

**REVIEW OF IMPLEMENTATION OF CHANGE FOR CHILDREN PROGRAMME, INCLUDING DEVELOPMENT OF SHARED SERVICES ACROSS CAMBRIDGESHIRE & PETERBOROUGH**

*To:* Audit and Accounts Committee  
*Date:* 22<sup>ND</sup> November, 2018  
*From:* Executive Director People & Communities  
*Electoral Division(s):* All  
*Purpose:* This report provides Committee with information on the progress of the 'Change for Children' programme, developed in order to address some long-standing challenges in delivering children's social care services in Cambridgeshire.

*Key Issues:* The structure of children's social care services has moved away from being based on small generic 'Units' to one of larger and more specialist teams. Additional case-holding workers within the new teams should lower caseloads. Improved management oversight will improve the quality of planning for children, young people and their families.

*Recommendation:* Committee are asked to note the report and:

- a) Note the progress made in implementation of a new delivery model in Children's Social Care since May 2018, when the changes were approved by the Children and Young People's Committee;
- b) Note the areas of performance that the new delivery model is intended to improve and the measures in place to monitor this.

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## **1. BACKGROUND**

- 1.1. On 22<sup>nd</sup> May 2018, the Children and Young People's Committee approved recommendations for far reaching changes in the way that children's social care services are delivered in Cambridgeshire.
- 1.2. The changes proposed in May 2018 were designed to build on the areas of change that had worked well in the re-organisation in 2017, while addressing those areas where difficulties remained. In summary, the changes in 2017 laid the foundations to building a district delivery model and bringing children's social care and early help services together. They had also been successful in securing partner input into the Integrated Front Door and Multi-Agency Safeguarding Hub [MASH].
- 1.3. The 2017 changes had not, however, been successful in addressing significant structural issues within children's social care. These structural issues included a lack of resilience within small largely generic social work units, a lack of management oversight and challenge since the Consultant Social Workers held cases of their own while also having responsibility for supervising the work of others, and the challenge of meeting the competing priorities of court work, child protection and children in need and children in care, particularly where there were also vacancies.
- 1.4. At the same time, the model of the MASH implemented in 2017 was very resource heavy and was not operating effectively because of the challenges of recruiting the number of social work qualified staff needed to operate the model. The county-wide team for managing new child protection referrals [the First Response Team] was also struggling to recruit sufficient numbers of experienced and qualified staff.
- 1.5. Given that there reorganisation affecting children's social care delivery had only been last completed in 2017, the decision was taken to ensure that thorough diagnostic work be completed before undertaking further changes to the structure.
- 1.6. Accordingly, in addition to analysing key performance information and listening carefully to the views of our key staff and managers, we commissioned an in-depth piece of research and analysis from Oxford Brookes to help us to understand issues affecting outcomes for our children in care. We also arranged for a peer review of the operation of the Integrated Front Door to take place. Ofsted, meanwhile, undertook a very helpful focused visit during March 2018, examining the impact of

our services on improving outcomes for children in need and children in need of protection.

- 1.7. The above external pieces of work were all completed by March/April 2018. The key points from these, together with key messages from our staff, were collated and analysed. This process then informed the development of the proposals for change, subsequently branded as the change for children programme. These were first presented at the 22<sup>nd</sup> May 2018 Children and Young People committee meeting, before being developed further before becoming the subject of formal consultation with staff and unions over the course of the summer.
- 1.8. The new structure was mostly implemented on the 1<sup>st</sup> of November. Changes to the operation of the MASH will not be fully completed before 17<sup>th</sup> December 2018. This is because we have needed to ensure that additional staffing required in the Customer Service Centre in St Ives are recruited and trained in operating the new approach.
- 1.9. Given that these changes have involved staffing budgets of around £12M, have had a direct impact on over 200 members of staff and have involved the wholesale redesign of the delivery model in Children's Social Care, achieving implementation within a 6 month period is a very substantial achievement, and is testament to the dedication and hard work of all our staff at all levels. Unlike previous changes, this has also been achieved without the use of external consultants. This has been welcomed by our staff in particular, who perceive these changes to be fully owned by permanent senior officers as well as by Members.
- 1.10. The impact on outcomes and performance will not be felt immediately, of course. But we do expect to see some significant improvements in terms of the quality of our services to vulnerable children, young people and their families becoming evident over the coming months.

## **MAIN ISSUES**

### **Summary of Main Changes in delivery of Children's Social Care Services**

- 2.1. The changes discussed in the following sections relate only to the mainstream children's social care service, and not to children with disability or early help services. That said, we have moved line management for children with disabilities back to Children's Services from the learning directorate.
- 2.2. Under the new model of operation, referrals to children's services will be managed more quickly and with fewer hand-offs than previously. The Customer Service Centre at St Ives will pass all referrals about children to the relevant team where it is clear what the response needs to be. Children who would clearly benefit from early help services will be passed through to Early Help. Children who are clearly at potential

risk of significant harm will be passed through to one of the new district assessment teams. The customer service centre will also signpost the referrer to other services where appropriate.

- 2.3. The MASH will now only become involved where the best response to needed to a child who has been referred is unclear from the referral. This is where the multi-agency element of the MASH adds most value; information from partners, for example about other children in the family, informs decision making about whether there are risks to the child that need a social work assessment, or that the family would most benefit from support by early help.
- 2.4. This model has the advantage of requiring many fewer qualified social workers in the MASH, reducing costs and making a better use of what is a scarce resource.
- 2.5. Under the previous Unit model, social worker support to children in need, children in need of protection and most children and young people in care aged 13 years and under was provided through small groups of social workers who also had responsibility for undertaking most assessments of children newly referred into the service.
- 2.6. Analysis of finding from external reviews as well as the key messages from most of our staff confirmed a number of shortcomings of this model in terms of care planning, and because of their small size, found them also to be vulnerable to the impact of leave, sickness and vacancies. The mixed caseload also meant that there was a natural tendency for highest priority work to be undertaken first. Children due visits who were on child protection plans, for example, were sometimes prioritised over a visit to a child in care who was safe and settled in a placement, especially when individual units were struggling with vacancies or leave.
- 2.7. Similarly, children in need also received a much less consistent or intensive service than children who are subject to child protection plans. The Ofsted focused visit identified that children in need were largely being visited by social workers at statutory minimum frequency, for example. Whilst this is understandable given the competing pressures, it also meant that families were likely to remain open to the system for longer than might otherwise be the case, or that difficulties they were experiencing might escalate.
- 2.8. Similarly, any lower priority accorded to working with children in care, risked those children spending longer in care because some tasks associated with care planning were not prioritised as they might otherwise have been. Delays for children in care can be detrimental for the child concerned, and also contribute to higher overall numbers.
- 2.9. The review by Oxford Brookes and the report by Ofsted following their focused visit in March 2018 also found that some of our work with

families lacked sufficient focus on the impact on the lives of children as well as evidence that planning was not always sufficiently child-focused. Oxford Brookes described identifying a number of cases where support had been offered for relatively long periods, before quite quick decisions were made that families were not adequately meeting the needs of their children.

- 2.10. Ofsted identified that many children's plans demonstrated the support being provided to families by a range of professionals, but found that plans were often not sufficiently child focussed, limiting their effectiveness and meaning that families and practitioners alike may not be clear of expectations. Ofsted also commented that social workers undertook considerable amounts of direct work with children, knew their children well, but that for many children, it was not always evident that social workers had a good understanding of their lived experience.
- 2.11. The lack of clear management oversight and challenge in the unit model is likely to be a factor here, slowing decision making as units do all they can to support families staying together. Clearly, supporting families to stay together is the right thing to do in most circumstances, but the work does need to take place in the context of achieving sustainable change within a timeframe that is appropriate for the child. The introduction of non-caseholding team managers within the new system of specialist teams will help to address these issues.
- 2.12. Under the new arrangements, each district will have one assessment team and at least one children's team. There are also two adolescent teams operating across the County, working with young people on the edge of care or at risk of homelessness.
- 2.13. Assessment teams will undertake all new assessments of children and young people including where there are significant child protection concerns. They will also work with families for a period of up to eight weeks, seeking to address emerging difficulties where possible and without the need to transfer the work to one of the longer term children's or adolescent teams.
- 2.14. The children's and adolescent teams will include children's practitioners. These members of staff are not social work qualified but instead have a range of qualifications relevant to working with children and young people. They will hold case responsibility for some of our children in need work and also provide some support to qualified workers working with families where children are subject to child protection plans.
- 2.15. This is a new development in Cambridgeshire, and brings additional skills and diversity to the workforce. It also means that for the first time, many of our children in need are allocated to workers who only work with children in need, as opposed to being part of mixed caseloads

alongside children subject to child protection plans, children in care proceedings and who are in care. This means that this group of children should receive a more timely and effective service.

- 2.16. The adolescent teams work closely with young people on the edge of care as well as helping to support those who are in care to successfully return home where this is in their best interests. These two teams are supported by an outreach provision, which has been re-shaped but retained from the former Hub model, previously based at Victoria Road in Wisbech.
- 2.17. We have developed a new county-wide Corporate Parenting Service that will have responsibility for all children in care [except for those within proceedings, who are expected to return home after only a short time, or who are in care because they have a significant package of short breaks], as well as for our care leavers. A dedicated team is in place to support our unaccompanied asylum seeking young people. This part of the service is also responsible for fostering, supervised contact and the outreach provision noted above.
- 2.18. We have followed best practice in relation to supporting young people leaving care, with a personal adviser presence within our children in care teams and a qualified social worker presence in our leaving care teams. This approach is based on findings that indicate that personal advisers within the children in care teams can provide additional support in relation to independence to young people as they are approaching 18, while qualified social workers in the leaving care teams can provide enhanced support where young people have particularly complex needs.
- 2.19. The dedicated support to unaccompanied asylum seeking young people builds on our nationally recognised experience in this area. Unaccompanied asylum seeking young people often have a need for specialist support. There is often also a need for liaison with external organisations including the Home Office and UK Border Agency. The dedicated support enables the development of specialist knowledge, improving the support available for this vulnerable group of young people.
- 2.20. We have also secured investment through the General Purposes Committee to re-establish a Family Group Conferencing Service, which will be established in the New Year. Family Group Conferences seek to involve broader family members where a child is subject to a child protection plan. The conference aims to support extended family and friends to develop a plan that can support the family and safeguard the child. Failing this, it also seeks to identify extended family members who can offer permanent care to the child as an alternative to that child spending long periods in care.

- 2.21. Finally, we are bringing our quality assurance functions closer together with the equivalent services in Peterborough. This offers significant opportunities for both council to benefit from the sharing of good practice, while helping to build resilience.

### **Expected Impact**

- 2.22. The changes are expected to result in a number of improvements in service quality and consistency. These will be monitored through a variety of qualitative and quantitative measures. The former includes case file and themed audits of quality of practice, while the latter includes analysis of key performance data as this changes over time within Cambridgeshire, and in comparison with other similar authorities [our statistical neighbours].
- 2.23. In summary, we expect to see families receiving a more consistent service, with children being supported by better quality, SMART and child-centred plans informed by good quality assessments including specialist assessments as necessary, and benefiting from much greater management oversight. Getting fundamentals such as these right means that more families with children in need will access the support they need in a timely way, decisions relating to children in need of protection will be more timely and consistent, and better planning for children in care will result in more children moving into permanent arrangements more quickly than is currently the case. Better, more consistent and timelier outcomes also result in a reduced volume of work in the system, leading to a financially more sustainable service.
- 2.24. Delivering the service through a model of specialist teams, with a mixed model of social work qualified and alternatively qualified staff will also help to address recruitment and retention challenges, which have been a particular issue in some parts of the County.
- 2.25. The return to specialisms also reflects the way in which most social workers prefer to work. Those who, for example, want to specialise in working with children in care, were unlikely to have been attracted to work in the 'whole life' units, and we lost a number of experienced social workers partly as a result of the move to this model in 2017. It is encouraging that we are now being contacted by some of these former members of staff, because they are interested in returning to the Council.
- 2.26. Our vacancy situation will also be improved following recent overseas recruitment activities. We welcomed a small group of qualified social workers from southern Africa in October, and are expecting more to arrive shortly. They are to be joined by others from central and Eastern Europe as their registration process with the Health Care Professionals Council is completed.

- 2.27. While in general the implementation of the new model has gone very smoothly, it is fair to say that there have been some challenges in ensuring that there is an appropriate level of business support in place to support the operation of the new teams, and we have had to recruit some temporary staff while the overall approach to business support is reviewed across the People and Communities Directorate as a whole.
- 2.28. It is also important to acknowledge that change of this scale can lead to some short-term negative impacts. Managers and leaders have been focused on implementing the structure including undertaking a significant number of interviews for new roles, for example, diverting them away from activities such as case file audits. Social workers and other staff are moving to new teams, meaning that some children and families will experience a change of social worker.
- 2.29. Meanwhile, some aspects of the change programme, including the move to a new children's information system – Liquid Logic – will not be completed until later in 2019, meaning that some benefits will not be fully realised until then.
- 2.30. For example, until Liquid Logic is available across Cambridgeshire, staff in the customer service centre and MASH will be required to operate two systems; Capita One in Cambridgeshire and Liquid Logic in Peterborough. Once Liquid Logic is in place, the system will operate much more smoothly, particularly as Liquid Logic includes a MASH module that is very effective in supporting multi-agency working.
- 2.31. Liquid Logic also includes full compatibility with Family Safeguarding, meaning that any move to this model of practice in Cambridgeshire in future will be much more straightforward than it would otherwise be. The new team structure in Cambridgeshire is also configured to support a move to this model, again meaning that any decision taken in the future to adopt the model would result in minimal further disruption.
- 2.32. The significant changes to the organisation of children's social care services also means that the availability permanence management information will be affected. This is because the supporting IT systems need to be reconfigured so they can report performance within the new teams. This should not impact overall performance information, such as the number of children open to children's social care, but will affect the extent to which this information can be broken down into individual teams; a situation that should be resolved by early 2019.
- 2.33. Changes in the operation of the Integrated Front Door and MASH should result in better decision making for children and families, with fewer children being assessed unnecessarily by children's social care. This is important since unnecessary assessments by children's social care services cause avoidable stress to families. Unnecessary assessments also risk families disengaging in support services for fear



of possible implications. It is also the case, clearly, that carrying out unnecessary assessments is not the best use of scarce resources.

- 2.34. The changes will also result in better consistency in the way we respond to referrals across Cambridgeshire as a whole as well as across Peterborough. This is important as many of our partners, including the police, work across both local authorities.
- 2.35. As noted above, changes to the Integrated Front Door, including those associated with the change taking place within the customer service centre, will not be implemented until December 2018, slightly later than the other changes taking place.
- 2.36. The Ofsted focused visit that took place in March 2018 identified that most assessments are already of a good quality and showed good evidence of partner engagement. Inspectors did identify, however, that these were not always completed in as timely a manner as they could be within the unit model. Dedicated assessment teams within each district are expected to improve the consistency and timeliness of children and families assessments, while also maintaining these at a good quality. These teams focus on completion of assessments and short term working only, meaning that they will be required to manage fewer competing priorities.
- 2.37. These teams are also responsible for the completion of child protection enquiries for children not already open elsewhere in the service. This function was previously undertaken by the central First Response Team; as noted above this team struggled to recruit sufficient numbers of qualified and experienced staff. The move of this work to the district assessment teams is therefore expected to improve quality and consistency in relation to child protection enquiries.
- 2.38. An area of risk however, particularly in the early days of moving to this new model, is that different thresholds begin to emerge between the assessment teams, as individual managers make decisions about whether children should be assessed under child in need or child protection procedures. This risk is being mitigated by regular meetings between relevant managers, these are also planned to include key partners including the police, in order to review decision making.
- 2.39. As noted above, we expect that children in need, in need of protection and who are in care will also receive a better quality service. In part, this will be because specialist teams will be in a better position to prioritise work across all areas than the previous model where small units were trying to balance a much broader range of competing priorities.
- 2.40. We expect to see a gradual overall reduction in the volume of work across the system as planning for children and young people improves because of increased levels of management oversight and challenge.

- 2.41. We have already increased the scope of our tracking systems and implemented a range of panels to ensure that we are appropriately planning for children across the system. An unborn baby panel is in place, for example, to ensure that we are appropriately planning where there are indications from colleagues working in midwifery and similar services that there are likely to be additional vulnerabilities.
- 2.42. We expect to see improvements in care planning as evidenced by plans that are SMARTer, and that are better informed by specialist assessments as these are required. Timeliness of visits to children subject to child in need and child protection plans and those in care should continue to improve, again as management oversight increases.
- 2.43. As planning and management oversight continues to improve, we expect to see a continuing increase in use of pre-proceedings. Pre-proceedings is a stage before a local authority issues care proceedings. It is mostly considered once a child has been subject to a child protection plan for between 9 and 12 months and where there has been insufficient impact on their lived experience. Pre-proceedings are also often used whenever a child becomes subject to a child protection plan for the second or subsequent time.
- 2.44. The idea of the pre-proceedings stage is that the local authority sets out clearly the changes it expects to see in relation to parenting, while also describing how parents will be supported to make those changes. Any assessments that may be required should the matter end up in care proceedings are also agreed and completed during the pre-proceedings period.
- 2.45. Families are able to access legal aid and so can be represented by a lawyer during pre-proceedings. Where successful, this approach can result in families making the positive changes they need to and so avoid the need for care proceedings.
- 2.46. Where court proceedings do still take place, the fact that most assessments will have been completed beforehand means that courts are able to make decisions more quickly, meaning that plans for children can also progress more quickly. Use of the pre-proceedings in Cambridgeshire has increased over the last 12 months, and we have improved the consistency and accessibility of information received by parents where we are in pre-proceedings. We expect this increase in numbers in pre-proceedings to continue as the new model of service delivery becomes established.
- 2.47. Most children in care [with the exception of those in care proceedings and who are expected to be in care for only a short period] are now the responsibility of the new county-wide corporate parenting service. This means that children in care will be supported by social workers working

in dedicated teams that only work with children and young people in care, with the result that the overall quality of service should improve.

- 2.48. As noted elsewhere, one of the less positive aspects of the 'whole-life' unit approach was that when seeking to meet competing priorities, overstretched units understandably prioritised children in need of protection over children who were safely placed with carers. The longer term impact for children in care, however, has been that they have been more affected by delays in care planning, which has in turn meant that some have waited longer for permanent placements than they may otherwise have done, while others may not have benefited from the amount of focused support necessary in order to help prevent placements from coming to unplanned endings.
- 2.49. One of the key results that we expect to see from the changes overall is that improvements in care planning and the development of dedicated children in care teams for children of all ages is a reduction in overall numbers of children in care from current levels of around 750 to a number that is much more closely aligned to the average of our statistical neighbours, which would equate to 610 based on 2016/17 data. This will take time to achieve, however, and we do not expect numbers to fall to this level before 2021. It is very positive that the Council has accepted that there will be a need for higher levels of expenditure on children in care over this period.
- 2.50. Securing reductions in overall numbers of children in care will be supported by more children moving into legally permanent arrangements [i.e. returning home when this is safe for them to do so, or moving through to permanent care under Special Guardianship Orders and Adoption]. We will therefore be monitoring not only the numbers involved, but also the time taken between a child first coming into care and leaving care via routes such as these.
- 2.51. As noted above, change at this scale is also likely to have some negative short term impacts. We know, for example, that there has been a reduction in case audit activity, as managers have focused on ensuring that the programme of interviews for staff and associated redeployment processes take place smoothly. As the new team managers move into their new roles, auditing of cases will be a high priority for them. This is important as it will help them in becoming familiar with the children within their team for whom they have accountability.
- 2.52. Moving case-holding social workers to new teams means that there is likely to be an impact for some children, some of whom will be allocated to different social workers. We have worked hard to minimise this type of disruption, however, and have ensured that we have included children and young people in our communications, so that they are aware of any changes.

- 2.53. We have spent a considerable amount of time in ensuring that key members of staff receive the support in the short and longer term that they need in order to implement that changes so that our work with children, young people and their families is as effective as it can be. All team managers accessed an induction programme in October, prior to the implementation of the new structure, for example, and will continue to access a bespoke development plan facilitated through Oxford Brookes.
- 2.54. We are also working with colleagues in learning and development to build a programme of training and support for children's practitioners that offers them access to career development for those who want to move on to roles such as qualified social work in the future.
- 2.55. We will also monitor workloads carefully; the model has been developed on the basis of current activity levels and workflows, with case-holding practitioners expected to hold up to 20 cases per full time equivalent, which compares well with recent experience in Cambridgeshire.
- 2.56. Key to helping to ensure that our services remain of a good quality, and to quickly identifying any areas of emerging challenge is our Quality Assurance Service, which as noted above is developing closer links with the equivalent service in Peterborough. Alison Bennett, head of service for quality assurance in Peterborough is now responsible for both service areas and, subject to the usual HR processes, will move into an Assistant Director role in due course.
- 2.57. This change of title reflects the increased span of responsibility, but is also important because it signals the importance of quality assurance services in ensuring that the delivery of children's services is of a consistently good quality, with the leader of the service having the same status in the organisations as the two operational Assistant Directors.
- 2.58. Bringing quality assurance functions closer together across the two authorities brings opportunities to share learning and best practice as well as increasing service resilience in certain areas.
- 2.59. The quality assurance service includes a number of functions that are very important in helping to ensure that plans for children are of good quality and are delivering the necessary outcomes in a timely way. One such function is provided by the conference and review chairs. These experienced practitioners chair reviews for children in care and child protection conferences. Higher numbers of children in care have resulted in some capacity issues within the reviewing officer service, which has in turn impacted on the ability of chairs to review progress of plans between review meetings, see children and young people outside of review meetings and review case files.

- 2.60. While we have increased capacity within this part of the service, we are likely to need to further review capacity given continuing higher than expected numbers in care. This is because ensuring the chairs have the capacity to undertake all aspects of their roles will help us to deliver better and timelier outcomes for children in the care system
- 2.61. As we complete the move into the new structure, it is important that we have a range of mechanisms in place to monitor improvements in outcomes and to ensure that the transition to the new model does not result in increased risks for individual children and young people. The quality assurance service will have a key role to play in these areas. In order to ensure that the changes we are implementing are resulting in improved outcomes, the quality assurance service will be undertaking a number of thematic audits over the coming weeks and months, including in relation to:
- Assessing the quality and timeliness of assessments, including child protection enquiries;
  - Assessing the quality and impact of plans;
  - Assessing the quality of and use of chronologies in informing assessments and planning;
  - Assessing the impact of support to young people vulnerable as a result of being missing, and from sexual and criminal exploitation by others;
  - Assessing the quality and impact of management oversight and supervision;
  - Assessing the extent to which our work with families is informed by a clear understanding of the lived experience of the child.
- 2.62. This initial round of thematic audits, taken together with a focus on the completion of case file audits by managers across the service, and continued monitoring of key performance information, will place us in a good position to establish a baseline against which we will be able to measure on-going improvements to the quality of service and impact for children and young people as the new organisation of service delivery becomes established.
- 2.63. We have also taken steps to ensure that there are no inadvertent increased risks to individual children and young people. During October, we issued an amnesty where practitioners and managers could flag any individual cases about which they had concerns, and which would then be reviewed by the quality assurance service.
- 2.64. This type of approach is helpful since it provides permission for cases to be flagged in the context of a public acknowledgement that the service is aware that the level of management oversight and significant pressures within some units in particular, may have resulted in a reduction in standards. This is particularly important given that some of

these cases may be allocated to a new worker or managed in a different part of the service because of the restructure, resulting in a break in continuity. All cases flagged in this way are fully audited by the Quality Assurance service, and any remedial or other actions required identified and monitored to ensure that they are completed.

- 2.65. In order to support the development of continued good practice, the quality assurance service has recently published a comprehensive series of practice standards, setting out clear expectations for service delivery across the service into the future.

### **Summary**

- 2.66. This report has focused on the changes that are being implemented within children's social care. While these are extensive, it is also important to note the things that have not changed.
- 2.67. Within children's social care, the role of the clinicians has continued as previously. Clinicians play a valuable and valued role in supporting practitioners in reflecting upon and evaluating the impact of their work on children and young people. Clinicians also undertake a considerable amount of direct work with children, young people and their families. Cambridgeshire also retains our systemic model of practice in children's services, which is an approach that is both well understood and established in the County.
- 2.68. The new model of operation builds on the strengths of the district based delivery model developed as a result of the changes in 2017. The latest round of changes align children's social care and early help even more closely, further building upon that district delivery model approach.
- 2.69. It is worth noting that despite the scale of the changes outlined in this report, only 6 practitioners and employees have opted for voluntary redundancy and only one person had an outcome of being compulsorily redundant. Morale in the service is good, with most welcoming the changes being made.
- 2.70. It is also important to remember that external reviews of practice in the County highlight the skills, dedication and commitment of our practitioners across children's services from early help through to children's social care. The changes we have made to the structure seek to enable our practitioners to operate in a framework that increases management support and oversight, and enhances the degree of specialism within which they work.
- 2.71. We are confident that the changes we have made will deliver better outcomes for children and young people and reduce overall volumes of work in the system, thereby also meaning that we can deliver services on a financially sustainable basis into the future.

Source Documents	Location
22 <sup>nd</sup> May 2018, report to the Children and Young People's Committee	Room 117 Democratic Services Shire hall