

Service Director's Report: Children and Safeguarding

To: Children and Young People Committee

Meeting Date: 6 October 2020

From: Lou Williams, Service Director: Children & Safeguarding

Electoral division(s): All

Forward Plan ref: n/a

Key decision: No

Outcome: A summary of key performance information for children's services covering the last 12 months, including how these have been affected by the Covid-19 pandemic and lockdown

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. Committee Members will also understand the impact of Covid-19 to date, and the potential impact for the service, and the children, young people and families we support, over the next 18-24 months.

Recommendation: The Committee is asked to:

- a) Records their thanks to all front line staff and managers in children's services for their continuing dedication to safeguarding children in these challenging times, and a special thanks to all those who continued to visit children, young people and families during lockdown;
- b) Note the key performance information and actions being taken to continue to improve outcomes in children's services;
- c) Note possible areas of increased demand and actions being taken to mitigate these.

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1. Background

- 1.1. The report begins by summarising the impact of Covid-19 on children's services to date, before exploring key performance information in detail. Some areas of performance have been affected by Covid-19, as described throughout the report.
- 1.2. The report concludes by summarising some of the expected continuing impact from Covid-19 and any economic fallout and what this means for demand for services over the next 18-24 months.

2. Main Issues

Overview of the Impact of Covid-19

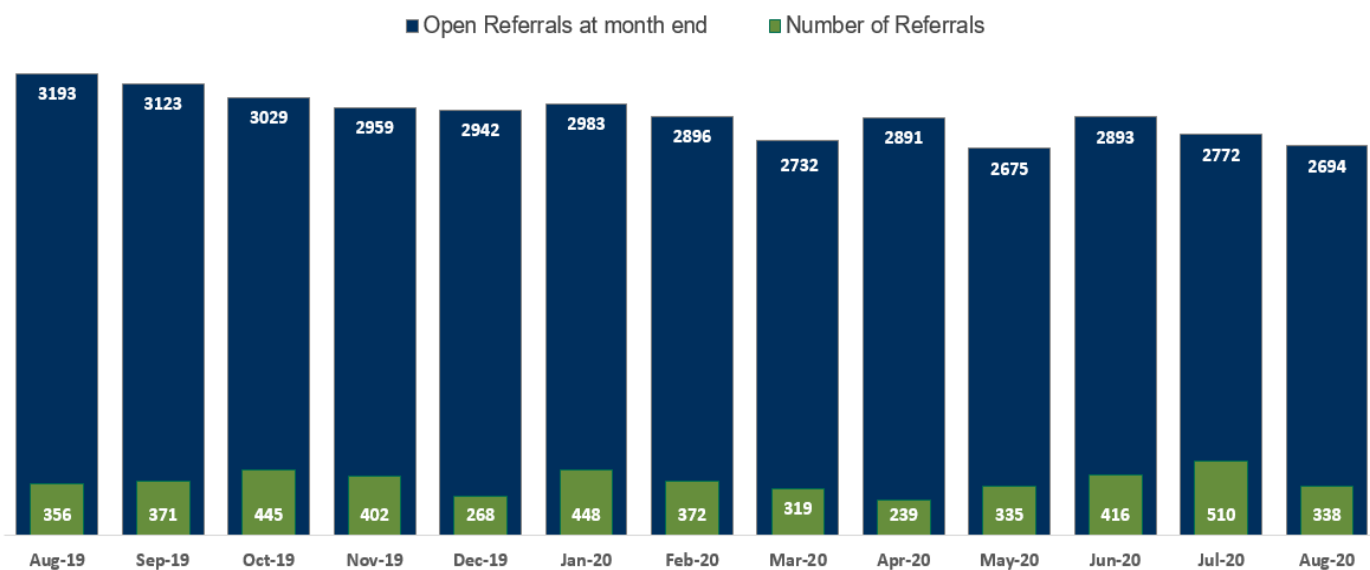
- 2.1. The Covid-19 pandemic and associated lockdown has resulted in very considerable challenges for children, young people and families and the services that support them.
- 2.2. Now that children and young people have returned to school, it is timely to take stock of impact of the pandemic, the changes in service delivery – positive and negative – and assess the likely longer term implications that may result.

The pandemic and lockdown period

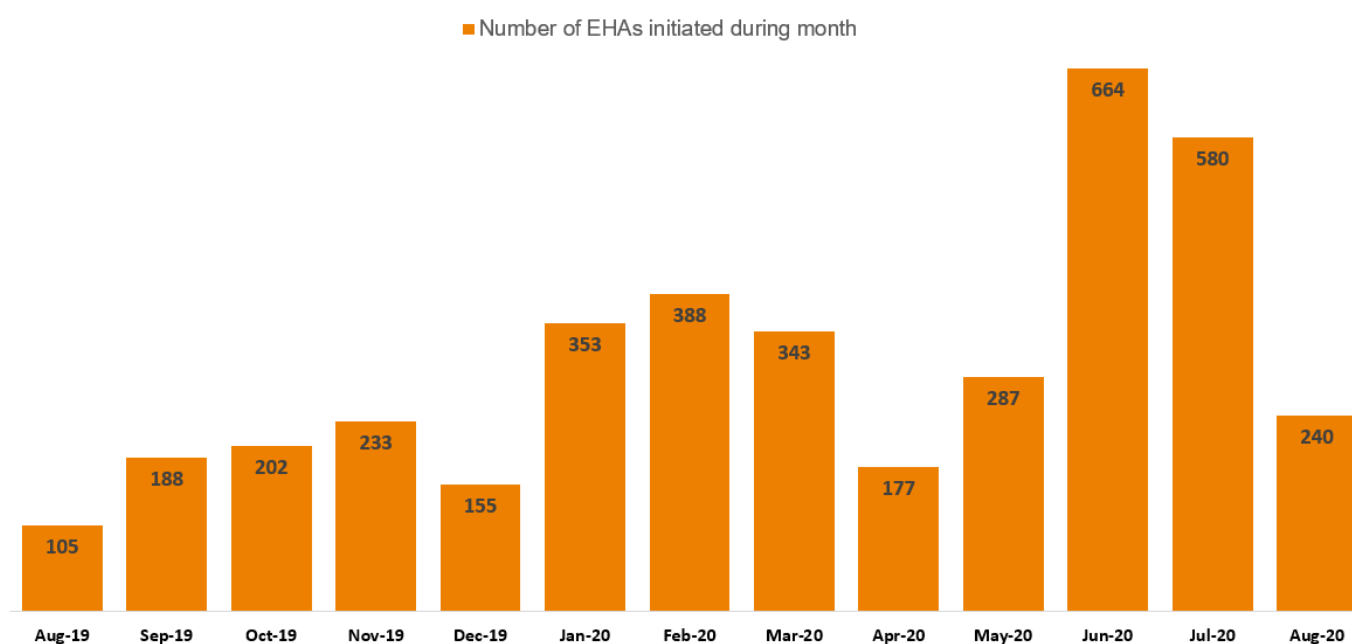
- 2.3. As soon as it became clear that a lockdown was imminent, senior managers in children's services undertook risk assessments of all children and young people open to social care or being supported through early help services in the County. All children known to us were RAG rated to ensure that we would be able to maintain focus on children and young people about whom we had the greatest concerns
- 2.4. Our staff continued to undertake face to face visits to all children subject to child protection plans, and to any other child or young person we had assessed as being particularly vulnerable to poor outcomes including, for example, children in care living in placements that were seen as less secure than others.
- 2.5. A small number of key members of staff and managers remained working from office bases, able to respond to urgent situations. The majority of our staff worked from home, with a number shielding. Those shielding were engaged in a range of activities to support front line working including, for example, responding to enquiries and undertaking virtual visiting as appropriate.
- 2.6. A considerable amount of the work switched to virtual engagement during the lockdown itself, in line with government guidance. In some areas, adopting this approach had some early and clear advantages. Virtual parenting programmes and advice lines have proved popular, for example, with some evidence of these approaches reaching more families and families who might not have approached services for support using more traditional means. Some young people in care, care leavers and vulnerable young people engaged better with their workers virtually than they were comfortable doing in face to face meetings.
- 2.7. Some other elements of the work quickly became more challenging and many have remained so. Enabling the effective participation of parents in child protection conferences

where all participants are contributing virtually through Teams has proved to be very difficult, for example.

- 2.8. As the lockdown period continued into the summer, it has also become clear that while virtual engagement works well in some areas, there are many where the best this form of work can achieve is to maintain a position, as opposed to moving things forward. This has resulted in some increases in numbers of children open to our Family Safeguarding teams, for example, as virtual engagement of parents in group work has proved less effective in helping to address many of the key issues they are struggling with, meaning that it has taken longer to complete the work needed with those families.
- 2.9. The closure of schools to the majority of pupils had a very significant impact for all families. While schools continued to remain open for the children of key-workers and children assessed as being vulnerable, in reality very few of the latter group attended school regularly. Attendance for vulnerable children was always voluntary and many families made a decision not to send their children into school. Some families and their children did not want to be marked out as different through school attendance. A number of our children in care, for example, did not want to be treated differently to the children of their foster carers or any other children, and did not recognise themselves as being vulnerable.
- 2.10. Some families, and particularly those who have children with additional needs and/or disabilities, were very fearful of implications should their child catch the virus. Others worried about their own vulnerabilities, with many of those children supported by early help services having parents who had pre-existing health conditions that meant that they faced increased health risks were they to catch Covid-19.
- 2.11. Schools worked incredibly hard to remain in contact with all children who were in the vulnerable groups throughout this period, regardless of whether or not they were in school, and schools and their staff should be commended for their efforts in this area.
- 2.12. Many other service providers ceased face to face visiting throughout the lockdown. This included, for example, health visiting and some mental health support services to adults and young people. Virtual support continued, but the reality was that the reduction in face to face work, the closure of many informal or less targeted support services such as children's centres, voluntary groups and other activities meant that many children and young people were much more isolated, particularly at the start of the lockdown.
- 2.13. This reduction in visibility of children and young people had an immediate impact on the numbers being referred to our services, as is illustrated in the following chart:



- 2.14. As can be seen from the above, there was a significant drop in the number of referrals in April 2020. It is encouraging, however that while still below trends, numbers of referrals have mostly recovered steadily since then, indicating that despite their reduced visibility, vulnerable children and young people are still being referred for help and support.
- 2.15. For early help assessments (EHAs), numbers also dropped very fast in April 2020, but have rebounded strongly, and while they fell again in August, they remain higher in August 2020 than in August 2019. This is also encouraging as it does indicate that children are still accessing early help assessments. That said, however, the number of children receiving less formal early help support in schools and other settings will have reduced significantly during the lockdown period:



- 2.16. As noted above, the true extent of the impact of the pandemic and of the period of lockdown is likely to emerge slowly over the next six to 18 or 24 months. Indicators such as the

number of Early Help Assessments and contacts and referrals into children's social care and how these change over the coming months will provide us with some indication of any changes in demand on our services.

Key performance information

- 2.17. This section of the report provides some key performance information for children's services in Cambridgeshire. Some indicators have been affected by the Covid-19 crisis, as explained for each indicator. Overall, the service has continued to operate well through the lockdown period and the pandemic overall, but we are likely to see more difficulties emerging as time continues.
- 2.18. Performance reporting software has been updated, and the current round of reports are not entirely without issue.

Caseloads and recruitment information

- 2.19. Our target for average caseloads across the service is 15 children per full time equivalent social worker post, and 20 in the leaving care service. The average caseloads for the week ending 11th September [the most recent available at the time this report was being prepared] are summarised in the table below:

Service	Average caseload per full time equivalent (FTE)
Assessment	13.5
Family Safeguarding	17.5
Adolescent teams	12.5
Corporate Parenting	18.5
Leaving Care	22

- 2.20. As can be seen from the table above, we are close to the targets in most areas, and indeed under them in a couple, but remain slightly above in Family Safeguarding, Corporate Parenting and leaving care. There has been an increase in volumes of work in the service, which has resulted in part from the Covid situation. This is because it has been more difficult to progress plans, and particularly so during the actual lockdown period. This has meant that children's cases has remained open a little longer than would otherwise be the case.
- 2.21. Assuming we are able to continue to open up our services and re-start activities such as group work for parents affected by substance misuse, we would expect to see activity in the service as a whole reduce, with caseloads coming back down as a result. The unknown here is the impact of any increased demand that might be seen as the impact of the pandemic continues. A business case was prepared earlier in the year to support a temporary increase in establishment if needed, and while we have not needed to draw upon this as yet, we are keeping levels of demand under continuous review.

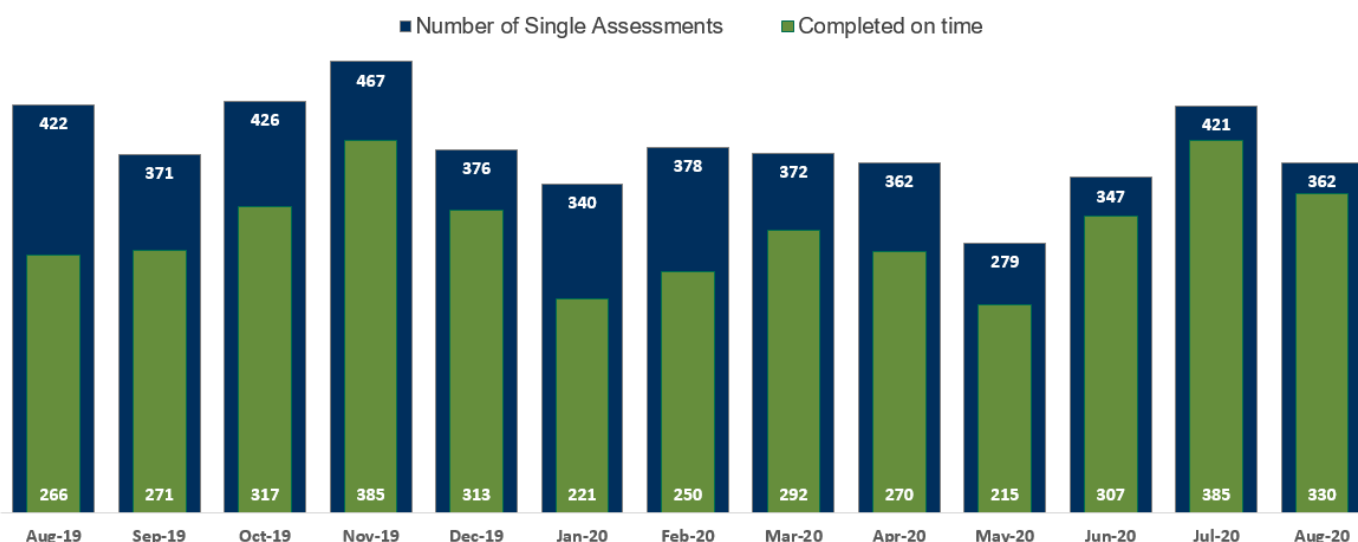
- 2.22. On a more positive note, recruitment has continued, and we have managed to recruit the majority of adult practitioners to support the work of our Family Safeguarding teams.

Referrals, Assessments and Family Safeguarding

- 2.23. The position in relation to contact and referrals is as shown in the chart at paragraph 2.13 above.

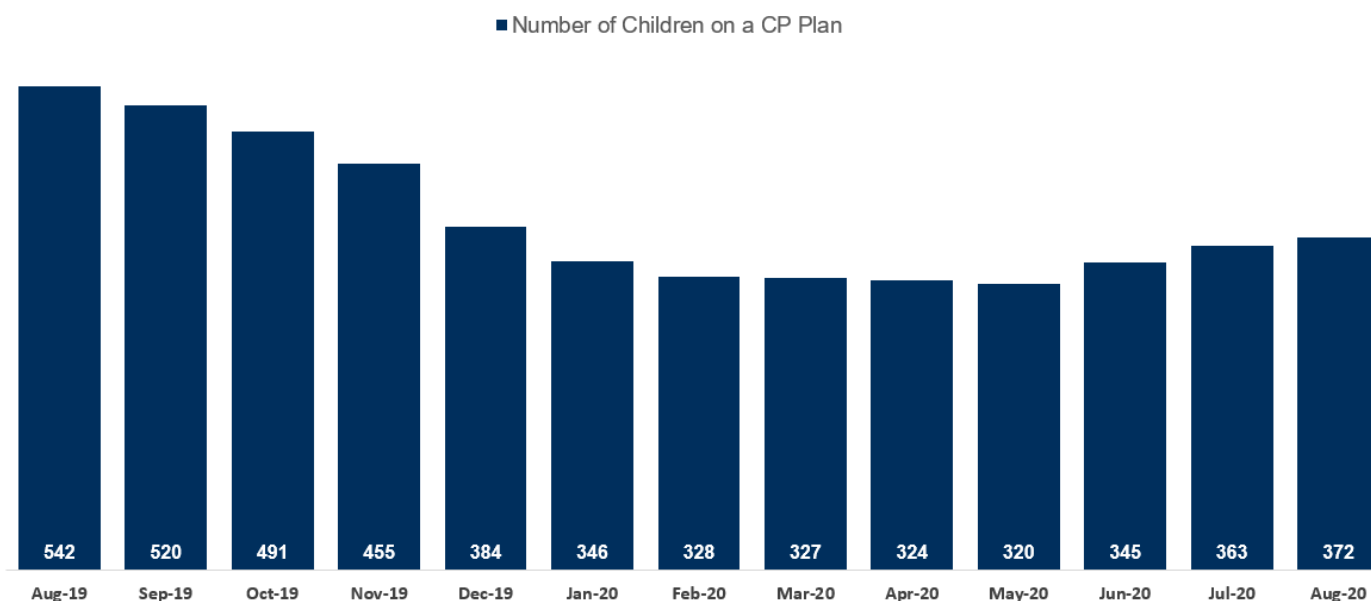
- 2.24. Assessments of children referred to social care are known as Single Assessments. They should be carried out within 45 working days. A thorough assessment depends on children being seen in their family home on more than one occasion and often several times. They also require the collation of information from key partner agencies including health and schools.

- 2.25. The chart below shows the impact of fewer children being referred in March and April as fewer assessments were completed in the months following – May and June:

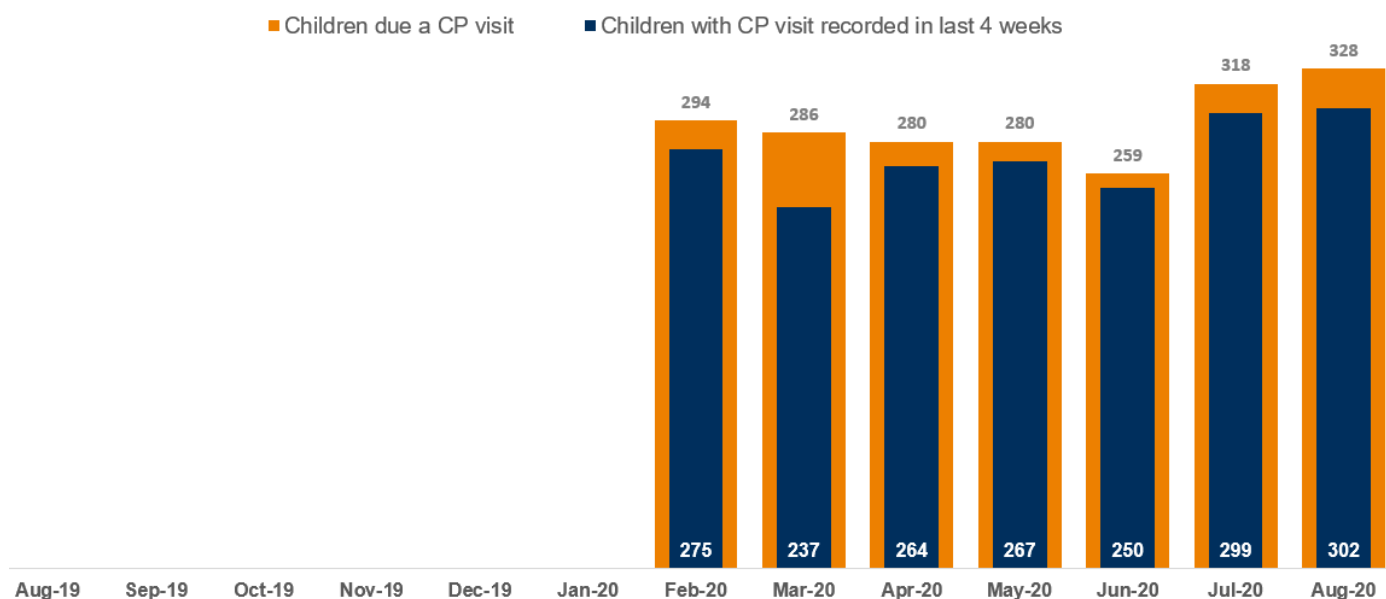


- 2.26. Timeliness of completion of assessments has been a focus for improvement over recent months and performance has improved in this area, despite some additional challenges of visiting families during the lockdown period. Our current year to date figure is 85% of assessments being completed on time, slightly above the England average of 81%, but below our target of 90%.
- 2.27. A significant proportion of assessments result in an outcome of no further action or a step down to early help services – between 30% and 40% since the start of the current financial year. Some assessments will always end in these ways, but this proportion is high and suggests that we may be completing too many assessments at the moment, and could potentially have diverted more children to early help services at the referral stage or before beginning the assessment itself. That said, this is a better position to be in than the one we were in a year ago, when only around 9% of assessments were ending in no further action or referral to early help. This was taking place in a context of caseloads that were higher in the assessment teams, and a tendency to complete assessments less thoroughly, referring them on to the longer term children's social care teams to be on the safe side, but causing pressures elsewhere as a result.

- 2.28. As noted above, face to face visiting is increasingly clearly the most effective way that work progresses with families; virtual visiting has some benefits in defined areas, but is less effective when the issues being addressed are complex and long-standing, such as domestic abuse or substance and alcohol misuse.
- 2.29. We have seen a slight increase in the number of children subject to child protection plans over recent months, as illustrated below, which is a consequence of it taking longer to complete some of the work with families that enables us to step the profile of the case down to children in need level:



- 2.30. We remain optimistic that as we continue to return to more normal services, with an increasing emphasis on face to face and [safe] group working, we will return to a position where numbers are steady in the 320-340 range – which would place us below our statutory neighbour average. As noted above, we have been successful in recruiting staff into our Family Safeguarding service, placing us in a good position to deliver positive outcomes for children, young people and their families.
- 2.31. As noted elsewhere, we have continued face to face visiting to all children subject to child protection plans. The following chart shows the proportion of these visits carried out within the necessary timescales [please note that issues with the business reporting system have resulted in a gap in data prior to January of this year; this should be resolved by the next reporting cycle]:



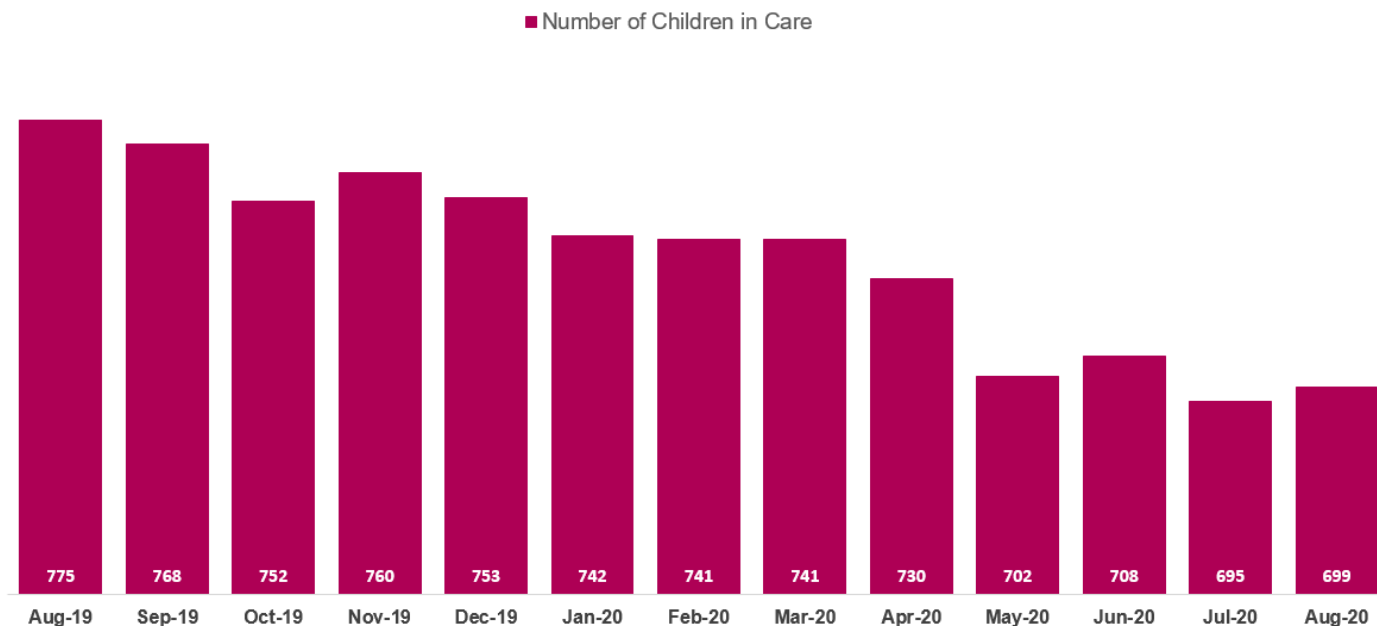
2.32. It is clear that the lockdown did have a short term impact on our ability to visit children. This was for a range of reasons; some families refused visits on health and safety grounds, which meant that we needed to review our approach in such circumstances, for example. It is also clear that visiting was back to good levels by April, and was 94% in July and 92% in August.

2.33. Our stretch target for this indicator is to achieve above 95% of visits in timescales, and while August performance is below that, anything over 90% is good performance. The key here is that we know why visits have not been carried out; some families do go away at short notice, especially in the summer; social work capacity is reduced at this time as well owing to annual leave, meaning that should a colleague have an unexpected emergency or be unwell, there is less capacity within the team for a visit to be allocated to another worker. In these circumstances, visits still take place, but just not quite within the required timescale.

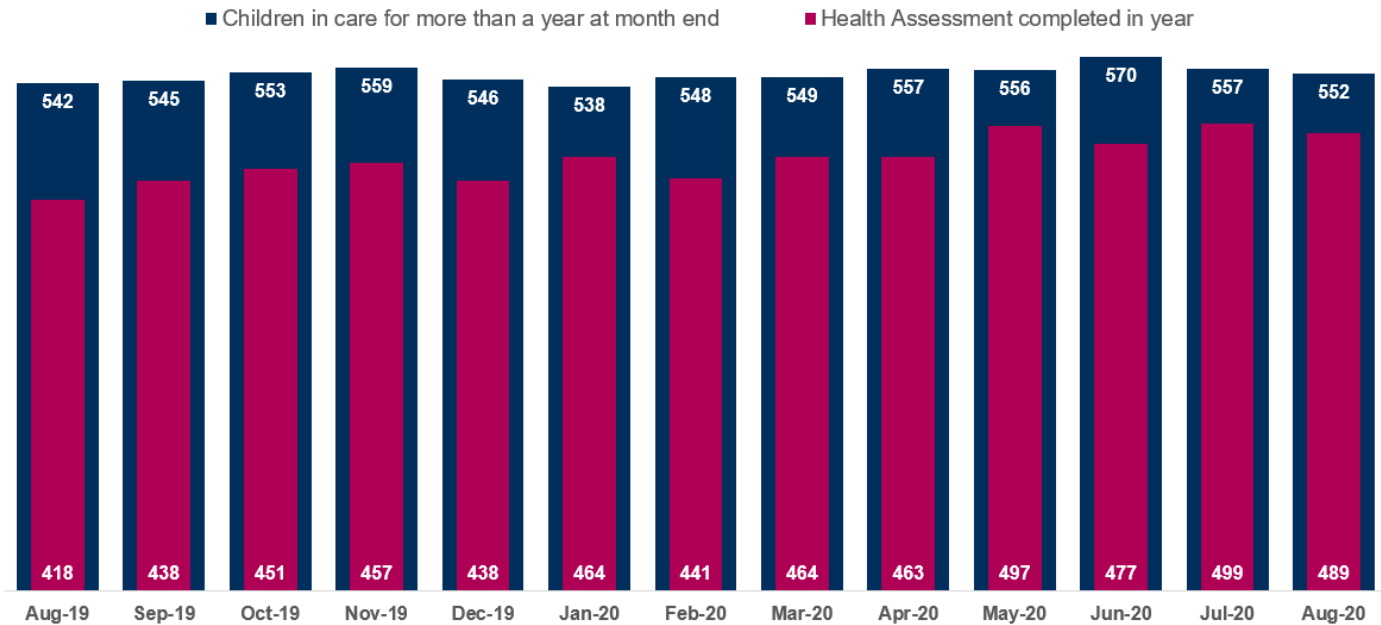
2.34. In a small minority of cases, families are declining visits. In the event that this non-cooperation continues, management decisions will be made about how the service responds. In most circumstances, this will result in legal pre-proceedings or the issuing of court proceedings.

Children in Care

2.35. As Members will be aware, numbers of children in care have been above expected levels for a number of years now. Were our population of children in care in line with the average of our statistical neighbours in 2019, we would have around 660-670 children in care. As the chart below shows, we currently have 699 children and young people in the care system, slightly up on the July number, and reversing the recent trend of a downward trajectory:

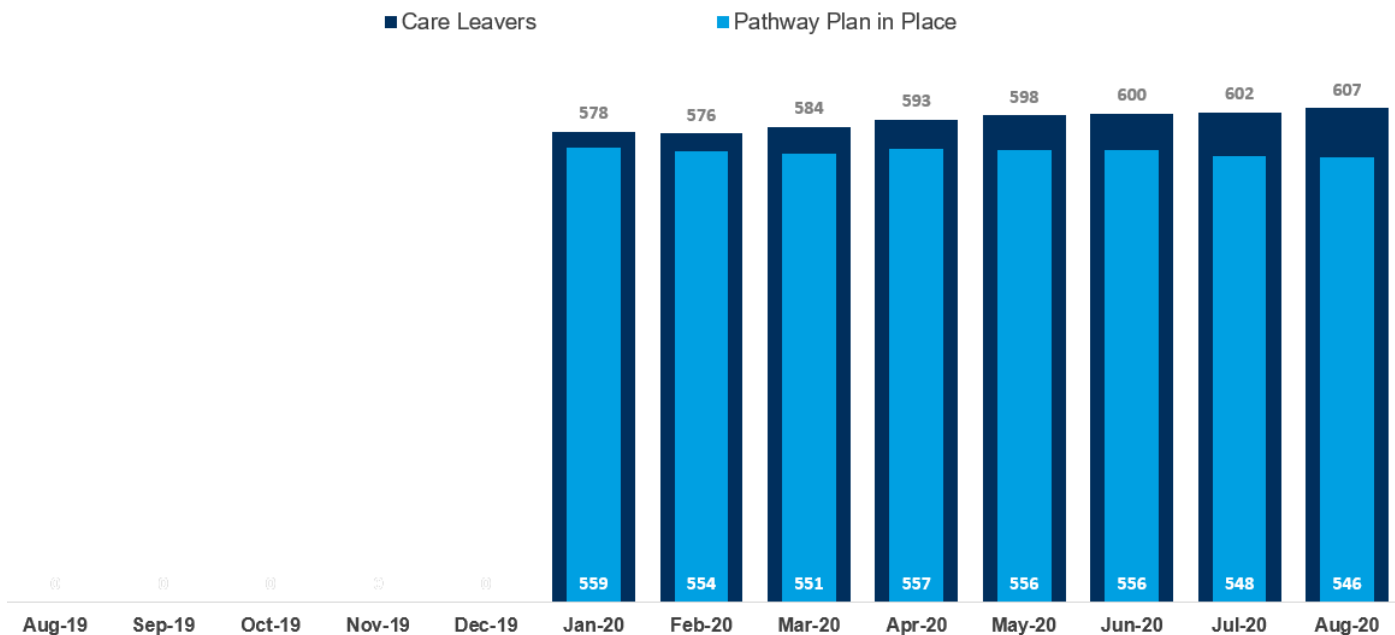


- 2.36. Our target remains to achieve between 600 and 620 children and young people in care; this would mean that our performance would be better than the average of our statistical neighbours. We aim to see this achieved during the 2021/22 financial year. We believe that it is possible to reduce numbers to this level since we have the Family Safeguarding approach in Cambridgeshire, and Family Safeguarding is associated with lower numbers of children in care.
- 2.37. It is disappointing to see numbers slightly higher; at present this is more about delays in progressing plans than seeing significantly higher numbers coming into care, although new entrants to care in August, at 17, was the highest number since January 2020. We will keep a very close eye on the balance between new entrants and leavers over coming months. There is a risk that the impact of Covid-19 will result in higher numbers of families in acute distress and hence an increase in overall care numbers. We have not seen this yet, but it remains a risk over the coming months.
- 2.38. One of the few areas where we decided to use the flexibilities contained within revised statutory guidance was to undertake a significant proportion of visits to children in care virtually. Unfortunately, our recording and performance monitoring systems can only count face to face visits as a statutory visit, making reporting on this indicator very difficult. At the time of preparing this report, Business Intelligence were investigating whether it is possible to identify virtual visits as a statutory visit, as opposed to other forms of telephone or other contact that would not meet the criteria to be called a statutory visit.
- 2.39. Locally collected data indicates that around 90-95% of these visits have continued to take place within timescales; I will provide a verbal update to the Committee in the event that we can distinguish virtual statutory visits from other contacts with children in care and their carers that also take place by telephone or through Teams and Zoom.
- 2.40. The chart below shows the percentage of children in care due an annual health assessment that have had such an assessment completed:



2.41. Performance in this area appears good and indeed is above target for the current year at 88.6% of children in care having their annual health assessment within timescales is better than the average of our statistical neighbours [66%] but slightly below the England rate of 90%. My slight concern about this, however, is that the majority of these health assessments have been carried out virtually. While many health appointments can take place in this way, there are questions about whether it is the best model for potentially vulnerable children in care. We are keen to see a return to face to face assessments as soon as possible, and are working with health colleagues to progress this.

2.42. The chart below provides information about the percentage of young people leaving care who have current pathway plans. It has also been affected by data issues prior to January 2020:



- 2.43. August performance is 90%, which is below our target of 95%; pathway plans should provide a clear view of the transition for a young person leaving care into adulthood. As such, comprehensive pathway planning does require extensive input from the young person as well as from partner agencies. While current performance is a little disappointing, it is perhaps unsurprising that additional challenges have been experienced by practitioners in completing these plans in current circumstances.
- 2.44. At the last Children and Young People Committee, Members asked that regular updates on progress in relation to young people leaving care and not in employment, education and training be reported within these Service Director reports.
- 2.45. One of the challenges in supporting young people to remain in education, employment and training, is that the issue cuts across a number of areas – early help, education/schools, social care and children in care, special educational needs, for example. With this in mind, a new strategic lead for NEET has been identified in Adrian Chapman, who is Service Director for Communities. The thinking here is that encouraging community organisations to develop apprenticeships and other support for young people into education fits very well with work that Adrian and his service are already leading on in terms of building resilience.
- 2.46. This change does not change key accountabilities, and the leaving care and corporate parenting service will retain responsibility to address NEET among care leavers. The aim is to provide a strong cross cutting strategic focus on NEET as a theme that affects many vulnerable young people.
- 2.47. I have not included any NEET data in this report because it is quite difficult to obtain reliable information as schools and colleges return in September in any year, let alone the current one. I will ensure that data is available for the next of these reports, however.

Potential areas of increased need for support by children, young people and families

- 2.48. At the time of preparing this report, children were only beginning to return to school. Indications of increased numbers of children and young people being identified as in need of help, support and protection will begin to become apparent as we move into October and towards the end of the first half-term. There is, however, an emerging consensus among leaders of children's services nationally about the groups of families, children and young people who are most likely to experience the most significant impact from the Covid-19 pandemic. These include:
- 2.49. Families who were already struggling with routines prior to the lockdown may find it more difficult to encourage their children back into school: Most children have been out of school for 6 months and some will find the transition back to school harder to manage than others. Some research has identified that families who are 'just about managing' have found it more difficult to find the practical, physical or 'head-space' to engage their children in regular home learning, meaning that their children may find it not only more difficult to adjust to the routine of regular school attendance, but to get back into the pattern of learning once in school. Some families may prefer to opt for home education, either because it appears to offer solutions to some difficulties, or because they remain fearful of perceived health risks associated with their children returning to school.

- 2.50. Families in less secure employment are more likely to be affected by any economic downturn: As the Government's support to employed staff through the furlough scheme comes to an end during October, there are widespread predictions that unemployment will rise significantly. The number of claims for Universal Credit have already increased in Cambridgeshire, and the increase appears to be more concentrated in areas of relatively higher deprivation. Economic impact is likely to affect those in lower paid and less secure work more quickly. Knock on effects can include risks of homelessness. Families in this position can struggle to also meet the demands of children in their care, finding it more difficult to manage challenging behaviour and similar.
- 2.51. Black and Minority ethnic children and young people: Black and minority ethnic adults appear to be at significantly increased risk from serious complications and death as a result of becoming infected with Covid-19. Children and young people from black and minority ethnic groups are therefore more likely to have experienced a loss of a significant adult in their extended families. Black and minority ethnic children and young people are also more likely to live in more disadvantaged communities, where higher population densities are likely to increase the risk of outbreaks of the virus in the future, with the potential to further disrupt their education, health and social development.
- 2.52. Children and young people with disabilities and/or special educational needs: Many parents of children with complex disabilities have been understandably very reluctant to allow their children to engage in activities outside the home, or to risk bringing support services into their homes for fear of their children catching the virus. They are likely to have continued anxieties about their children returning to school over the coming months. Families may become under increased pressure as a result, and find it less easy to continue to care for their children as a result. For the children themselves, some, including, for example, those with autistic spectrum disorders or ADHD, are also likely to find it more difficult to manage the transition back into school.
- 2.53. Young people who were already struggling to remain engaged with education: A relatively small group of young people struggle to engage in education even at the best of times. For some young people in their early to mid-teens who were already struggling prior to the lockdown, a six month period out of school may well mean that they will struggle to re-engage at any level. The difficulty here is that it is young people who are out of school who are most at risk of becoming involved in offending behaviour, or being criminally or sexually exploited. These vulnerabilities are often accompanied by increased tensions at home as parents struggle to know how to keep their children safe and to manage escalating behaviour.
- 2.54. Families experiencing significant difficulties prior to and during the lockdown period: For a relatively small number of families, potentially very difficult and damaging behaviours including domestic abuse, substance misuse and mental and emotional ill-health will have intensified during the lockdown. Some children will have experienced trauma for longer periods unnoticed by services because they have not been visible, or because support for families has not been available. This does not only include services; many families have been isolated from the support they would otherwise have accessed from extended family and friendship groups. Difficulties or behaviours that may have been possible to address and change in other circumstances may have become more entrenched as a result.

- 2.55. Young people leaving care: This is in any case a very vulnerable population, more likely to struggle in making the transition into adulthood. The employment market for young people is already under stress; those who are the most vulnerable will be likely to be the ones who find it most difficult to access the kind of employment and training that has in the past been most likely to support them into the world of adulthood and employment. All young people are likely to be affected in the shorter term, but those with the greatest vulnerabilities including some of those leaving care are more likely to experience longer term difficulties in remaining in education, employment and training.
- 2.56. Many of the above issues will not emerge immediately, which is why there is also a growing consensus that for children's services, much of the impact will be felt over a considerable period of time, with some effects still being evident 18-24 months from now.
- 2.57. There is, however, also a counter view that says that while some families and vulnerable young people will have experienced additional difficulties as a result of the pandemic and lockdown, the vast majority have had the resilience to cope very well. While attendance at school for vulnerable children was low in Cambridgeshire as everywhere else, and a programme of academic catch up will almost certainly be needed for many children and young people, the fact that schools worked very hard to maintain links with children, and that many parents were also either furloughed or working from home may have reduced pressures experienced by many families. Proponents of this view would argue that the programme in place to enable schools to support pupils to catch up with their missed work will address that issue over time, and that once any short term difficulties of transitioning back into regular school routines have passed, the impact of the pandemic and lock-down will be less severe than many expect.
- 2.58. My view is that while we see a surge in referrals as schools return, this will not be significantly larger than the surge that we always experience at this time of year. What we are likely to see is a much longer and shallower 'tail' of higher referral rates over the next academic year as difficulties emerge over time. The extent of the impact for families and demand for services as a consequence will at least in part depend on broader factors such as the depth and length of any recession, and how this affects families in terms of housing security in particular.
- 2.59. Longer term outcomes for vulnerable young people are also an area of concern; as noted above, there is an increased risk of higher numbers of young people being out of education, employment or training. The group of young people who were struggling to remain engaged in education prior to the lockdown are also at greater risk of mental and emotional ill-health and of becoming vulnerable to exploitation. This in turn could result in an increase in the break-down of family relationships, and additional pressure on placements for young people needing to come into care.
- 2.60. Children and young people with special educational needs and disabilities and their families are also likely to be disproportionately affected in the longer term, for the reasons set out above.

Actions we are taking to respond to changing patterns of need

- 2.61. A detailed recovery plan has been prepared and is available as Appendix 1 to this report. This recovery plan has been shared with other authorities in the Eastern Region of the Association of Directors of Children's Services. Our strong regional arrangements ensure that our services are open to both support and challenge from the other authorities in the region.
- 2.62. We will do all we can to enable children and young people to return to school. All children known to children's social care will be monitored to ensure they have returned to school, and we will focus support on any who have not. Schools will also liaise with children's services about children for whom they have concerns. We will work together to persuade families against opting for home learning.
- 2.63. As noted above, on-line support including virtual 'drop-in' support for parents, has been very popular. Materials produced by children's centres around supporting reading and play have been taken up widely, as has similar support produced by schools. These resources will continue to be produced in line with what parents, schools and other partner agencies identify is needed. A very recent example is the information published to help parents prepare for a return to school, which can be found at Appendix 2 to this report.
- 2.64. There are a great many unknowns about how needs and demands for services will change over the coming weeks and months. Key to managing our response is to ensure that we keep a very close eye on some key indicators of changing or increasing demand, including weekly reviews of referral and early help data, while also maintaining close links with parent organisations and key partners including schools in particular.
- 2.65. As far as is possible, services are now returning to normal, but certain key activities remain very challenging or impossible to deliver because of rules relating to social distancing. At the time of writing, the majority of child and family centres in Cambridgeshire had re-opened, for example, but are only able to work with parents by appointment – more informal drop-ins cannot take place as yet.
- 2.66. Some group activities are re-starting, or becoming established – groups for parents with substance misuse difficulties or to address domestic abuse within our Family Safeguarding services for example – but these can only operate with many fewer participants because of the need to maintain social distancing.
- 2.67. These realities mean that there are inevitable delays in accessing some forms of support and while virtual services have continued, these do not work for everyone or address every issue as successfully as direct work.
- 2.68. Within children's social care services, almost all visiting to children, young people and families now takes place on a face to face basis. Some exceptions remain – some virtual visits still take place where a child or young person is in a long term matched and secure foster placement, for example – but even in these circumstances, a minimum amount of direct visiting is now taking place.
- 2.69. Child protection case conferences have reverted to face to face meetings, although some professional attendees continue to attend virtually. Child protection conferences can require the attendance of a number of practitioners from different agencies. Enabling parental

participation in these meetings is challenging at the best of times; securing such participation virtually proved to be particularly difficult.

- 2.70. As noted above, we do expect there to be some areas of increased demand across our services. Some increased workload will result from the challenge in progressing plans for children, meaning that they may remain in care for slightly longer than otherwise would have been the case. We have seen a decline in the rate of reduction of numbers of children in care in Cambridgeshire over the lockdown period, with a small increase in August. This increase has been about it taking longer to move children into permanent homes outside of the care system than it has been, to date, about more children coming into care.
- 2.71. We have submitted business cases to MCHLG outlining additional areas where we expect to see increased demand. These include additional capacity for both early help and children's social care services. As noted above, we expect to see a longer term increase in patterns of demand for specific groups of vulnerable children, young people and their families.
- 2.72. Our response cannot be based only on doing more of what we have always done, however. Prior to the pandemic, the two local authorities, police and crime commissioner and the CCG jointly commissioned a review of how all services can work better together to support older children and young people at risk of poor outcomes as a result of mental and emotional ill-health, and/or vulnerabilities to criminal or sexual exploitation, or involvement in serious offending behaviour.
- 2.73. ISOS, the organisation leading this review on our behalf, was to have concluded this work by the summer of this year; the pandemic has delayed this and we now expect the work to conclude by the end of the calendar year. This review will provide us with some clear recommendations as to how we can provide a much more integrated response to older children and young people with emerging complex needs. There is a considerable amount of service provision available to young people, but it has developed in a relatively fragmented manner and our view is that we can offer a more joined up response to the needs of vulnerable young people as these have also changed in the light of issues including new forms of exploitation such as county lines.
- 2.74. Another very important area of focus more broadly is to support the continuing development of place-based initiatives and build on the incredible response from our communities throughout the Covid-19 pandemic.
- 2.75. The district based community hubs have galvanised large numbers of volunteers to help support vulnerable people and communities across the County throughout the pandemic and lockdown. There is a continuing opportunity to harness this energy within communities to increase resilience and ensure that vulnerable members of those communities can access other forms of support in addition to those provided by public services.
- 2.76. We will also continue to learn from those enforced changes to service delivery that have gone well. Some models of virtual service delivery have worked really well, most notably within the early help sphere. We will continue to offer virtual parenting support and drop-ins and other on-line guides to support families moving forward.

- 2.77. We will also continue to improve the signposting information on our website, enabling more families to identify sources of support that they can access directly.
- 2.78. As we have increased the amount of face to face work, we have also increased the number of frontline staff who are spending at least some of their time working from offices. While many of our staff were initially very positive about the move to mostly home working, as time has progressed, more and more have wanted to return to work for some of the time, while continuing to benefit from increased flexible working.
- 2.79. Children's services work is challenging, particularly for front-line practitioners, and it is very important that our staff and managers are able to access the informal support and supervision that office working provides. We continue to work with colleagues in building services, public health and others to ensure that staff can return to offices safely, since this is very important not only for staff morale, but also to ensure the effective safeguarding of vulnerable children and young people.
- 2.80. In concluding this report, I would like to pay tribute to the dedication of our staff and managers throughout the pandemic. They have embraced new working arrangements, continued to undertake face to face visits to families throughout the pandemic, and have often been the only source of support and monitoring for families as other services have withdrawn. Morale has remained incredibly high and the commitment to supporting our most vulnerable has not wavered. Many of our staff have at the same time needed to support members of their own families who have been shielding, or have supported front line work in other ways when they themselves have had to spend time shielding. Despite these and many other challenges, they have continued to place their work with vulnerable children, young people and their families at the centre of what they do.

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
There are no significant implications within this Priority

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 Source documents
None

6. Appendices

6.1 Appendix 1 – ACDS Recovery Plan (accessible version available on request from Lou.Williams@cambridgeshire.gov.uk)

6.2 Appendix 2 – Back to school guide