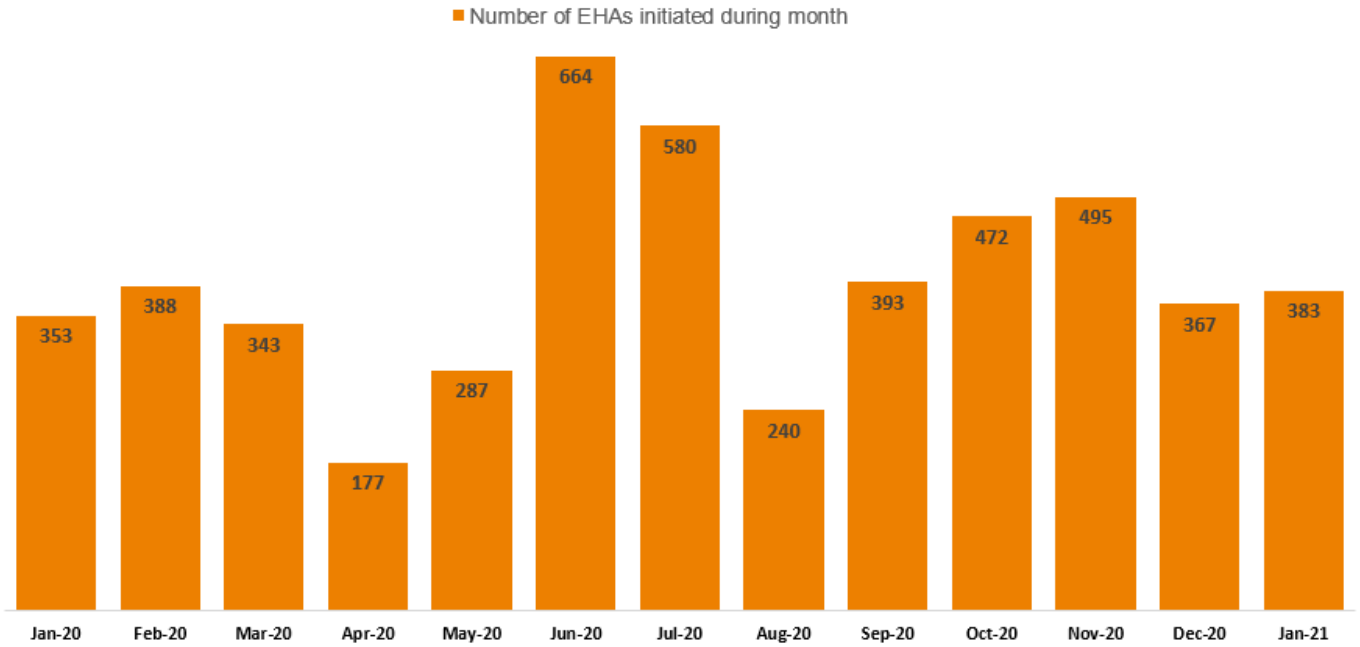
2.4. We have continued to ensure that we are keeping as many services operating as we can, where doing so is possible in a Covid secure way. In practice, this means that some delivery has moved back to being virtual but we have, for example, kept our children and family centres open for pre-booked appointments as resources such as these are very helpful for families with young children and new parents.

2.5. The continuing pandemic and restrictions that have been put in place have placed challenges for our staff and carers. More of our staff are working from home again for more of or all of the time. Overall, our staff and foster carers continue to do amazing work, but fatigue and anxieties about when this situation will finally come to an end have probably been closer to the surface in this lockdown for many than in previous ones

2.6. The data included in this report is as of the end of January 2021, which is the most recently available data available.

**Early Help, referrals, assessments and family safeguarding**

2.7. The chart below shows the number of early help assessments initiated month by month. These assessments are commenced where it appears that the child or young person may have a range of additional needs that require some coordinated support, perhaps from a school, health services and the council's directly provided early help service:




2.8. The number of early help assessments completed in October and November was significantly higher than the same period in the previous year; this of course coincided with all pupils returning to schools. The number of assessments completed in January 2021 is a little higher than the number completed in January 2020, but much of this data would not have been affected by the return to home-schooling in January 2021 as most assessments completed in that month would have been initiated in December 2020.

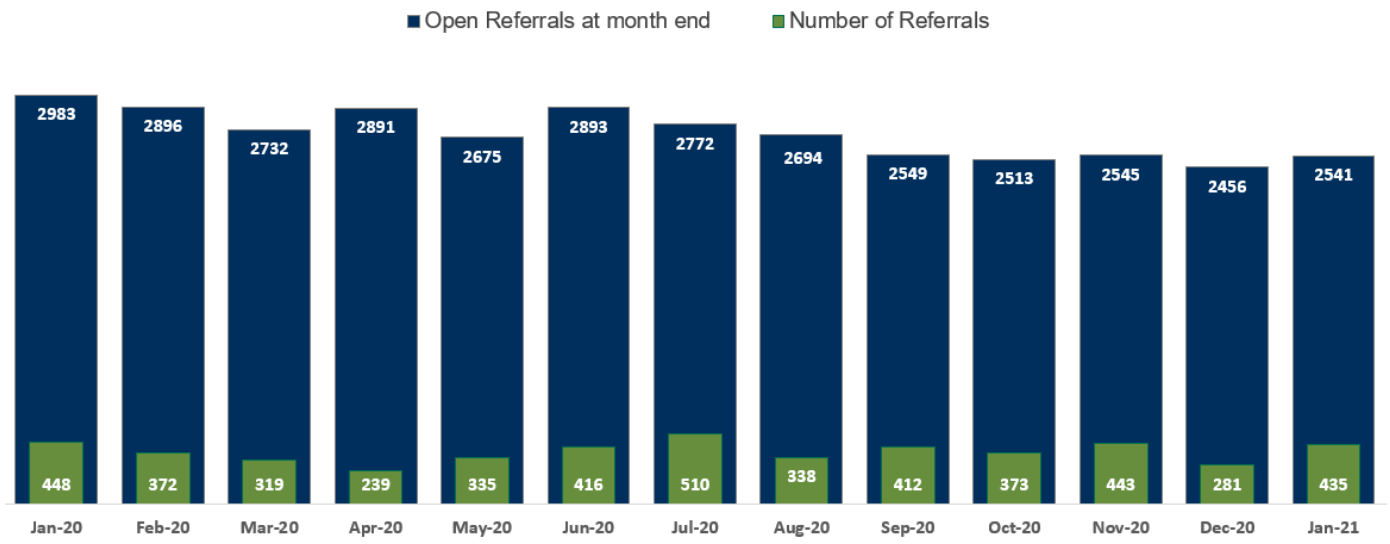
2.9. It is reassuring that numbers of assessments have remained at higher levels, as this does indicate that need continues to be identified. There will undoubtedly be an impact from schools being physically closed for most pupils and indicates that we can expect a further increase in demand once schools fully reopen.

2.10. Managers within early help are now reporting indications of increasing complexity of need alongside higher numbers of referrals. Particular areas of increased need have related to challenging behaviour within the home and mental and emotional health and wellbeing among young people. Our young people's workers are currently working with a number of young people who are expressing severe anxiety around social isolation and worries about exams, qualifications and similar, for example.

2.11. Early help services are also working closely with colleagues within the Think Communities team, and there is growing connectivity between our services and community and other support groups and services. There has been, for example, considerable activity in the Fenland area to support families facing food and fuel poverty.

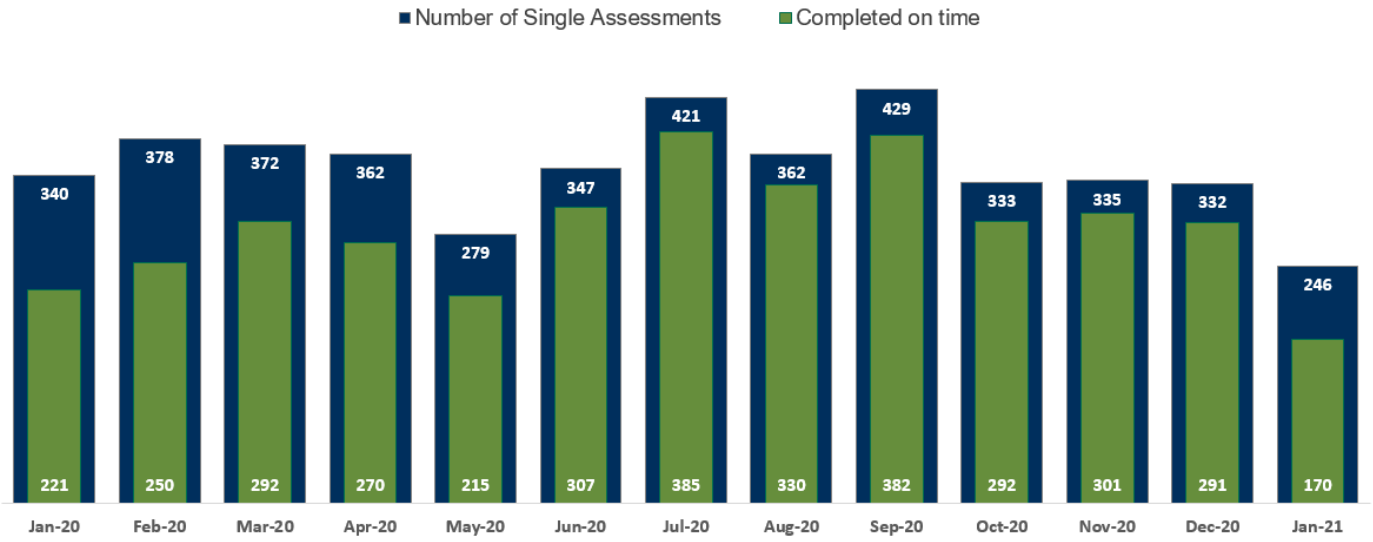
2.12. Work is also taking place and involving young people to create social media and other content that challenges the at times all pervasive notion that everything is doom, especially for young people's futures. Challenges are real, of course, but it is also important to ensure that we build confidence and resilience and positivity about the future.

2.13. The following chart provides information about referrals into Children's Social Care:



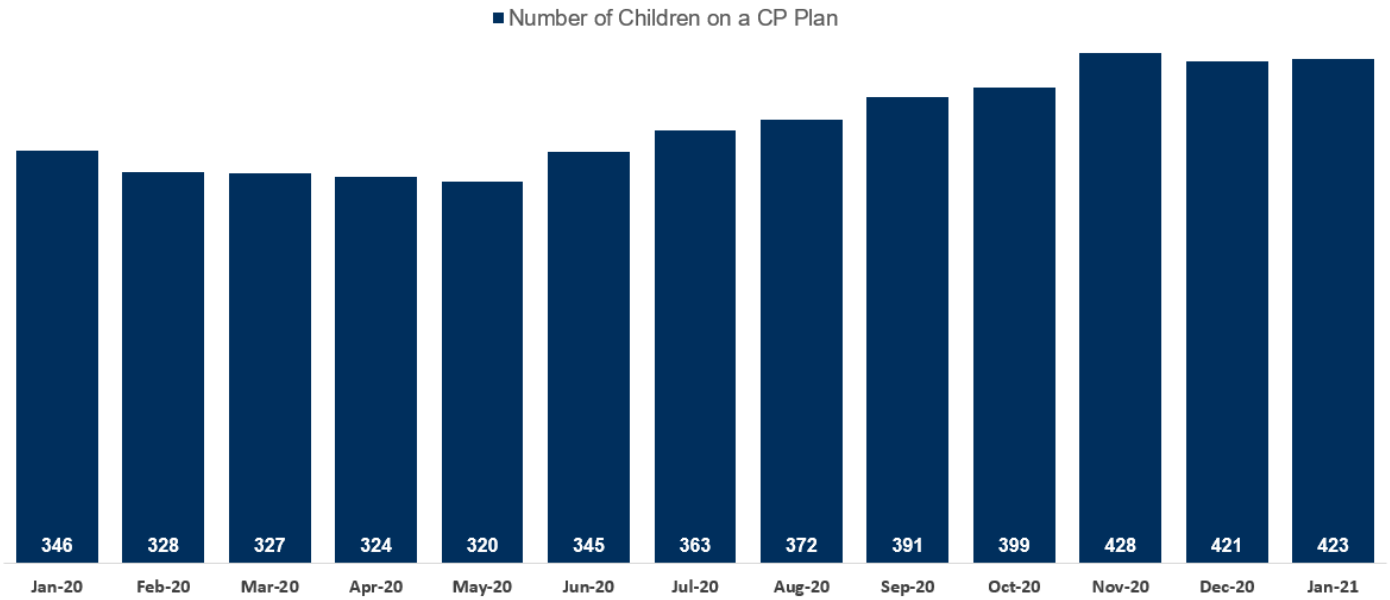

2.14. The above chart illustrates that in terms of the number of children and young people accepted into the safeguarding service as referrals has continued to remain broadly similar to the position in January 2020. What we are beginning to see is a reversal of a longer term trend of a reduction in overall numbers of children and young people open to the service. This picture from the data fits with the anecdotal comments of managers and teams across children's safeguarding services that complexity of need has increased even while overall numbers being referred has not yet increased significantly.

2.15. Where it is considered after further limited enquiries that children referred may be in need or in need of protection under the Children Act 1989, an assessment must be completed within 45 working days of the referral. The chart below shows the number of assessments completed month by month, and the number completed within that timeframe. Performance in January was that 70% of assessments were completed within the required timescale.




2.16. Performance in January 2021 was considerably lower than typical performance. This is likely to be related to the additional bank holidays and the closure of the service to all but the most urgent work between Chiasmas and New Year. Year to date performance at 85% remains good when compared with our statistical neighbours [81%] and England averages [83%] and is an improvement on last financial year when the proportion of assessments completed on time was 81%.

2.17. The chart below shows the number of children subject to a child protection plan over the last 12 months:




2.18. Numbers of children subject to child protection plans had been steadily declining until around May 2020. The May 2020 figure of 320 children subject to child protection plans is around the long term level that we would want to see as a service, and all things being equal, we would have expected numbers to have remained at or around this level. Instead, numbers have been increasing since then, although that increase has levelled off most recently.

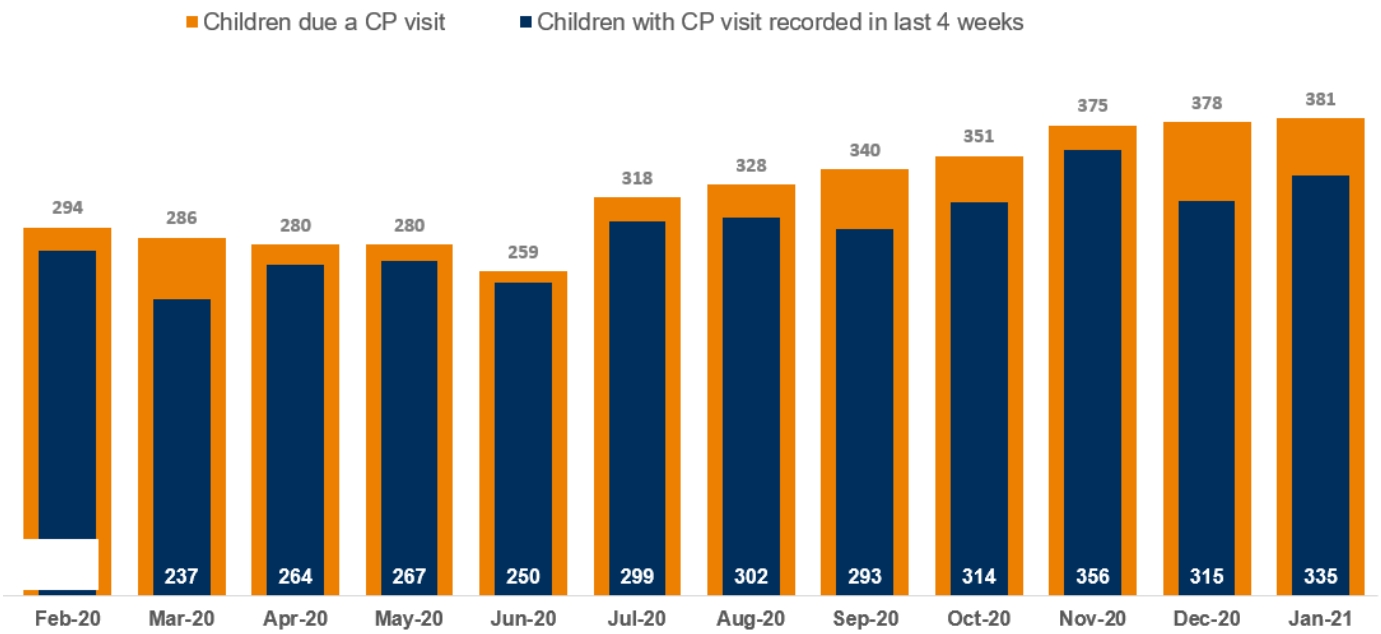
2.19. This increase in numbers again fits with the messages from staff and managers of increasing complexity, although that is not the only factor at work here. As noted in the last report to committee, we continue to issue fewer care proceedings, meaning that we are supporting more children in the community. All things being equal, a reduction in care proceedings is often accompanied by an initial increase in child protection numbers.

2.20. The other issue is that the lockdown restrictions continue to mean that it is more difficult to support families to address complex issues. Virtual engagement with parents who are struggling with complex issues is less effective than direct face to face work and group work.

2.21. This means that it takes longer to complete the actions associated with children in need and child protection plans, with more children open to the service for longer as a result.

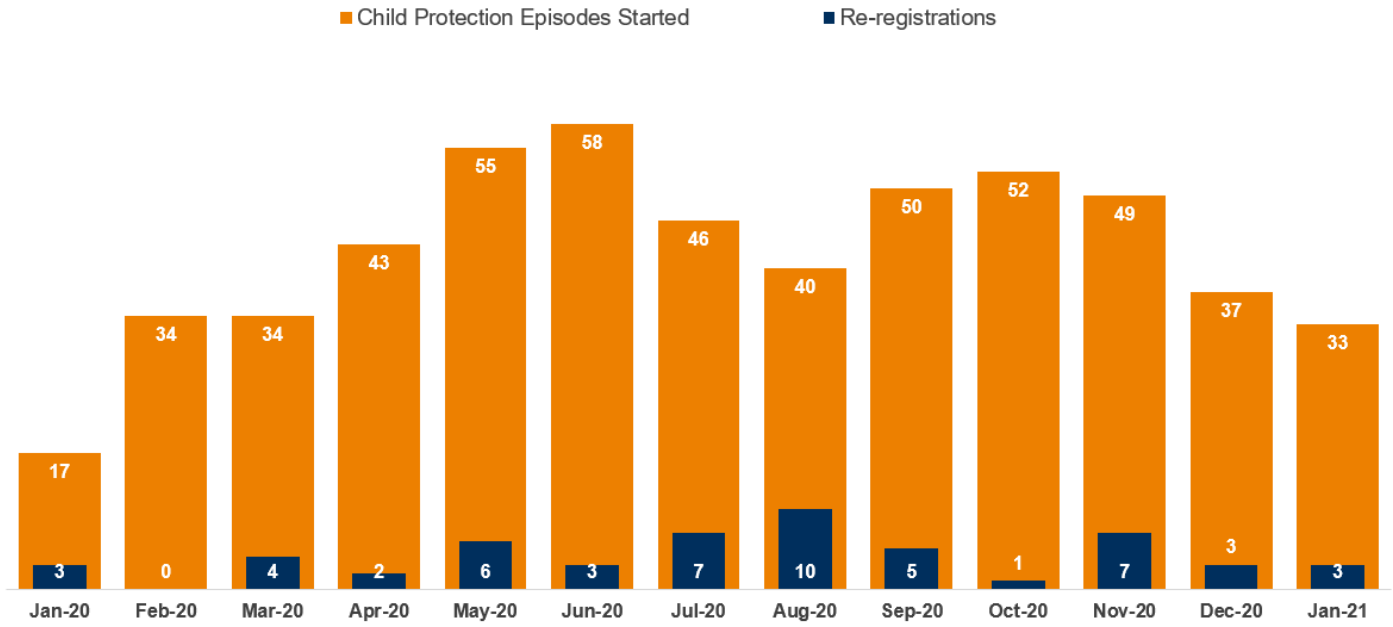
2.22. Having said all of that, at 423 children subject to child protection plans, our rate per 10,000 population aged 0-19 is 31.0, which remains below the average of our statistical neighbours at 36 per 10,000.

2.23. The next chart shows the proportion of visits to children subject to a child protection plan and who have been visited in accordance with the required timescales:




2.24. January performance was that 88% of all children due to be seen were seen within the required timescale. This is below our target of 95% but does need to be seen in the context of the renewed lockdown and increased numbers subject to child protection plans.

2.25. More positively, we are seeing a sustained improved performance in respect of children becoming subject to a child protection plan for the second time within two years of a previous plan, as shown in the chart below:

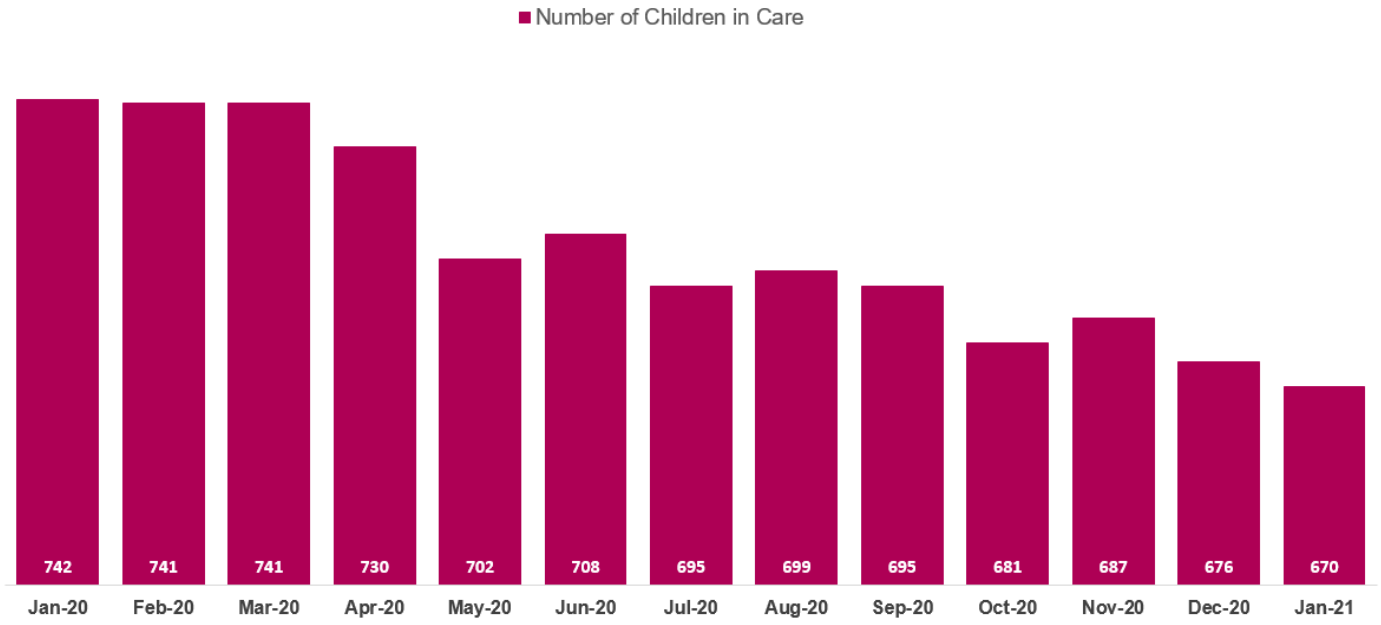



2.26. Numbers have been low for the last 12 months, with the year to date figure being 10%. The equivalent figure in 2018/19 for Cambridgeshire was 18% of children becoming subject to a child protection plan had been subject to a plan previously. Because of the nature of the population of families where children become subject to child protection plans, it is always going to be the case that some children are subject to chid protection plans more than once. Performance of around 10% is generally seen as good. Where this is moving towards 20%,

there is a likelihood that issues within families that were leading to risks for children were not resolved in a sustainable way as often as they should have been during the first period of a child protection plan.

**Children in Care**

2.27. The chart below shows the number of children and young people in care, and the continuing reduction in overall numbers that we have been seeing since the summer of 2019:




2.28. One of the impacts of Covid-19 has been that some court hearings relating to children have been delayed, as courts focus on the most urgent matters. One type of hearing that has been delayed is final adoption hearings, and we have around 15 children who in ordinary times would have had their final hearing by now. These children are placed with their adoptive families and are subject to additional legal protections that prevent, for example, a birth parent seeking to challenge the placement. They do, however, remain looked after until the final adoption hearing. Including that 15 as having left the care system would actually reduce our numbers to 655, which means that we are getting closer to our longer term target of between 600 and 620 children and young people in care.

2.29. As noted in previous reports, the positive news about overall numbers in care is not the whole story, however. Within the overall population is a small but growing cohort of young people with particularly complex needs. This has meant that there is pressure in respect of children's placement costs that is likely to be in the region of £900K in the current financial year. This still represents very good performance overall, given the savings applied this year of in excess of £4M to the budget.

2.30. This situation continues to be closely monitored and the placement budget has further savings attached to the next financial year. The current indication is that this target for next year – while a challenge – should be achievable. There is, however, very little flexibility for unit costs to increase further over the next 12 months if the budget for 2021/22 is to be sufficient.

2.31. An area of continuing challenge has been in respect of the proportion of initial health assessments that are completed within 28 days of a child coming into care. The most recent

performance data for January 2021 is that only 38% of children newly coming into care had a medical assessment within 28 days. Performance in this area has needed to improve for a considerable time, and this is an area where the Corporate Parenting Committee has been challenging performance and supporting the identification of solutions over recent months.

2.32. The issues surrounding initial health assessments are complicated, and the failure to achieve good performance is often the consequence of a number of issues. The first issue is that colleagues in health services need to be informed of a child newly entering care promptly, so that they have time to organise the assessment within the four week window allowed.

2.33. The next issue that can cause a difficulty is a lack of consent by the person with parental responsibility. Where a child is coming into care as the result of an interim care order, the local authority [in practice, the social worker] is able to give consent. Where the child is coming into care under a voluntary arrangement with the parent, the parent has to give express written consent to the health assessment taking place. Where this is not obtained at the point that the child comes into care, it can take time to organise obtaining the consent, delaying any medical assessment that can take place.

2.34. We have worked to resolve these issues, and the implementation of LiquidLogic earlier this year has assisted with this. This should mean that we are now providing health colleagues with the right information and consents in a timely way.

2.35. Some Initial Health Assessments do not take place because the young person refuses, or the appointment is cancelled for some reason or another and gets rebooked outside the 28 day period. Where children are placed more than 25 miles away, it is health services local to the care placement that should undertake the assessment. All local health services are stretched, and other areas tend to prioritise their own looked after children ahead of children being placed by another authority.

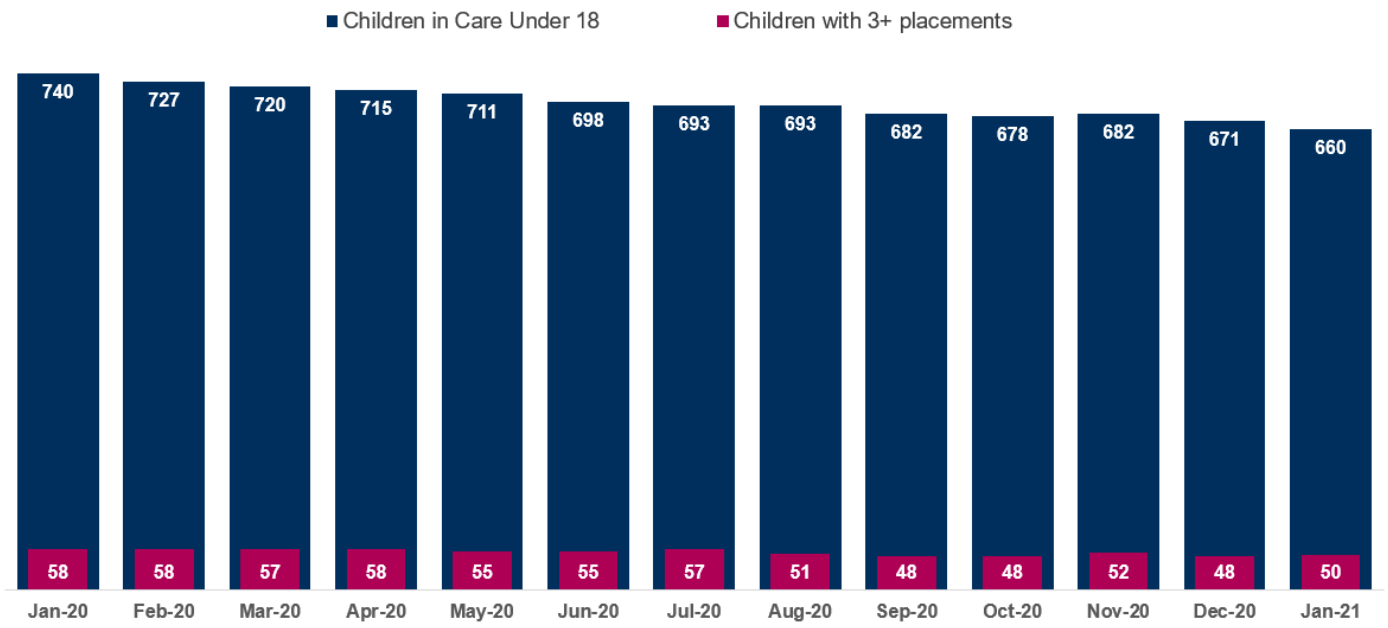
2.36. Deficiencies in the way that we have managed our part of the process in the past have undoubtedly contributed to the poor performance in this area, but it is unlikely that these were ever the only cause. We are continuing to work with our health colleagues to ensure that there are sufficient resources in the health teams responsible to meet the demand in a timely way.

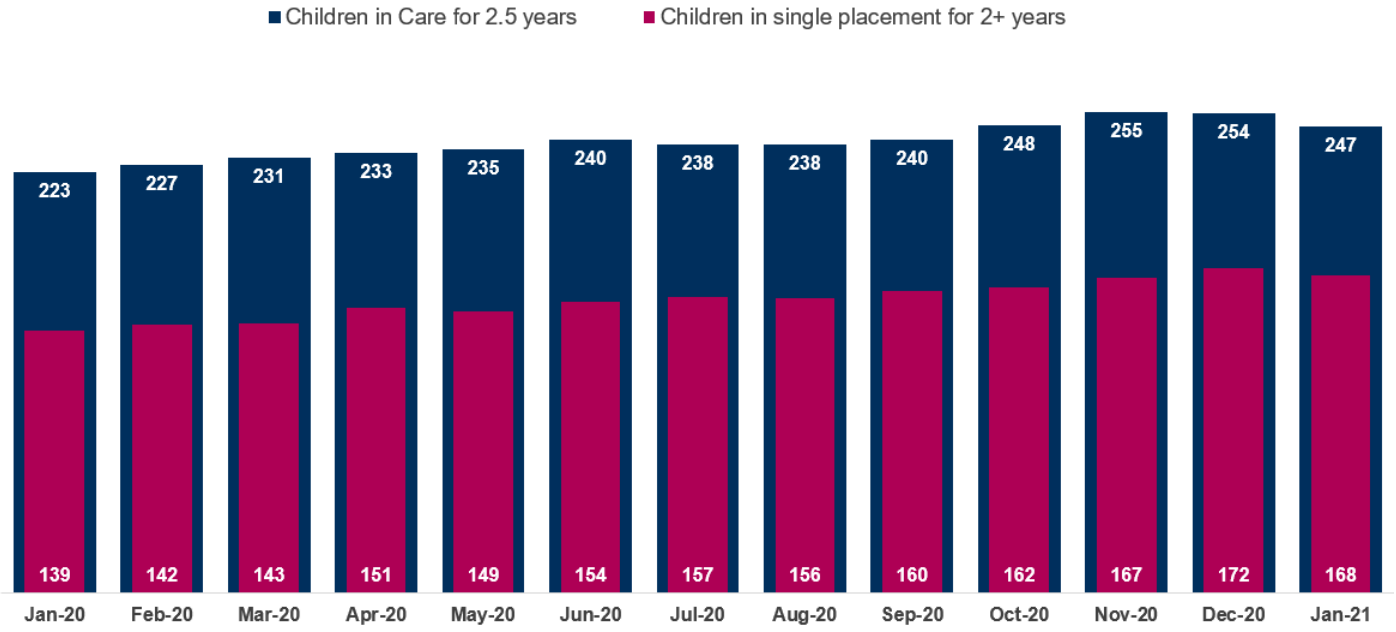
2.37. It is important to note, however, that while performance in this specific area – i.e. an initial health assessment within 28 days – is not where it needs to be, this does not mean that children are not having health assessments; they are, but just not within the required timeframe.

2.38. Performance in respect of annual health assessments is generally reasonably good in Cambridgeshire, being between 85% and 90%, compared with a statistical neighbour average of 86% and an England average of 90%. This provides confidence that we will improve the performance in respect to the initial health assessment.

2.39. Dental checks are an area that have been significantly impacted by the Covid pandemic. Most dental practices are not currently offering this type of service. Our health colleagues are organising specialist treatment for children in care where there is urgent need or there are any issues with pain, which is very positive. Hopefully, as restrictions ease, we will be able to ensure that children in care have the regular dental checks that they need.

2.40. The next charts provide information about placement stability for our children in care:




2.41. Taken together, these charts indicate that in overall terms, the majority of our children in care experience placement stability. At only 7% of children in care experiencing more than 3 placement moves, our performance is better than the most recent data for our statistical neighbours [11%] or the England average of 10%.

2.42. 68% of children in care for more than two and a half years have been in the same placement for at least two years – in line with England and statistical neighbour averages of 69% and 68% respectively. This is an indicator where both high and low percentages indicate potential issues. Too high a percentage indicates that not enough children are moving for positive reasons including, for example, into permanency via a Special Guardianship Order, a return home, or from a residential placement to semi-independent living as part of preparation for independence.

2.43. Recent audits of practice for children in care are identifying a steady improvement in care planning, for example, but there is still some way to go to ensure that care plans are

consistently SMART. Care planning is a specialist area and was one that was underdeveloped in the multi-purpose unit model. It takes time to reset expectations in this area.

2.44. Good care planning helps to prevent unplanned placement endings, as does the level of support available to carers, and foster carers in particular. These are both areas of particular focus for the next few months, as set out in the following sections.

**Senior leadership changes**

2.45. We have successfully recruited to the third assistant director role, which has been vacant since March 2020. Ricky Cooper joins us on 15 March 2021. He will hold strategic accountability for specialist young people services including Youth Offending and services to prevent exploitation of young people, as well as fostering services and the regional adoption agency.

2.46. These changes seek to achieve a number of positive outcomes for children and young people in care and on the edge of care, including:

- To improve the quality and consistency of care planning;
- To increase the number of older children and teenagers placed with our in-house foster carers;
- To ensure that services across the partnership work effectively to prevent young people from being criminally or sexually exploited.

2.47. Separating operational leadership of fostering and adoption services from children in care services means that the respective Assistant Directors can focus on improving performance in the areas for which they have operational accountability. Fostering and children in care services are very different, and demand different skill sets. Operational demand from children in care services will always tend to draw attention away from the fostering service where accountability rests for both rests with a single individual.

2.48. We still need to do more to persuade more of our foster carers to offer homes to older children and young people than is currently the case. Placing accountability for fostering services under the remit of the third Assistant Director enables sufficient dedicated time to support this continuing work. This, combined with the strong focus of the third Assistant Director role to act as a powerful advocate for young people, will provide the strong leadership that is needed in this area.

2.49. Improving our preventative offer to young people at particular risk of being drawn into county lines, serious offending and/or at risk of sexual exploitation is clearly a good outcome in and of itself. Tackling these issues will also reduce the number of young people developing very complex needs and who become at risk of coming into care as a result because family relationships are significantly affected. This is better for individual young people, but also for the system overall, in a context where placements for young people with the most complex of needs are in short supply across the country.

**The revised clinical offer to children in care**

2.50. Prior to the change of delivery model away from the unit model to the structure of specialist social work teams that was completed at the end of 2018 and beginning of 2019, clinical

support for children in care was part of the much broader clinical offer to the service as a whole.

2.51. One of the central elements of the unit model in social work is to have clinical input from specialists such as systemic family therapists into the case planning for children open to each of the social work units. There were 32 units in Cambridgeshire before the change in delivery model to specialist teams.

2.52. Those units provided social work support to children in need, in need of protection and children in care up to the age of 14.

2.53. The clinical staff were mostly employed by the Cambridgeshire and Peterborough Foundation Trust [CPFT], although some were employed by the local authority.

2.54. The move to specialist teams, followed by the decision of the Department for Education (DfE) to award Cambridgeshire funding to develop the Family Safeguarding model, always meant that we would need to review the clinical offer for the service as a whole. This in turn provided an opportunity to look again at what could be offered to support children and young people in care and care leavers in particular.

2.55. By this point, the contract with CPFT to deliver these services had also expired, providing an opportunity for us to consider whether or not we should continue to commission the service, or seek to provide the service directly.

2.56. For children in care, one of the most important determinants of positive longer term outcomes is stability of their care arrangements, whether inside or outside the care system. Many children who come into care will leave again quite quickly, and our aim is to secure legal permanence for children wherever possible. This means a safe return home to parents or carers, or to permanent alternative families through either adoption or the making of a Special Guardianship Order.

2.57. A significant proportion of children coming into care, and particularly those who do so at primary school ages, are however likely to need to remain in care. The best long term outcomes for these children is to be placed with a long term fostering family, where they can remain to adulthood and in some cases beyond through the staying put scheme.

2.58. Children coming into care at this age will have experienced a difficult start in life. As well as having to manage the substantial disruption to their life that coming into care itself brings, they will have experienced serious neglect and abuse. Many children will have suffered from some form of developmental delay, and will have an understandable distrust of the adults who are now responsible for their care. Their past experiences mean that they will often have significant difficulties in forming secure attachments.

2.59. For very understandable reasons, children can often display challenging behaviour as they adjust to coming into care. Some of this behaviour may be learned from their pre care experiences. Some is likely to be a feature of that distrust of adults and a need to test their commitment to them as children. Often, challenging behaviour only begins to emerge once children have been in the foster placement long enough to feel sufficiently safe to begin testing the commitment of the carers.

2.60. Foster carers, including some of our most experienced carers, can struggle with managing challenging behaviour on a daily basis; it can be exhausting. One of the key aims of the revised clinical offer is therefore to increase the support that we can provide to our carers.

2.61. Our revised clinical offer will include an improved training offer to foster carers focusing on supporting children in their care who have attachment disorders and who are exhibiting challenging behaviour.

2.62. Importantly, however, we also want to ensure that we can provide timely individual support to our carers. Experience from elsewhere is that focused individual support to foster carers who are doing their best to support children in their care is effective in helping to avoid unplanned placement endings. Unplanned placement endings often only reinforce the child's lack of trust in adults around them, and worsen their attachment and trust issues. It is therefore very important that we do all we can to avoid these.

2.63. The revised clinical offer will include some direct work with children in care, again focused on helping them to develop secure attachments and to understand their previous experiences. This work will also focus on the overarching need to ensure that placements are maintained wherever possible and, of course, where this is in the best long term interests of the child.

2.64. Some children will always need to move from a current foster placement to a new long term foster placement. This is often because when they were first placed into care, they were placed with carers who are unable to offer long term placements and at a time where long term plans for them were not yet clear. The revised clinical offer will also provide support in ensuring that such transitions happen smoothly.

2.65. As mentioned above, a number of children and young people who come into care do return home again. This can often be because their families have made changes that mean that they can offer a safe and loving long term home. As with any transition, however, it is also important to make sure that the child or young person and their parents are supported through the process. Working with this group of children and young people will also form a key part of the revised clinical offer, as it has always done.

2.66. The revised clinical offer is designed to target attachment issues in particular, as a means to improving placement stability and hence longer term outcomes for children in care. Local Child and Adolescent Mental Health services remain available for children and young people in care with mental health difficulties as they have always done, but these services do not offer support to children experiencing attachment difficulties.

2.67. Careful consideration was given to the question of whether or not renew the contract with CPFT to deliver these services on behalf of the local authority. The eventual decision was taken to develop an in-house service. The main reason was the view that in these very challenging and changing times, we wanted to retain the flexibility of being able to adapt the service should we need to. This is always more difficult where that service is being provided under contract by another organisation.

2.68. We will ensure that appropriate clinical supervision and training is in place for all the staff in the service.

2.69. A consultation process was completed in January 2021. Members of staff raised a number of points, all of which were carefully considered, and some of which resulted in some changes being made to the original proposals. Since the consultation concluded, we have recruited some additional locum capacity into the new service, while we seek permanent employees.

**Caseloads and current recruitment challenges**

2.70. The table below summarises the caseload as of the 12th February:

| Service | Average caseload per FTE |
|---|---|
| Assessment | 15 |
| Family Safeguarding | 17 |
| Adolescent teams | 12 |
| Corporate Parenting | 22 |
| Leaving Care | 20 [but UASC 26] |
| Youth Offending Service | 9 |

2.71. As noted in the last report, average caseloads in corporate parenting and the unaccompanied asylum seeking young people teams remain higher than we would want. Caseloads across the corporate parenting services are being reviewed at present and we should be able to bring back into line with a small increase in personal adviser capacity, for which there is available budget.

2.72. There is a current issue in Family Safeguarding in South Cambridgeshire, with a combination of some vacancies and some sickness having an impact. We have sought and received agreement from the Eastern Region Association of Directors of Children's Services to increase agency pay rates above the eastern region cap. We will look at other recruitment options if we are unable to source capacity through the contract for locum social workers that we have with OPUS.

2.73. There are also some key management vacancies in the South, which is adding to the challenge. That said, our quality assurance service has undertaken some case sampling of children open in the area and the pressures are being well-managed at present – but we are focusing on interim and long term recruitment to support this area in particular.

2.74. More positively, there has been a generally good take up rate for staff and cares eligible for vaccination against Covid-19, and we are very grateful for the support of colleagues in local health services in facilitating this.

# 3. Alignment with corporate priorities

3.1 A good quality of life for everyone

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

- Supporting vulnerable children and young people to achieve the best possible outcomes has longer term benefits for them as well as to the wider population. Where children are enabled to remain safely with their families or provided with good quality care, they are most likely to develop resilience and be more likely to remain in good physical, mental and emotional health, make better quality relationships and contribute more to the community.

3.2 Thriving places for people to live

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

- Promoting the best outcomes for children and young people means that they are most likely to make a positive economic and social contribution into adulthood.

3.3 The best start for Cambridgeshire's children

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

- A children's services that is effective overall will ensure that vulnerable children and young people are supported to achieve good outcomes, including by enabling families to provide permanent, safe and loving homes to their children wherever possible;

- Where children and young people are identified as being at risk of harm, children's services take action in order to ensure that these risks are minimised;

- As corporate parents, we share responsibility for ensuring that our children and young people in care and young people leaving care are able to access the best possible support in order to achieve good long term outcomes.

3.4 Net zero carbon emissions for Cambridgeshire by 2050
See wording under 3.1 above.

# 4. Significant Implications

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category.

4.4 Equality and Diversity Implications

There are no significant implications within this category.

4.5 Engagement and Communications Implications

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

# 5. Source documents

5.1 None