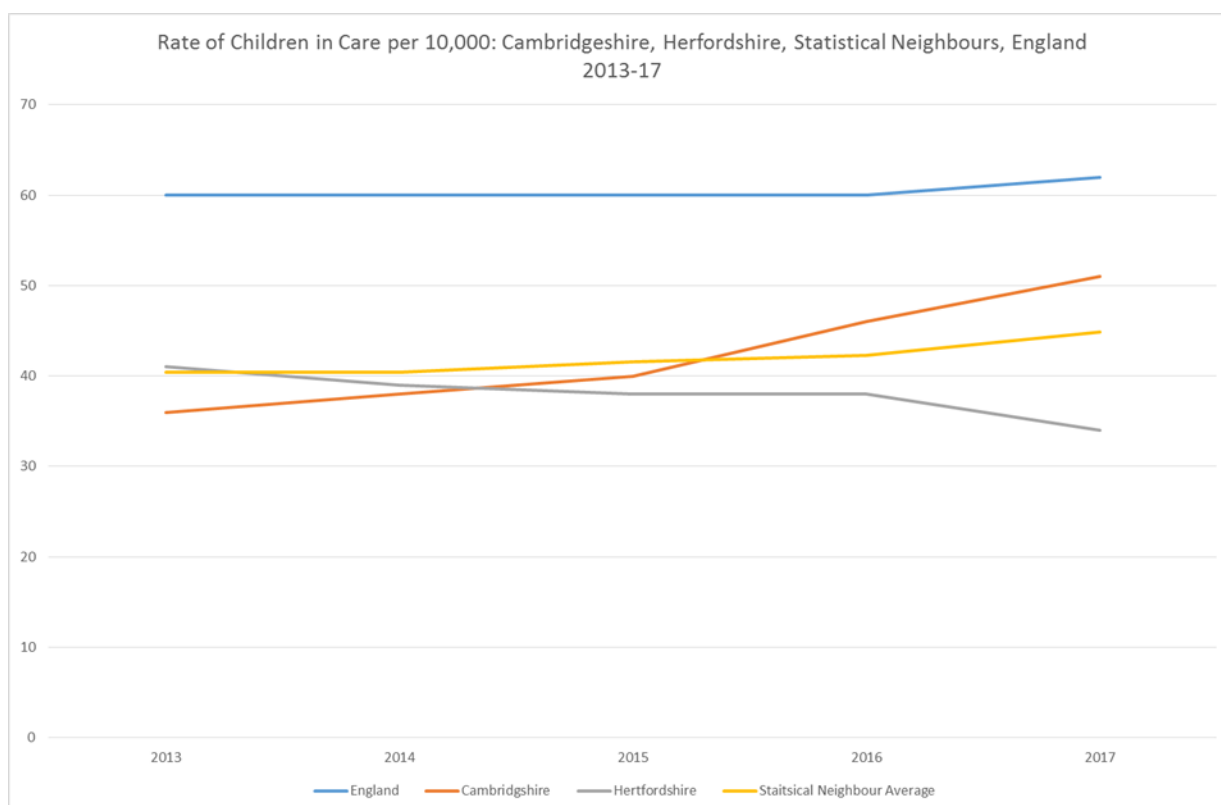


Change for Children: Children's Services in Cambridgeshire

1. Background and Context

- 1.1. Cambridgeshire County Council adopted the Unit model [sometimes known as the Reclaiming Social Work or Hackney model] for delivery of its children's services in 2013/14. The Unit model was originally developed in the London Borough of Hackney and introduced an enhanced level of oversight and support from clinicians, working with small units of social workers, all and any of whom might work with children and young people allocated to the unit. Each unit was led by a consultant social worker.
- 1.2. Practitioners worked with families using systemic practice, and the thinking of allocating families to the unit rather than to individual practitioners was that this would result in a better service. This is because all practitioners in the unit would be familiar with the family's needs and so could respond to enquiries or requests more promptly, for example, than is the case when a family tries to contact their social worker and finds them out, on leave or otherwise unavailable. In addition, it was thought that different workers having different views of family relationships and dynamics would provide a more rounded view of the life of the child or children in the family, and enable better case reflection.
- 1.3. Following the development of the model in Hackney, a number of authorities implemented the model. Most, however, have either not continued with it or only partially adopted the approach. Here in Cambridgeshire, the model of practice has recently moved away from the pure unit model in that children and young people are allocated to individual practitioners in the units including the consultant social worker. This change was made in order to facilitate the development of strong relationships between individual children and their allocated workers.
- 1.4. The unit model has always sought to ensure that there is an enhanced level of analysis and case reflection when compared to more traditional social work models. All open families are discussed regularly at unit meetings, allowing risks and protective factors to be reviewed and for plans and next steps to be updated. This aspect of the unit model remains in place in Cambridgeshire, and these unit meetings are supported by clinicians, with each of the 32 units has a 0.5FTE clinician allocated.
- 1.5. Between 2016 and 2017, the Children's Change programme reviewed the model of service delivery across children's services in Cambridgeshire. This resulted in developing services so that there was a much closer working relationship between our early help and child protection/safeguarding work. This has been a very effective change, making a big difference to the overall effectiveness of services. The Children's Change programme also reduced the number of units from 42 to 32, introducing the concept of the 'life-long' unit, responsible for the delivery of most services to children and young people, including children and young people in care up to age 14. A new county-wide 14-25 service was created at the same time. This is responsible for meeting the needs of older children and young people in care and care leavers and unaccompanied asylum seekers, as well as for the Hub and edge of care service and our fostering service.

- 1.6. The 32 units consist of one Consultant Social Worker, a half time equivalent clinician, two social workers and a senior social worker. As of the end of January 2018 units mostly held between 60 and 80 cases, although caseloads have been higher than this in some areas. Under the 'life-long' approach, units undertake a number of functions, including:
- Single [Child and Family] Assessments;
 - Some s.47 [child protection] enquiries;
 - Children in Need;
 - Children in need of Protection;
 - Children and young people in care proceedings, including permanency planning;
 - Children and young people in care but who are aged under 14.
- 1.7. Children and young people are referred into our services through the Integrated Front Door, which was also established as part of the Children's Change programme. The Integrated Front Door is operated jointly with Peterborough, and includes the Multi-Agency Safeguarding Hub [MASH] and Early Help Hub as well as a central First Response Team for Cambridgeshire. The First Response Team was set up to carry out child protection enquiries that flow from referrals that come through the MASH. Units undertake child protection enquiries where incidents arise relating to children and young people already open to them.
- 1.8. Quality assurance functions are organised within the Partnerships and Quality Assurance Service; this part of the service includes reviewing officers and child protection chairs, our auditors, the participation service, policy and procedure and quality of practice leads, as well as troubled families, and some other functions including service to promote education employment and training among vulnerable groups.
- 1.9. All local authorities need to continuously review the services provided to ensure that they are meeting the needs of vulnerable children and young people effectively. After the completion of some quite significant changes in 2017, it is appropriate to look again at the extent to which these changes have been successful in delivering the intended outcomes.
- 1.10. One measure where there is some evidence that we are not delivering intended outcomes is evidenced by the number of children and young people in care:



- 1.11. As the chart illustrates, Cambridgeshire is now looking after significantly more children and young people than would be the case if our rate per 10,000 was in line with the average of our statistical neighbours.
- 1.12. Were we in line with similar authorities, we would have 600 children and young people in care rather than 700.
- 1.13. Higher than necessary care numbers are not good for individual children and young people, and of course also lead to a number of pressures across the system. The factors that lead to a higher or lower number of children in care are complex and often interrelated. We have therefore sought evidence from a number of sources as to factors that taken together are likely to be causing numbers of children in care to be higher than we would like.
- 1.14. This evidence has brought us to a position where we are able to make confident recommendations about the future direction of children's safeguarding services that will improve resilience and deliver better outcomes for vulnerable children and young people.
- 1.15. It is important to note that the recommendations in this report are focused on children's safeguarding services and do not apply to early help or children with disability services unless this is specifically stated.

2. External Reviews

- 2.1. In addition to the continuous review of service impact on the lives of children and young people that we undertake as a matter of course, this report also draws upon the findings of three independent reviews of different areas of our service. These are:
- A peer review of our Integrated Front Door arrangements, carried out through the Eastern Region of the Association of Directors of Children's Services;

- A focused visit concentrating on the journeys and outcomes for children in need and children subject to child protection plans, carried out by OfSTED in March 2018 under the new Inspection of Local Authority Children’s Services framework;
 - An external review of the journeys and outcomes for our children and young people in care, carried out by Oxford Brookes/Institute of Public Care between January and April 2018.
- 2.2. These external views of our services, combined with our performance data and messages from our practitioners and managers, provides a rich and detailed analysis of our strengths and areas for development.
- 2.3. The following sections of this report begin by detailing some common strengths identified by external scrutiny, before considering findings related to supporting best outcomes for vulnerable children and young people. The report follows the journey of the child through our services, beginning with the Integrated Front Door and ending up with children in care, care leaver and permanency services.
- 2.4. The report concludes by making a series of detailed recommendations about the changes needed to service delivery in order to ensure that our services are resilient and deliver consistently good outcomes for vulnerable children and young people.

2.1 Areas of strength identified by the reviews

- 2.1.1. External scrutiny of our services have all described a number of areas of strength. All were particularly impressed by the skills, dedication and commitment of our key staff, for example. Ofsted and Oxford Brookes identified that our assessments of need are good, and were also positive about the levels of reflection in planning for children and young people. The input of clinicians was seen as a strength in supporting case reflection and oversight. There is a lot of good quality work with children, young people and their families, and our workers know their children well.
- 2.1.2. The move to bring early help and more specialist children’s safeguarding services together was seen as a strength in every area – from the front door to the re-alignment of early help and specialist services based on the districts. Ofsted and Oxford Brookes both identified that work with children with disabilities was generally good.
- 2.1.3. Our staff were welcoming and open towards those undertaking the reviews, including to Ofsted, which is positive in that it demonstrates their confidence. Ofsted particularly highlighted good relationships between staff and managers and senior leadership. Ofsted found that leaders and managers knew their services well, and had a good understanding of what needed to be addressed in order to deliver sustainability.
- 2.1.4. There is, in short, a great deal to be proud of in Cambridgeshire, and it is important that in making further changes, we do not undermine those areas of good practice, child-centred work and our skilled workforce in securing good outcomes for children and young people.

3. Integrated Front Door and Peer Review of MASH & the First Response Team

- 3.1. The Integrated Front Door is based at Chord Park in Godmanchester and includes a number of teams and activities including:
- The Multi-Agency Safeguarding Hub [MASH];
 - The Early Help Hub;
 - The First Response Team;
 - The Missing, Exploited and Trafficked Hub;
 - Arrangements for Multi-Agency Risk Assessment Conferences – MARAC.
- 3.2. The current arrangements for the Integrated Front Door were put in place in April 2017 and replaced what was then a set of arrangements that was not sufficiently responsive to the needs of children and young people being referred to children’s safeguarding services in particular. The MASH and Early help Hubs are jointly operated with Peterborough City Council, with Peterborough joining the new teams in summer 2017.
- 3.3. Developing joint approaches in Cambridgeshire and Peterborough for management of enquiries about children and young people who may need the support of children’s social care or early help services is a sensible approach given that many partner agencies cover both local authority areas. The intention of the new arrangement is also that this joint approach also brings increased resilience to each authority.
- 3.4. The new arrangements have been very successful in securing active participation by partners and there is a much greater presence and involvement in some decision making about children and young people than was the case previously.
- 3.5. The bringing together of early help and children’s social care services into the Integrated Front Door has also been very successful, as has the development of the Missing, Exploited and Trafficked Hub, which is also located in the Integrated Front Door. The Missing, Exploited and Trafficked Hub is responsible for undertaking return interviews when children or young people go missing from home or care, and works closely with police and other agencies to ensure that action is taken to help to prevent young people from going missing and to disrupt the activities of any adults who may be seeking to exploit them. Similarly, the arrangements for managing the MARAC process, which seeks to coordinate responses to safeguard [mostly] adults and children from high risk domestic abuse also works well.
- 3.6. Some emerging concerns about the operation of the MASH led to the MASH governance board requesting that a self-assessment be undertaken. This was completed in November 2017 and resulted in the development of an action plan to support improvements to the operation of the MASH. Indications that the First Response Team was also struggling to manage demand, again leading us to develop plans to support improvements in this area. One of the key challenges for both the MASH and the First Response Team has been to recruit sufficient numbers of qualified staff to meet the demand.
- 3.7. The new MASH was developed with an expectation that almost all children and young people about whom enquiries have been made should have some degree of initial triaging by qualified or experienced personnel. This changed the earlier position where staff at the

contact centre in St Ives screened and diverted a large proportion of enquiries being made about children and young people. Significant additional resources were identified for investment into staffing within the MASH to enable this approach to work.

- 3.8. While there are merits to this model, the experience has been that it has not been possible to retain anything like the numbers of qualified and experienced staff at Chord Park to screen the approximately 6,000 to 7,000 enquiries per month. The result is that a team that is too small has found itself struggling to cope with the volume of children and young people being referred, the vast majority of whom do not require a service from safeguarding services. The pressures of trying to remain on top of the demand has also not helped in the retention of staff.
- 3.9. The strength of the MASH lies in its ability to share information held by various agencies about children that are referred. This sharing of information helps the service determine the right level of response – i.e. a referral through to early help, an assessment by our children’s social care teams or, in the most serious of situations, a child protection enquiry. In reality, however, for most children referred, it is clear at an early stage what the best response is likely to be. Where the MASH has the greatest impact is in the sharing of information held by agencies where the needs and risks surround the circumstances of a particular child is unclear. It is in these circumstances where sharing of good quality information really helps to inform decision making.
- 3.10. Because of concerns that both the MASH and First Response Team were struggling to meet demand, we asked colleagues from the eastern region to undertake a peer review, and to assess whether the action plan we had put in place was appropriate to address the areas for development identified. The peer review took place in March 2018.
- 3.11. The peer review team identified that because of the sheer volume of enquiries coming to the MASH, sharing of information between the key agencies did not in practice take place except where the it had already been decided that the risks were such that a formal strategy discussion was required. This means that a key strength of the MASH – the sharing of information to inform decision making about the most appropriate course of action when information about the child is unclear – is not taking place.
- 3.12. The peer review also identified that the Early Help Hub was struggling with demand on its resources, at least in part because there was considerable additional work that was being passed through this route without an obvious need – work that could be re-directed to services elsewhere as direct referrals.
- 3.13. We are already working with colleagues managing the call centre at St Ives to explore how we can steadily increase the screening and diversion role that they can undertake, in order to reduce the pressure on the MASH and Early Help Hubs. Taking this process further will require us to look again at the wider system, and will involve some transfer of resources away from the Integrated Front Door to the call centre at St Ives.
- 3.14. Reducing the volume of work being managed in both the Early Help Hub and MASH will result in quicker and more proportionate decision making. It will also enable the sharing of information to inform decision making where this is most useful – where it is not clear from the information available to children’s services what the best response to a child or family should be.

- 3.15. The Peer Review team also raised concerns about the sustainability of the First Response Team. This is a county-wide team that is in place to undertake enquiries under child protection processes where children or young people are not already open to children's safeguarding services. The peer review identified that this team does not have sufficient resources to undertake the work. Addressing the issues facing this team cannot be undertaken without broader changes to the organisation of services extending beyond a re-modelling within the Integrated Front Door, and are addressed at a later stage in this report.
- 3.16. The other pressing need identified by the Peer Review team was for a single integrated children's system to be used in the MASH to replace the different ones currently being used by Cambridgeshire and Peterborough. This is something that needs to happen quickly if the service is to be effective and is the subject of further discussion later in this report.

4. Focused Visit: Children in Need and Child Protection

- 4.1. As noted above, the focused visit took place in March 2018, and made a number of positive findings about the effectiveness of children's services in Cambridgeshire, particularly in relation to the skills and competency of staff, the quality of partnership working and the fact that leaders and managers know our services well.
- 4.2. Inspectors also highlighted a number of areas where they thought we needed to improve. These included addressing some high vacancy rates in some parts of the County [particularly South Cambridgeshire and City] for qualified social workers. They also described the units as fragile because of their small size, making them more vulnerable to factors such as vacancies, staff sickness, holidays and so on.
- 4.3. Inspectors also identified that most visits to children in need are carried out only at statutory minimum frequency. This has an impact on how effectively and quickly families can be supported to make changes to safeguard their children. Ofsted also found that while there was good engagement with children and families, it was less evident that social workers had a clear understanding of the lived experiences of children.
- 4.4. Inspectors found some areas where there were delays in progressing decisions about children, giving the example of pre-proceedings work with families. This is a stage in a child's journey where we have significant concerns and are on the verge of applying to court for an order. Effective use of pre-proceedings work can reduce the likelihood of issuing care proceedings, but needs to be timely if good outcomes for children are to be most likely. Ofsted identified a lack of sufficient management oversight as contributing to delays in this area.
- 4.5. Inspectors also said that despite the undoubted hard work and commitment of the Consultant Social Workers, this role was one that was a particularly challenging one. This is because the Consultant Social Worker both oversees the work of social workers in their units as well as managing a caseload of their own.
- 4.6. The fragility of the social work units and the challenges associated with the Consultant Social Worker role were also themes in the more in-depth piece of work into outcomes for and journeys of children in care, carried out by Oxford Brookes, as discussed in the following section.

5. Oxford Brookes' assessment Outcomes for Children in Care

- 5.1. This review was commissioned in order that we could develop a deep understanding for the reasons why numbers of children in care in Cambridgeshire have increased significantly to the point that they are considerably above the average of our statistical neighbours.
- 5.2. Oxford Brookes undertook an in depth analysis of our response to the needs of children in care. This included holding a number of workshops with practitioners and managers, surveys of opinion, analysis of around 100 case files and discussions with groups of children and young people in care. As noted above, there were many areas of good practice identified by this work including, for example, the strength of partnership working and the quality of assessments.
- 5.3. This very thorough piece of work also identified some key themes that are likely to be contributing to our increased population of children and young people in care, including:

5.1 Indications of past over-optimism about the ability of families to make necessary changes

- 5.1.1. Case file analysis showed a tendency towards over-optimism in the work with a number of families where there were significant risk factors facing children and young people in the past. This led to delays in decision making in respect of whether or not some children should come into care.
- 5.1.2. This is significant because it means that children care in this cohort are older and tend to be in larger sibling groups than would be the case had more robust action been taken earlier in their lives. While the decision to bring them into care was the right one, it was not always a timely one. This means that some children were exposed to longer periods of risk of harm and, because they are older and often part of sibling groups at the time they did come into care, are now more likely to remain in care for most if not all of their childhoods. Had more robust action being taken more quickly for this group of children, more of them would have progressed to permanent outcomes outside the care system through, for example, adoption or Special Guardianship Orders.
- 5.1.3. This finding is significant since the implication is that reducing overall numbers of children in care in Cambridgeshire will take longer than otherwise might be the case.

5.2 The range of work undertaken by the units

- 5.2.1. As noted above, the current arrangements mean that units are responsible for a very wide range of interventions in the lives of children and young people including assessments, short term support under children in need, focused support as part of child protection planning, management of care proceedings and for children in care up to the age of 14.
- 5.2.2. This arrangement was intended to bring advantages because it should support a model where families experience fewer changes of social worker. While the impact of disruption to relationships for families arising from changes in social worker should not be underestimated, there are also a number of disadvantages in placing such a wide range of responsibilities on these small units.
- 5.2.3. Oxford Brookes found that despite the intention of this approach to avoid changes of social worker, actual changes of social worker were frequent, and appeared to take place between units as well as within units. This is likely to be associated with some units holding

higher caseloads than we would want, while attempting to manage competing pressures in the context of being fragile as a result of their small size.

- 5.2.4. In workshops, a number of staff working in the units described how they struggle to manage competing demands. Feedback included a number of comments about how when faced with a number of priority pieces of work, children who were in settled placements in care were often the ones who would be accorded a lower priority.
- 5.2.5. In balancing competing priorities that include the need to visit a child identified as being at significant risk by virtue of being on a child protection plan, responding to the need to present evidence in court and complying with the statutory deadline to complete an assessment within 45 days, it is easy to understand why children in care might be seen as being of lower priority. The issue here, however, is that if a reduced focus on children in care results in their care plans not being followed with the same degree of urgency, then the length of time that children spend in care is likely to increase.
- 5.2.6. Colleagues in Coram Cambridgeshire Adoption have also reported an increase in the average time between a child being identified as having a plan for adoption and the child being placed for adoption, supporting the view that delays for some children have increased.
- 5.2.7. As well as contributing to higher numbers and hence higher costs, delays for children and young people in the care system are not in their long term best interests; outcomes for children and young people who can move to permanent placements outside the care system are usually best when these proceed as quickly as possible.
- 5.2.8. This broad span of work also has implications for individual practitioners. Working with children in care, undertaking early permanency planning, undertaking assessments or short pieces of work or working with children subject to child protection concerns are all individually complex areas that, while they have a number of features in common, also require specialist knowledge. Workers working in these units are therefore required to develop specialist skills across the whole range of practice within children's social care.
- 5.2.9. Many practitioners also prefer particular areas of work; some much prefer assessments and short interventions with families while others prefer longer term work. The expectation that units will undertake this wide range of work means that social workers – who are hard to recruit at the best of times – will be likely to be being asked to undertake work that they feel less equipped or interested in doing, making the roles potentially harder to recruit.

5.3 The Consultant Social Worker role

- 5.3.1. Both Oxford Brookes and Ofsted identified that the Consultant Social Worker role was a very challenging one given the expectation that post-holders are both responsible for the overview of cases held by social workers in the unit, while also carrying a caseload of their own. This finding is not a criticism of the practitioners holding the roles, it is simply a statement that the responsibilities of the role are too broad.
- 5.3.2. Ensuring effective oversight of the work of a team of social workers is a tough job even when this is the primary aspect of a role; first line managers have some of the most difficult jobs in children's social care. Consultant Social Workers are attempting to ensure that care and other plans for the 60 and sometimes more children on caseloads of others

in the unit are progressing effectively, while also responding to the demands of their own caseload. In this scenario, it is the managerial aspect of the Consultant Social Worker role that is in practice likely to be the least robust.

- 5.3.3. Oxford Brookes identified that avoiding delay in a number of areas would be more likely to happen where the Consultant Social Worker role was a managerial one and where the post-holder was not also concerned with managing a caseload of their own.

5.4 Inconsistencies in Practice

- 5.4.1. Oxford Brookes identified some significant variabilities in practice across the 32 units. This included differences in the application of thresholds for entering the care system as well as in the range and quality of management oversight. They also found that in some units, unit meetings were effective in supporting oversight of the journey of the child, but overall, the effectiveness of these meeting was variable.
- 5.4.2. As noted above, case tracking identified a number of families where interventions had been attempted for many years without there being a sufficient focus on what those interventions were achieving in terms of the lived experience of children. Interestingly, Oxford Brookes also identified that there was little evidence of direct change work being undertaken by social workers with families, particularly early on in the progress of the case. Similarly, while some change work was undertaken by clinicians, they found that this was often late in the process and therefore may have less impact. Oxford Brookes also identified delays in the use of pre-proceedings in line with the findings of Ofsted.
- 5.4.3. Oxford Brookes also identified that there are higher numbers of late teenage children entering the care system than would be expected. This is a concern, as this group of young people tend to benefit least from being in care, often end up in higher cost placements, frequently drifting back towards home and family after being in care.
- 5.4.4. Finally, Oxford Brookes highlighted the relatively high numbers of children affected by domestic abuse, substance or alcohol misuse or adult mental health, and frequently a combination of these issues, in our long term case work and among children who later come into care. They suggested that we review the input of adult workers in relation to our work with families facing complex issues as we continue to develop our services.

6. Building on what works

- 6.1. All three elements of external review, along with our own staff, have identified that the bringing together of early help and specialist safeguarding children services has been a success, whether within the Integrated Front Door or within the districts.
- 6.2. The role of the clinicians is also viewed as positive by staff as well as being identified as a factor behind good reflection and casework analysis.
- 6.3. But we have a clear and pressing need to make changes across children's safeguarding services if these are to remain sustainable and offer a more consistent response to the needs of children and young people.
- 6.4. This section of the report summarises the recommendations in light of the findings identified above, together with supporting evidence.

6.1 Integrated Front Door

Recommendation 1: Move resources from the MASH to support increased screening and diversion at the contact centre at St Ives, enabling the MASH to focus on decision-making where the needs of children referred is unclear.

- 6.1.1. As noted above, too much volume is currently being directed to the MASH and Early Help Hubs. While some work has taken place to increase the role of the Contact Centre at St Ives in the screening of enquiries about children, this needs to develop further. The MASH and Early Help Hub need to focus on facilitating the sharing of information about children where the response needed is unclear. This approach will also make much better use of the resources of partner agencies who have committed to working with us in the MASH and Early Help Hub.
- 6.1.2. These findings lead to the recommendation that we move more resource from the MASH to support increased screening at St Ives. Reducing the demand on the MASH will also free up some resources that would be better deployed in assessing the needs of children and undertaking direct work with children and young people in need. These proposals are likely to have an impact on members of staff and will require discussion and consultation, including formal consultation.

Recommendation 2: Adopt a single children’s information system within the MASH.

- 6.1.3. We are working to address the children’s information system issue identified by our self-assessment and confirmed as a significant issue by the Peer Review. Cambridgeshire County Council uses an Integrated Children’s System called Capita One while Peterborough uses Liquid Logic. These systems as currently configured do not talk to one another and are very different for practitioners to use. We are working to introduce the Liquid Logic MASH module for MASH work as this can be configured to work across both Cambridgeshire and Peterborough systems.
- 6.1.4. This fix will suffice while we explore the most appropriate longer term solutions to support greater shared working across the two local authority areas.

6.2 Building on the District Model while developing specialisms

- 6.2.1. For children’s safeguarding services, the volume of work and competing demands mean that we need to look again at the resilience of the overall system, recognising the strengths of the district model while acknowledging that the Consultant Social Worker role is an exceptionally challenging one and the units themselves lack resilience.

Recommendation 3: Move to a structure of teams that include a dedicated management role.

- 6.2.2. Oxford Brookes and Ofsted have both highlighted concerns about the fragility of the units. While it is important to recognise that our members of staff say that they like current working arrangements, the impact of recruitment challenges and other pressures means that they often struggle to manage the competing demands of their caseloads.
- 6.2.3. The Consultant Social Worker role is also a challenging one, in that these roles are expected to have oversight of the work taking place in their units, while also managing caseloads of their own.

- 6.2.4. Clinician input is valued, however, and we need to ensure that this continues wherever possible and where it will have the greatest impact.
- 6.2.5. Taking everything into account, it is therefore recommended that we move from a structure of units to one of teams, managed by a qualified social worker who does not carry a caseload of their own. Where there is a good fit with the work of the teams, and subject to available resources, there will be a continued role for clinicians in supporting case reflection, maintaining focus on the child and undertaking some direct work with families as appropriate.
- 6.2.6. A typical team under these proposals would consist of a team manager, two senior social workers or equivalent, four to six social workers of which up to two may be in their assessed year, one to two alternatively qualified workers, supported by clinician input. Each team would also include business support. This compares with the current unit model, where units consist of one Consultant Social Worker, two social workers of which one will be in their assessed year and a senior social worker, supported by a half-time clinician. The team structure provides significantly increased resilience compared to units and is in a much better position to manage pressures arising from vacancies and sickness.
- 6.2.7. The overall model of practice would remain a systemically based one, however, again supported by the clinicians.

Recommendation 4: Develop specialist teams within each district;

Recommendation 5: Move the work of the current First Response Team to district-based assessment teams.

- 6.2.8. As noted above, while the original intention of the lifelong unit approach was to reduce changes of social worker, the reality is that the work by Oxford Brookes has identified a significant amount of families affected by changes of social workers within and between units.
- 6.2.9. As also noted above, a number of social workers prefer to work with particular client groups or in particular areas. There has also been a considerable amount of feedback about workers struggling to manage the range of work currently undertaken in the units.
- 6.2.10. It is therefore recommended that within each district, there is a team or teams that focus on:
- Assessment and short term work with families of up to 3 months;
 - Children's teams that work primarily with younger children in need, in need of protection and who are subject to care proceedings;
 - Adolescent teams that work with older young people who are in need of support and face complex challenges that may result in them becoming looked after.
- 6.2.11. As part of the detailed consultation with staff and other key stakeholders, we will undertake detailed work to ensure that resources are appropriately allocated across the County to meet differing levels of need. We will explore whether it is possible to have a consistent model across each of the 5 districts, meeting variations in demand by having smaller and larger teams as necessary.
- 6.2.12. This district-based approach will maintain the good and improving relationships between children's safeguarding services and early help services, continuing to ensure that children

and young people can be supported as they step up and step down between these services, while ensuring that early help services are targeted towards those who are in most need.

- 6.2.13. Clinicians will also continue to have a role in this part of the service, supporting the work of teams as discussed previously.
- 6.2.14. Under these proposals, assessment teams would undertake single assessments as well as child protection enquiries, including those that are currently undertaken by the First Response Team. This will bring greater resilience when there is a need to respond to safeguarding concerns. It will also broaden the range of work available compared to the First Response Team, creating roles that pose less of a recruitment challenge.
- 6.2.15. Assessment teams will also complete single assessments of need, which are currently carried out within the units. These assessments should be completed within 45 days and in most cases more quickly, depending on the complexity of need. The outcome from these assessments will include recommendations for a further short term piece of work – which would remain within the assessment team with the same worker – or for longer term work either as child in need or child in need of protection. These longer term pieces of work would move to the district children’s or adolescent teams. Assessments also regularly recommend a step-down to early help, services with which they will remain closely aligned to as they will also continue to be delivered on a district basis.
- 6.2.16. Longer term work with children in need and children in need of protection is some of the most challenging and highest risk work that is undertaken in children’s services. Focusing the work of this nature into an estimated ten teams across the county will result in greater consistency than is possible to achieve across 32 units. Developing the proposed management role will help to ensure that any delay or drift is minimised.
- 6.2.17. Oxford Brookes also identified that more young people in their later teenage years are coming into care than might be expected. There are a number of services that are currently working with young people. Young people’s workers do a wide range of work with young people as part of our early help offer. The Hub, which includes an edge of care team, also supports young people who are most likely to become looked after.
- 6.2.18. There is also a group of young people currently open to the social work units because of issues such as parents struggling with boundaries and challenging behaviour, or because they are seen as being at potential risk of exploitation, involvement in offending behaviour and other challenges. This group of young people are also at a higher risk of coming into the care system.
- 6.2.19. It is proposed that we look again at how these resources work together to support vulnerable young people and in particular, to review our offer to young people on the edge of care. It is proposed that we develop young people’s teams within districts, using some of the resources that are currently deployed within the social work units, and ensure that these teams are able to draw upon resources from early help and specialist edge of care services as needed. These proposals will be worked on in more detail as part of the consultation process.

Recommendation 6: Develop a county-wide specialist service for children in care of all ages, young people leaving care and asylum seeking young people

- 6.2.20. The current 14-25 service was established in April 2017 and has proved effective in supporting young people in care and care leavers. This part of the service also delivers our fostering services, the residential provision at the Hub, and associated edge of care services.
- 6.2.21. It is proposed that we develop this service to include the support of children and young people in care of all ages as a county-wide service. As noted in relation to the work undertaken by Oxford Brookes as well as feedback from many of our staff, the current arrangements for supporting children in care in units that are multi-function makes it more likely that children in care will progress through the system more slowly, which is not in their best interests and also contributes to increased numbers in care.
- 6.2.22. It is also the case that working with children in care requires different areas of knowledge than other areas of practice. Workers also tend to either prefer working with children in care or prefer not doing so, making specialist roles potentially easier to recruit to.
- 6.2.23. Clinicians will have a continuing role in this part of the service.
- 6.2.24. Children who are in care but who are currently worked with within the children with disability service are not affected by these proposals.

Recommendation 7: Develop a separate service responsible for fostering, the Hub and supervised contact services

- 6.2.25. Creating a county-wide service for all children in care, care leavers and unaccompanied asylum seeking young people means that it is unlikely that this service can continue to also manage fostering services, residential and edge of care services. It is likely that we will need to move these, along with supervised contact services, to a new service area under a dedicated head of service.
- 6.2.26. These are all very important functions that are currently included within the portfolio of heads of service that also have to manage competing demands of meeting the needs of young people in care and care leavers or safeguarding concerns within the current system of units. In most cases, the demands of operational front line services will mean that despite the best of intentions, heads of service are less available to provide support and to develop the role and functions of these areas of service. An additional head of service role will address this issue.

Recommendation 8: Develop case-holding alternatively qualified roles

- 6.2.27. As noted elsewhere, recruitment of qualified social workers is a challenge in Cambridgeshire as well as nationally.
- 6.2.28. The changes proposed to the MASH and the First Response Team should largely address the recruitment challenge in these areas. Geographically, recruitment in Cambridge City and South Cambridgeshire is currently presenting the most significant challenges. It is, however, not inconceivable that other areas of the county will face recruitment difficulties in the future.
- 6.2.29. One way of addressing these challenges is to develop models of practice that require fewer qualified social workers. Statutory guidance permits the allocation of children in need work

to workers who are not qualified social workers, providing the work is overseen or supervised by a qualified social worker.

- 6.2.30. It is therefore proposed to develop an alternatively qualified worker role that would undertake direct work with children and young people who are open as 'in need' and their families as the case accountable worker. We already have a number of alternatively qualified family workers who undertake a wide range of high quality direct work with our families and so there is a very firm foundation on which to develop case holding roles.
- 6.2.31. This approach has been adopted in a number of areas and has delivered real benefits to children, families and the broader service alike. For children and families, there is often a better consistency of intervention because these workers only work with children in need, and so the children on their caseload are not competing with the demands of other children who are subject to child protection plans. This group of workers also bring a greater diversity of skill mix, meaning that they may be better matched to the presenting needs than a qualified social worker. They are more likely to be from the local community, therefore better reflecting the diversity of that community and being more likely to remain in post for longer than can be the case with qualified social workers.
- 6.2.32. For the service, there are the benefits of a more stable workforce that better meets the diversity of the population served as noted above. Other benefits include a reduction in the overall need for qualified social workers as a proportion of their work is held by this group of workers. These workers are also available to support the work of social workers with families where children are subject to child protection plans, and so also support the work of qualified social workers. The reduction in vacancies and increase in permanent capacity of the workforce also benefits qualified social workers, who have lower caseloads that are less vulnerable to vacancies.
- 6.2.33. The on-going and national shortage of social workers means that we need to look again at our needs in this area. As noted above, developing this approach also improves skill mix and increases the diversity of the workforce.

6.3 Managing within available resources

- 6.3.1. It is not envisaged that these recommendations will result in the need for additional resources on an on-going basis, although there may be a need for some transitional or transformation funding to support the changes envisaged.
- 6.3.2. There will be costs associated with implementing the changes and it is therefore also likely that a request for transformational funding to support implementation costs will be made to the General Purposes Committee.

7. Developing shared approaches with Peterborough

- 7.1. Members in both Councils have given their support to the development of closer working relationships and shared services where to do so makes sense in terms of quality of provision, value for money or improved outcomes for children and young people.
- 7.2. Quality assurance functions within children's services play a vital role in ensuring that the services we are providing are of good quality and are delivering good outcomes. This service, which is known as the Partnerships and Quality Assurance Service in Cambridgeshire provides a range of important functions including:

- Reviewing Officers, responsible for reviewing and ensuring the effectiveness of plans for children in care;
 - Conference chairs, responsible for chairing child protection conferences;
 - Auditors, responsible for ensuring that there is consistent quality of practice taking place across the service;
 - Participation services that seek to give a voice to children and young people in care as well as to families and children involved in other parts of our service including where they are subject to child protection plans;
 - The Principal Social Worker; a statutory role that is charged with ensuring good communication between staff and leaders as well as in supporting the development of good practice;
 - Other activities to support good practice including the development of practice standards, facilitating practice development workshops and similar;
 - The Local Authority Designated Officer or LADO, responsible for ensuring that allegations made by children against professionals and others who work with children are investigated appropriately;
 - The Cambridgeshire troubled families initiative is also managed within this part of the service along with our approaches to supporting vulnerable young people to remain in employment, education or training.
- 7.3. There is the potential to develop a closer join up with the similar services provided by the broadly equivalent service in Peterborough. The services provided by both services areas in both local authorities are of a good quality. Proposals to develop a shared approach in this context is not about saving money; developing a shared service area would allow for some increased flexibility in the way that some demands can be met, while leading to the potential for service developments and improvements in some areas.
- 7.4. Local authorities need to learn from one another and sharing approaches to quality assurance and practice development across Peterborough and Cambridgeshire provide clear opportunities to help facilitate this.
- 7.5. While it is important that reviewing officers and conference chairs chair meetings relating to individual children and young people consistently and maintain good relationships with the broader social work workforce, bringing these services closer together is likely to enable the better management of spikes in demand. Similar observations can be made of the LADO service, which is also vulnerable to significant variations in demand.
- 7.6. Finally, there are opportunities to support increased participation by young people by developing closer links between the authorities. Young people in care have welcomed being able to meet young people looked after by other authorities at regional and other events, for example, and there is scope to enable the development of closer relationships and some cross-authority working between the respective children in care councils and other participation groups.

8. Consultation

- 8.1. These proposals include some quite wide ranging changes. Assuming that Members agree with the recommendations to proceed with the changes proposed, these will be subject to extensive and detailed consultation with affected staff and their representatives on both an informal and formal basis.
- 8.2. Staff workshops were held with staff on the day this committee paper was made public, enabling staff to have the opportunity to see the headlines of the proposals. Meetings have

also been held with the Partnerships and Quality Assurance Service around the proposals to develop closer working relationships with Peterborough. Further workshops will take place over the coming months.

- 8.3. Unions have been given advance notice of the proposals and we will continue to engage with staff and representatives as the proposals develop.
- 8.4. Consultation will also take place with young people in care and with parents and other children and young people, again as these proposals develop.

9. Governance and Timescales

- 9.1. The Service Director chairs an implementation group that has been working in the background on developing the proposals to this point. This group includes relevant senior staff from children safeguarding and early help services as well as colleagues from finance, HR and workforce development.
- 9.2. Separate work streams focusing on key elements of the change programme are in the process of being developed and as the proposals have now become public, will expand to include representative practitioners.
- 9.3. There are some competing challenges in relation to timescales; some of the changes needed are quite urgent, for example in relation to the Integrated Front Door. In order to be effective, these changes rely on the broader changes that are proposed taking place. We are also committed to seeking participation by staff and other key stakeholders, however. Ideally we would like to be in a position when changes are completed in the autumn.
- 9.4. We will work to ensure that children and young people experience as little disruption as possible in terms of changes of worker as these changes come into effect.

9.1 Potential Future Developments

- 6.3.1. Hertfordshire has developed a new model of intervention known as Family Safeguarding. This draws on a number of the key strengths of the unit model and in particular is an approach that encourages case reflection and whole family working. Where it differs is that it involves the addition of a range of adult focused practitioners to children's social work teams working with children subject to child in need and child protection plans. The adult practitioners include:
 - Practitioners working with substance and alcohol misuse;
 - Practitioners from adult mental health services;
 - Practitioners working with both perpetrators and victims of domestic abuse.
- 6.3.3. Substance and alcohol misuse, domestic abuse and mental ill-health issues among parents are known as the 'toxic trio'. A large proportion of children on child in need and child protection plans live in families affected by at least one of these issues and frequently by all three. They can be very difficult issues to address successfully within acceptable timeframes.
- 6.3.4. Hertfordshire has found that bringing these adult focused practitioners into the children's teams and adopting an approach based on motivational interviewing has made a significant difference to outcomes for children, while reducing numbers of children subject to child protection plans and children coming into care.

- 6.3.5. Families have responded positively to the whole family approach and have found it easier to engage with adult services delivered in this way than more traditional models that depend on them making and attending appointments. Because these are additional resources, families are supported by adult practitioners even though they may not meet the thresholds for domestic abuse or mental health services, for example.
- 6.3.6. This approach has also resulted in families where the prospects of securing sustainable change are most limited being identified much more quickly. This means that more robust action can be taken and children are protected from longer term exposure to harm.
- 6.3.7. Oxford Brookes identified that greater involvement by adult practitioners in working with families was an area that we should explore as this would improve the likelihood of securing change within more families facing complex difficulties. They also identified that it was also families affected by these issues where there had been indications of professional over-optimism, resulting in a lack of timely and robust action by our services.
- 6.3.8. The risk in adopting new models of intervention that are successful in one area is that the success may be linked to a specific set of circumstances or individuals, meaning that the same approach works less well in other areas. Peterborough is currently piloting the Family Safeguarding approach, which provides Cambridgeshire with an additional opportunity to evaluate the success of the approach locally.
- 6.3.9. Adopting this approach in Cambridgeshire would also require an invest-to-save approach as there are additional costs associated with bringing adult workers into children's teams. Hertfordshire has found that this approach becomes sustainable once embedded owing to reduced numbers of children in care or who are subject to child protection plans. It is early days in Peterborough as the model has only recently become fully established. There has been a reduction in numbers of children subject to child protection plans, but numbers in care have not yet reduced substantially.
- 6.3.10. Assuming the results in Peterborough indicate that this is a model that should also be adopted in Cambridge, the model of service delivery proposed in this report would be relatively simple to adapt to one that is in line with the Family Safeguarding approach. This is because the district-based children's teams proposed in this report are easily adapted to becoming multi-disciplinary teams.

10. Concluding remarks

- 10.1. While this report does propose some quite extensive changes to the current model of delivery of children's services in Cambridgeshire, care has been taken to ensure that there is a secure evidence-base behind each of the recommendations made, and that the recommendations together will result in a coherent overall structure.
- 10.2. As also noted above, the changes proposed prepare the ground for the incremental development of the multi-disciplinary Family Safeguarding approach, which is a model of practice that has been extensively praised and promoted by both the Department for Education and the Chief Social Worker for Children, Isabelle Trowler, who of course was instrumental in developing the original Reclaiming Social Work or Unit Model.
- 10.3. While change is an ever-present feature of children's services, these proposals are designed to result in a resilient service, with consistent and good management oversight capable of delivering consistently good outcomes for children, and one that is fit for the future.