

Cabinet

Dorset County Council



Date of Meeting	27 September 2017
Lead Member and Officer	Cllr Steve Butler Sara Tough- Corporate Director Children Adults and Communities.
Subject of Report	Update Forward Together for Children: Family Partnership Zones and Care and Protection.
Executive Summary	<p>This report sets the changes in care and protection in the overall context of the Forward Together for Children Programme. The approach taken to manage demand for statutory services includes Family Partnership Zones that seek to identify and work with families in need of early help avoiding the need for later contact.</p> <p>The report details the comprehensive changes that were introduced to care and protection, including new services and approaches. Performance measure are included to provide an overview of the impact of changes that have been made.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: These are undertaken as and when required. Details in the report include a some reviews which will be subject to EQIA processes (Note: If this report contains a new strategy/policy/function has an EQIA screening form been completed?)
	Use of Evidence: A range of management information has been used to inform this report. (Note: Evidence within the body text to support the recommendations and, where relevant, include a description of how the outcomes of public consultations have influenced the recommendations.)
	Budget: This report covers an area of high impact to the overall budget of the Council.

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH Residual Risk HIGH <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>The report highlights the actions that are being undertaken to reduce numbers, prevent demand and manage costs. There are financial risks, reputational risks and criticality of service risks.</p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p>
	<p>Other Implications:</p> <p>The report covers details of our most vulnerable children and young people and as such has implications for their health and wellbeing and achievement, all which impact on adult outcomes.</p> <p>(Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; physical activity; or Safeguarding Children and Adults.)</p>
<p>Recommendation</p>	<p>That Cabinet supports the direction of travel described in the report as we continue on this journey of transformation and change.</p>
<p>Reason for Recommendation</p>	<p>This report sets out the progress that has been made over the past 12 months in the Children’s Directorate. This has been about delivering an improved level of effectiveness through an outcomes focused approach that is seeking to deliver long term qualitative improvements on the lives of families within budget.</p>
<p>Appendices</p>	<p>Appendix 1 – Forward Together For Children Programme Vision Appendix 2 – Performance Information Re Child Protection Appendix 3 – Family Focus Report Appendix 4 - Performance Data for Looked After Children/IRW Appendix 5 – Agency Report Card for August</p>
<p>Background Papers</p>	<p>Cabinet report December 2016.</p>
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1. Background

- 1.1. Dorset County Council's children's services faces two major challenges – increasing demand and a reducing budget. Problems such as substance misuse, domestic violence, child sexual exploitation and parental mental health issues have had a significant impact on the number of children who are subject to a child protection plan or taken into care.
- 1.2. Both these challenges relate to late intervention - not addressing the root causes of problems early enough. Not only is this bad for Dorset's children and young people, but it also costs more money. Our aspirations for children and young people are the same - we want them to be safe, healthy and have access to good quality education, so they go on to lead happy and fulfilling lives. It's the way we achieve our aspirations that needs to change.
- 1.3. We are leading a whole system change in the way that children are supported from cradle to career. This means looking at all services for children and young people, including those provided by our partners and local communities. This in essence is what is at the centre of the Forward Together for Children programme.
- 1.4. Appendix 1 sets out Dorset County Council's Forward Together Programme and the 2020 Vision and Roadmap for children and young people (Forward Together for Children). The Children's Directorate was reconfigured in September 2016, to deliver through three new operational areas. These were Care and Protection, Prevention and Partnerships and Design and Development. A report came to Cabinet in December 2016, which provided an initial update of the delivery of Care and Protection.
- 1.5. In addition we have reshaped our approach to prevention and early help. We have been able to work with our partners to create Family Partnership Zones (FPZ) where services and practitioners come together to work with families in a proactive rather than reactive way.
- 1.6. It is important to recognise the role that FPZ play in managing demand for other services either immediately but more likely avoiding future costs.
- 1.7. This report covers the role that FPZ's have in working with families early, in terms of both age and early when needs begin to emerge. It also describes the changes and impact of those services that are required to intervene when needs escalate through care and protection.

2. Family Partnership Zones.

- 2.1. Seven Family Partnership Zones have been established across Dorset to deliver early help to identified children, young people and families where a provision of appropriate help can improve outcomes, sustain change and prevent the need for more intensive and costly services later on. To do this we:
 - Create a continuous pipeline of support with and within communities
 - Develop a strategy that unites partners in the interests of an area's children
 - Hold each other to account for improving outcomes

2.2. The FPZ model is based on the following principles:

- Work will be proactive and planned wherever possible
- Work is only carried out with the consent of children, young people, and their families
- Allocation of work will be based on conversations between partners in the local accountable alliance in each zone about who is best placed to deliver an early help offer
- Partners will not seek to “pass the parcel” with children – where an offer needs to be enhanced, partners will be invited to contribute
- Risk will be managed by dialogue with social care rather than by escalation or “step down”
- Restorative practice will be at the heart of the work we carry out with families

2.3. The model of FPZ builds on the approaches that have been part of our successful troubled families’ programme, Dorset Families Matter that has shown the impact of whole family key working to support family change across a large number of outcomes.

2.4. Each zone has a local alliance group. This group is the local joint working forum where families in need of support are allocated. Spotting and addressing an emerging problem in a family is better for them and better for public services. Early help will enable families to overcome their problems before they become more pressing, complex and potentially dangerous. By avoiding the need for costly statutory intervention when concerns for the safety and wellbeing of children have escalated, we can also make the best use of our limited, shared resources.

2.5. We are approaching family partnership zones from an evidence led and evaluation rich perspective. We will know the difference we are making and the costs that we are avoiding as we make the best use of resources to work with communities and families in different ways.

2.6. The impact of the zone joint working on whole family approaches supported by partner organisations is shown below:

- Numbers of families supported by a school based worker as lead = 164 from 7 in February 2016
- Number of families supported by a health professional as lead = 22 from 0 in February 2016
- Number of families supported by social worker as lead increased = 164 from 45 in February 2016
- Number of families supported by Children who are Disabled Team = 14 from 0 in November 2016
- Dorset Police – acting as lead for 2 families from November 2016
- Other external Partners – acting as lead for 10 families from 0 in February 2016
- Number of families supported by Family Partnership Zones as lead = 189 from 79 in February 2016

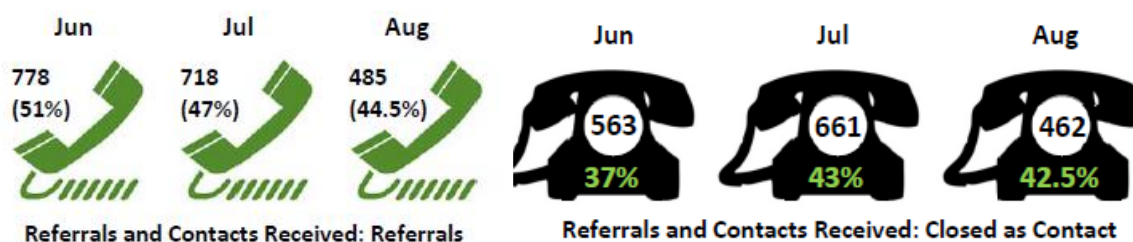
- 2.7. FPZ are able to demonstrate that they are introducing a range of innovations that in themselves are actions that will reduce demand for statutory services. The predicative business intelligence tool that flags families who without early help will use our more costly services later has been recognised nationally. We were invited by the Department for Work and Pensions to participate in a unique pilot through the FPZ around reducing parental conflict to improve child outcomes. Our approach has been reported in the national evaluation, which will be published shortly, and has informed the national rollout that will see further innovative work in the zones. On Friday 15th September representatives from DCLG validated our approach to bring whole family working into the mainstream of service delivery across partners and the FPZ are integral to this.
- 2.8. A range of activity is supporting the development of our approaches to managing the demand for statutory services and it is important that we acknowledge the work that is happening in the FPZ's and the enthusiasm of the staff who are delivering services in very different ways.

3. Care and Protection - Background

- 3.1. The challenges of the last three years have been rising demand, higher numbers of children coming into care and a significant pressure on the overall available budget. Furthermore, the increase in demand meant that social workers caseloads rose beyond a tolerable level, there was an increase in the number of care proceedings and children who became subject to a plan for protection. Additional pressures in being able to recruit qualified and experienced social workers and managers have also had an impact on the available budget.
- 3.2. At the same time the national focus on child sexual exploitation, neglect, missing children and domestic violence have led to increased referrals from the public and the police. The complexity of working with young people and their families who have mental health issues and substance misuse has meant an increase of referrals from health and other partner agencies including schools.
- 3.3. For services to be delivered more effectively the focus upon prevention has had a strong focus across the Children's directorate. Working with families, rather than doing to families means helping families at an earlier stage to solve the dilemmas that they face. It was necessary to reorganise the way Care and Protection services were delivered building on parental strengths and linked to a more effective offer of Early Help, as stated above.

4. Care and Protection – Progress Update

- 4.1. The restructure of the old family support service has led to the creation of specialist areas of service delivery through Care and Support, Help and Protection, Business Support and Safeguarding and Standards.
- 4.2. The restructure reduced five different access points to social care into one Single Point of contact through which all contact and referrals arrive located in Poole Police station. From March 2017, this has become the Multi Agency Safeguarding Hub (MASH). There are other teams within the MASH that are supporting lower level social care referrals out of the MASH into partner agencies.
- 4.3. The MASH is managing demand well. For those contacts received the percentage and volume of those who are closed as a referral to social care are as follows:



- 4.4. Four Area services have been put in place delivering child protection and complex children in need services to South, West, Central and North.
- 4.5. We have introduced specialist services through the delivery of a 0-12 and the 13-25 looked after Children Services, who are responsible for 95% of all Looked after children and those adults who have left care post 18 years of age.
- 4.6. A specialist Family Assessment Specialist Team (FAST) designed to deliver short focused expert assessments of parenting in the home of families prior to court and whilst in court has been implemented. This has reduced and is reducing the need for expensive expert assessments and has contributed to improving the quality of social work assessments of parents through development and training.
- 4.7. The Family Focus service that commenced as a pilot is now delivering across the County, seeking to prevent children coming into care by working with families to improve their ability to parent.
- 4.8. A Fostering review commenced in December 2016 and was completed in March 2017, with the new structure currently in the process of being implemented by the 1st October 2017. A further Modernising Fostering report will be presented to Cabinet at the end of September 2017, regarding further improvements that need to take place to support service delivery.
- 4.9. The Disability service moved from Prevention and Partnerships and joined Care and Protection on the 1st April 2017.
- 4.10. The review of the new Contact service and the Community Resource Service (established in September 2016) was carried out in July 2017, with a proposed new delivery model to be considered in the autumn of 2017.
- 4.11. The entire service delivery model embraces the principles of outcome based accountability. This method of monitoring our performance by the outcomes fits well with the goals of our social care innovation project known as Reinvigorating Social Work, and has been integrated into the development of a single assessment using an outcomes star to track change. An outcomes based accountability supervision template is now integrated into the new ICS mosaic system that is operational from the end of October 2017.
- 4.12. Budgets have been delegated and the management oversight of the budgets in every service area strengthened. All managers from each team and service area meet monthly with the Assistant Director and Finance to undertake a deep dive into their budgets to ensure that there are effective decisions being made and that the budget remains within the agreed expenditure.
- 4.13. This monthly deep dive into each service equates to approximately 4 full days each month. Full discussion takes place about staffing, recruitment, performance management, demand and workload pressures and agency staff.
- 4.14. Monthly meetings take place with HR to track and monitor all sickness issues and the Assistant Director writes to all managers monthly about areas where progress is not being demonstrated. PDR compliance is tracked and monitored through the Assistant Director and the responsible Senior Managers. A strong focus has been applied to development and training opportunities for all managers to support their broader level of managerial competency and leadership.
- 4.15. There is strong budget management/agreement to all external placement expenditure through control mechanisms of delegated authority only residing with the Assistant Director and Director. All external placements (Residential and Fostering) are reviewed through fortnightly multi professional Complex Needs Panels, chaired by the Assistant Director where the future placement plans for each child/young person are considered and end dates agreed for placements. There is a working partnership with Brokerage and Finance to ensure that CASP decisions and permanency plans are captured through a monthly performance management report. Joint funding of all placements is sought through Education and Health where appropriate.

- 4.16 In July 2016 a Case management protocol was introduced that includes an agreed transfer protocol for the new structure. This reflects the fact that case-loads are determined by several factors such as capability of the individual to deliver the service effectively due to knowledge, skills and experience; the impact of complex cases and how they can be balanced against other less complex cases; the length of time of the actual intervention and the number of tasks associated with the intervention and the impact of performance issues such as sickness and capability.
- 4.17 Overall, the management of an individual case- load requires managers to be able to provide the leadership, guidance and decisions that are required to support social workers to practice effectively using relationship based practice (which sits at the heart of Re-invigorating Social Work). Quality Supervision is a critical factor to ensure social workers have well balanced, manageable caseloads.
- 4.18 The Regional Adoption Agency was established and started work on the 1st July, with all Adoption and Special Guardianship services now being delivered through the new agency, Aspire. The regional Adoption Agency is hosted by Bournemouth County Council.
- 4.19 A recruitment and retention strategy was implemented for social workers in September 2016. We have developed more flexible recruitment pathways for newly qualified social workers (ASYE's) pending their professional registration. We are also growing our own Step up to social work programme and successfully utilising the Open University routes to a social work qualification.
- 4.20 In April 2014 the Department of Education introduced Re-thinking Social Work supported by a Children's Social Care innovation Fund. In 2016 we submitted a bid to Re-invigorate Social Work to provide a new outcome based set of tools to strengthen direct work skills and knowledge, and creating a culture of relationship based practice to effect change. After a 7 month process we were one of 3 local authorities who were awarded funding. In Dorset this was £1.9million. The benefits of the programme will be cascaded to the wider workforce and will be formally launched on 28 September 2017.

5. Impact

- 5.1. Overall given the size of the cultural and operational change required, it has taken the last twelve months to establish the operational service delivery systems. The right types of cases are now assigned to the right service, with 95% of all looked after children located within the Care and Support Service. The Multi Agency Safeguarding Hub has delivered one consistent approach to decision making regarding child protection and prevention. Performance information is detailed below.

Indicator	Measure	Target
Number of Contacts received in the period	16111	N/A
Management decision (on whether to progress contact to referrals) within 24 hours – All Contacts	97%	>99%
Management decision (on whether to progress contact to referrals) within 24 hours – Social Care Contacts	99.95%	>99%
Contact to Referral Ratio	Contact 52% Referral 48%	Referral <45%
Referrals progressed to care and protection teams in period	5203 (32.29%)	30%

Referrals progressed to equivalent service in previous period	4867 (35.64%)	N/A
Re-referral rate (current period)	1450 (28%)	<20%
Re-referral rate (previous period)	1172 (24%)	N/A
Referral diversion through Specialist Triage Assessment (STAR)	81%	>80%

5.2. The management of Missing children now lies in the MASH has promoted a more joined up approach operationally and has improved the confidence of the Area teams to work with the more complex families. The recording and management of the Missing Children’s system has been strengthened. There is a strong strategic partnership and lead from the DSCB across all partner agencies in regard to child sexual exploitation, prevent, sexual abuse, domestic violence and neglect.

6. Area Team Duty Systems

6.1. The Assessment and Review Team (ART) model or Pod system (weekly duty) was introduced into the four areas and has been successful in the delivery of a timely allocation of cases to a social worker. It has demonstrated a significant improvement in the turnover of cases. A recent review of referrals into the four area services has led to a further change in each Area boundary to ensure there is equity in the referral rates and therefore case load allocation.

7. Caseload Management

7.1. Since the introduction of the MASH case allocation is now more effective. Cases are now allocated on the day that they arrive in the Areas from the MASH, any unallocated cases arise from the need to transfer a case to another worker.

7.2. The Case-loads and the distribution of work within the Areas has changed over the last twelve months. Progress has been made in transferring Looked after children cases into the Care and Support service.

7.3. A proactive approach to case management has been introduced to ensure that Children in Need work remains open no longer than 12 months. In relation to case allocation we have experienced some challenges due to the fact that although recruitment has improved, the new social workers are newly qualified and therefore are not able to take either complex work or have full caseloads. This means that across all four areas although the number of cases overall have reduced to the forecasted level within the new structure, it remains the case that the more experienced social workers are carrying higher caseloads.

8. Care and Protection and Children in Need

8.1. There has been a consistent reduction in the number of Children subject to a plan for Protection. However, our Child in Need figures remain high and represent approximately 60% of the actual caseloads in the areas. This represents approximately 800 children.

See Appendix 2 – Performance Information re – Child Protection

8.2. The tracking and monitoring systems introduced to manage entry to care have begun to impact due to the greater level of scrutiny at Senior manager level with a decrease in the number of children coming into care.

- 8.3. The multi professional gateway to proceedings, Decision to Issue Proceedings (DIP) meetings are reducing the need to commence court proceedings placing a greater focus on completing complex family assessments through Family Assessment Specialist Team (FAST). There have been fewer family proceedings initiated since April 2017 – 61 compared to the same time period in 2016 – 82. These proceedings are Care, Supervision, Placement and Discharge of Care Orders.

9. Family Focus

- 9.1. The Family Focus service has contributed to supporting families to either continue to care for their children or help them reintegrate their children back home out of care. Across the county, 113 requests for intervention were received of which 86 received an intervention.

See Appendix 3 Family Focus Report.

- 9.2 The use of Family Group Conferencing (FGC) in working with families has become more deeply embedded within the Directorate. A further £200,000 funding has been awarded through the Transformation Fund. This funding is to be released quarterly and to be used to spot purchase FGCs through the existing contract with Daybreak, with a further commissioning process likely to supply provision from March 2018. This funding is subject to data collection and recording to evidence savings, the first report being due at the end of Q2 of the 2017-2018 financial year.
- 9.3. There have been 40 referrals made for Family Group Conferencing between 1st April and 31st August 2017. Several of these requests have been made by social workers wanting the conference to be completed within a two-week timescale, sometimes directed by the Court. Daybreak, the provider, has been able to meet these needs, but has been clear this is something they are not able to guarantee.

10. 0-12 LAC Teams

- 10.1. The case- loads within the 0-12 service area are counted differently to the areas, as they reflect actual children and not whole families. There are currently 148 children in the service area and the caseloads remain between 12-18, which is considered relatively high due to the complexity of the work they are involved in and the multifaceted tasks associated with each child.
- 10.2. However, this is a significant improvement on the figures prior to the new structure and reflects the fact that they can focus on achieving the outcomes required for the child. This service area has stabilised and is beginning to improve its outcomes. There are currently no social work vacancies but we have three additional agency posts (these are the only additional agency posts in the whole Care and Support structure) due to the demand of the work. All cases have an allocated social worker.
- 10.3. The 0-12 service have focused on improving care planning and permanency planning for children. They have strengthened permanency policy and procedures, this means that there is a strong focus upon identifying all the current children who do not have a plan for permanency. This can include older children who are not able to be adopted or placed with their wider family and are likely to remain in foster care on a long-term basis.
- 10.4. The service is working with the Independent Reviewing Service to ensure that the right plan is in place and that carers are matched to the children until they are 18 years of age. The service has been working exceptionally hard and have now completed all historical proceedings, overall the number of care proceedings has reduced from 88 in December 2016 to currently 44 proceedings in progress.

See Appendix 4 Performance data for Looked after children/IRW

11. 13-25 LAC Teams

- 11.1. The number of 13-25 Looked after young people has decreased from 165 to 151. This reflects the fact that there are fewer young people entering our care and that fewer children transferring from the 0-12 service because a permanent home has not been identified. There has been intense work with families through our Family Focus service and the Areas services to support families to care for their children at home rather than bring them into care. However there continues to be an increase in the 18-25 care leavers cohort, as those young people who have been in care for many years reach the age of 18.
- 11.2. The increase in Care Leavers has been picked up successfully by the Personal Advisors who provide a service to young adults post 18. Overall, the caseloads for social workers in the service remain a challenge because of the balance between newly qualified and experience social workers. However, there are no unallocated cases within the 13-25 service.
- 11.3. We also need to be reassured that the outcomes for our Looked after Children are good. These are the provisional results for GCSE achievement by looked after children 2017. In addition the high levels of attendance (97%) suggest real engagement with and by schools in helping us.

Total number of Dorset LAC in Year 11 cohort for 2016/7	46
12 months plus in care gaining 5A* to C including English and Maths	16.22%
Dorset LAC in mainstream schools gaining 5A* to C including English and Maths	23.53%
All Dorset LAC gaining 5A* to G including English and Maths	24.32%
All Dorset LAC gaining 5A* to G	59.46%

12. Adoption

- 12.1. There have been 29 children adopted during the period August 2016 to August 2017. There have been 57 children who have become subject to a Special Guardianship order during the same time period and 11 Residence orders. This represents an increase in all categories to the previous year.
- 12.2.

	2015/16	2016/17
Adoption	10	20
SGO	25	47
Residence Order	3	7

13. Fostering – See separate Fostering Report.

14. Safeguarding Standards

- 14.1. The Safeguarding Standards Service provides specialist advice, themed audit, case conference management, independent reviewing services and supports the Dorset Safeguarding Children’s Board (DSCB).
- 14.2. Substantive improvements have been achieved in this area by redesigning the service delivery model. Our Case Conference Chairs and Independent Reviewing officers were all provided previously through a contracted workforce. Both teams now have permanently employed staff which has led to an evident commitment to the Children’s Services vision, consistent practice with an appropriate focus on support and challenge acting as a critical friend to operational services.

See Appendices 2 and 4

15. Business Support

15.1. Business support staff have had a significant impact in delivering new flexible systems into the way social workers carry out their roles by ensuring that new technology is effectively used by social workers and managers for recording and for supervision. In addition, the lead Senior Business Support manager has led in delivering both pace and cultural change with a focus on service outcomes in supporting services moving into new property arrangements as part of the corporate plan.

16. Agency

16.1. The use of agency social workers has declined from 58 in February 2017 to 31 in August 2017, this remains over establishment however the numbers are expected to reduce in line with the plan to achieve an agency figure of 10% by January 2018.

16.2. During August there were 27 FTE agency workers working within Care and Protection. Of this 2 FTE were covering long term sickness and 7.5 FTE were covering maternity leave. 3 FTE additional capacity agency workers picking up the additional court work in the 0-12 service; and undertaking specific pieces of court work.

See Appendix 5 for the Agency report card for August 2017.

17. Summary

17.1 The new working arrangements in Care and Protection aligned to Family Partnership Zones are providing a clearer and stronger operational model. However to achieve our Forward Together for Children ambition we know that the conditions of success are:-

- Manageable caseloads for social workers
- High quality direct work skills across the workforce
- Stable and confident work force at all levels
- Embedded Early Help through the whole system
- Participation of Young People

17.2 However we continue to face some areas of challenge and service development.

17.3 There is currently insufficient in-house provision for Looked after children who require a Fostering or a residential placement. The issue of sufficiency is therefore a significant challenge and is currently being progressed through a strategic sufficiency group. There is already in progress a modernisation programme regarding DCCs Fostering service and a report will be presented to Cabinet.

17.4 Developing a strong leadership culture within the whole management structure and ensuring accountability on all performance targets remains a priority. Performance needs to continue to improve in the quality of assessments, plans and recording across all areas within Care and Protection with good supervision taking place at every level.

17.5t The delivery of the new ICS system and Mosaic on the 1st November 2017 is very welcome and plans are in place to mitigate any risks that might arise.

17.6 Reducing the risk of children being placed at risk of harm or needing to come into care, is dependent upon the continuous development and active implementation of the Family Partnership Zones alongside the full implementation of the Social Care Innovation Programme

to strengthen quality of practice, professional knowledge and skills to ensure confident and quality decision making and support to children and families.

- 17.7 A review of the Children's disability services will be necessary in the context of the SEND area written statement of action.
- 17.8 Children's Services have commissioned Participation People to manage the process by which looked after children are able to influence and comment on the quality and range of services available to them. The Children in Care Council enables looked after children to make new friends, help make services better for other young people in care and take part in fun and meaningful activities. There are forums for juniors aged 5-9 and children aged 10-15. Participation People have brought forward innovative ways in which we can involve looked after children in those matters that affect them.

18. Recommendation

- 18.1. This report sets out the progress that has been made over the past 12 months in the Children's Directorate in delivering an improved level of effectiveness through an outcomes focused approach that is seeking to deliver long term qualitative improvements in the lives of children and families within budget.
- 18.2. The key objectives of the FT4C programme going forward is to return to
- Getting the basics right
 - Embed Outcome Performance compliance
 - Sufficient places to provide relevant care provision, short and long term.
 - Focus on quality of practice underpinned by the Social Care innovation programme
 - Fully establish Family Partnership Zones as a whole system and to fulfil our ambition to achieve Prevention at Scale
 - Provide every opportunity to give children and young people a voice and influence service planning.
 - Cultural change and workforce development to be the best we can be together.
- 18.3. We ask that Cabinet supports the direction of travel described in the report and to enable us to continue on this journey of transformation and change.

Appendix 1

Forward Together For Children Programme Vision

Forward Together 2020

Dorset County Council has an overarching vision that defines our required direction of travel up to 2020.

Forward Together makes it clear that the County Council's future narrative cannot only be about making savings. We need to work as one council to reshape our activities to meet the needs of people in Dorset in future. We need to work with our partners and communities to manage demand for council services and operate within our means, whilst focusing everything that we do on the best outcomes for residents.

In line with this, Forward Together has three key principles:

- Greater independence
- Smarter services
- Empowered people

These principles are embedded in the 2015-18 Corporate Plan, which has at its heart the vision “**Working Together for a Strong and Successful Dorset**”. The plan groups a set of outcomes into two priority areas:

- **Health, wellbeing and safeguarding:** reduce health inequalities and respond to changes in the way health and social care are run
- **Enabling economic growth:** enable the right infrastructure and retain young people in the county

The main ways Forward Together plans to support the changes that need to happen are:

- **Prevent and manage demand:** we move customers away from high cost solutions which are not best for them and involve the community more in providing support
- **Communities shape their own destinies:** we work closely with people to best meet their needs and find affordable solutions together
- **Understand, plan, do, review:** we use evidence well, evaluate what we do and shift resources if necessary to achieve better outcomes
- **Help lead the whole system:** we influence public, private and voluntary organisations to join up and we give up control to achieve more
- **Digitally-enabled, customer-focussed:** we meet customer needs at the first point of contact where possible and redesign some services to work online
- **Financially viable:** we balance the budget and make the best use of the limited money we have

This is all supported by our corporate behaviours - leadership, future focus, responsibility, collaboration, integrity - and our values - fairness, openness, respect, effectiveness, and innovation.

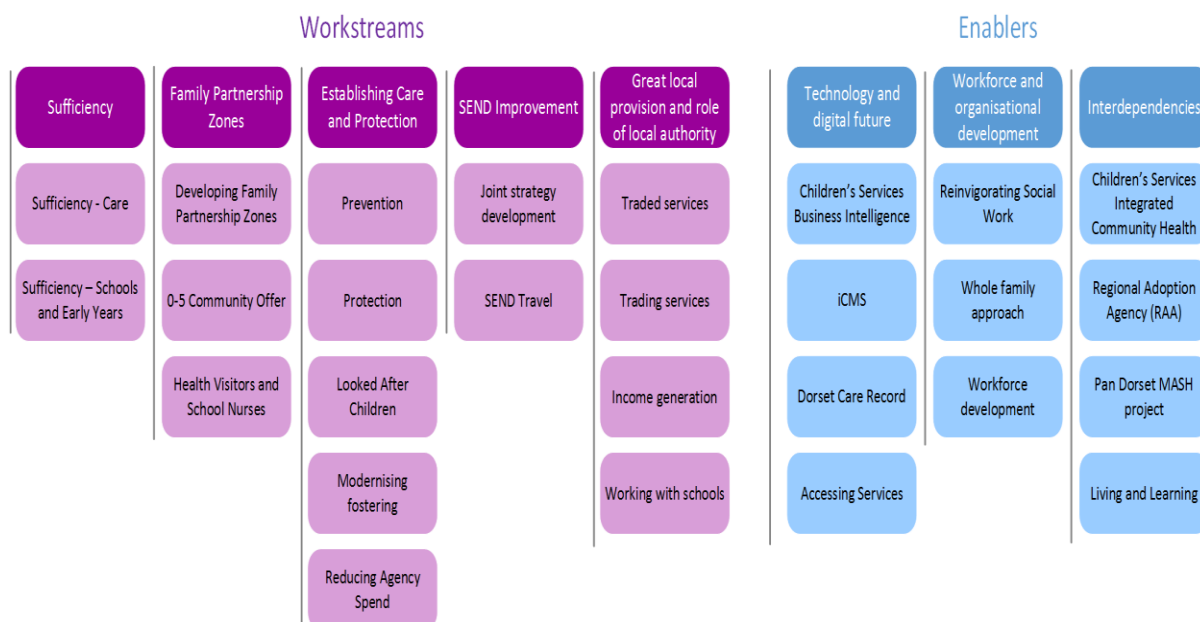
1.1 Forward Together for Children – Improving the lives of Dorset’s children

Programme vision and our three outcomes

“We will make earlier, positive changes for children and young people, shifting our focus to **early help**, rather than late intervention. We will use **evidence** and business intelligence to inform service design across the system. We will develop relationship based practices to effect change and build resilience in families”

- 1 Children living safely with their families or carers
- 2 Children reach their highest potential
- 3 Skilled, competent and sustainable workforce

1.2 DELIVERY PROGRAMME – FIVE CORE WORKSTREAMS AND ENABLERS



Outcomes

There are five outcomes within the Children and Young People's Plan and the council's Corporate Plan that underpin everything we do. These are:

1. Children and young people will be safe wherever they are
2. Families will be resilient, develop positive relationships and have good futures
3. Children and young people will be confident and successful learners who can achieve personal success as they grow into adulthood
4. Young people will stay in Dorset and make a positive contribution to the economy
5. Children, young people and families will know what it means to be healthy and adopt lifestyles that promote this

We are using Outcomes Based Accountability to make sure we improve the lives of children and young people. This involves starting with our desired outcomes and working backwards, step-by-step, until we know what needs to be done to achieve it.

A shared outcomes framework is being created to make sure everything we do is linked to what we want to achieve.

Our objectives

We believe that all services for children and young people should be based on the following objectives:

- we provide early help, rather than late intervention
- we base ourselves in and around the communities where children spend their time
- we share buildings with partners where possible and work together on the basis that the right people provide the right support at the right time
- we make sure all those working with children and young people have a shared agenda and way of working
- we encourage professionals to share information regularly so that children who require early help are identified at each stage of their life
- we design and run services with the communities and, in some cases, support them to deliver services themselves
- we combine resources to target the causes of poor outcomes
- we make it easy for children, young people and parents to find what they want or ask for help
- we measure our success on how better off children and young people are
- we always learn and strive to improve so we can deliver better outcomes for children and young people.

What we learnt about our services

In 2015 services for children and young people in Dorset were:

- designed to give help when things get to crisis point, and there were inconsistencies in our shared understanding
- were in separate buildings, often a long way from where people live and go to school
- not always sharing information unless they had to
- identifying doing well against the things they did rather than the difference made to the young person or child
- not focused enough on working with communities, schools and other key partners
- too reactive and needed to concentrate more on 'nipping difficulties in the bud'.

What we want to achieve by 2020

If you're a child:

- everyone will work together to help you reach your full potential
- if you ask for additional help, you get it
- you will get help at school or at home depending on what's best for you and only have to travel to get it in exceptional circumstances
- it will be easy to see and talk to the people who can help you because they work in your school or in your neighbourhood.

If you're a parent, grandparent, or carer:

- it will be easy to find and get help and advice
- it will be easy to help yourself and take responsibility for the welfare of your family
- some of the support you get will be from people who have had similar experiences to you, rather than professionals
- professionals will speak the same language as you and work with you to improve your child's life
- professionals will treat you with respect and courtesy and recognise your strengths.

If you live in Dorset, you will:

- be supported to share your concerns if you think a child is at risk
- understand how to help to make Dorset a child-friendly place
- be helped and encouraged if you wish to volunteer or support children and young people.

If you're a professional:

- your work will be defined by the needs of the child and a common outcomes framework
- you will be based in a school or neighbourhood location with people from a range of professions
- you will have regular conversations with these colleagues about who is best placed to offer help and support
- you will share data at every stage of a child's life, so those who are not thriving and achieving can be offered additional help
- you will be empowered and supported to make professional judgements and decisions, and will be accountable for them.
- your work will be driven by identifying and achieving the right outcomes for children and families.
- you will have a clear sense of what "good" practice and "good" outcomes look like for individual children and how this will be measured.

Appendix 2

Children Subject to Child Protection Plans

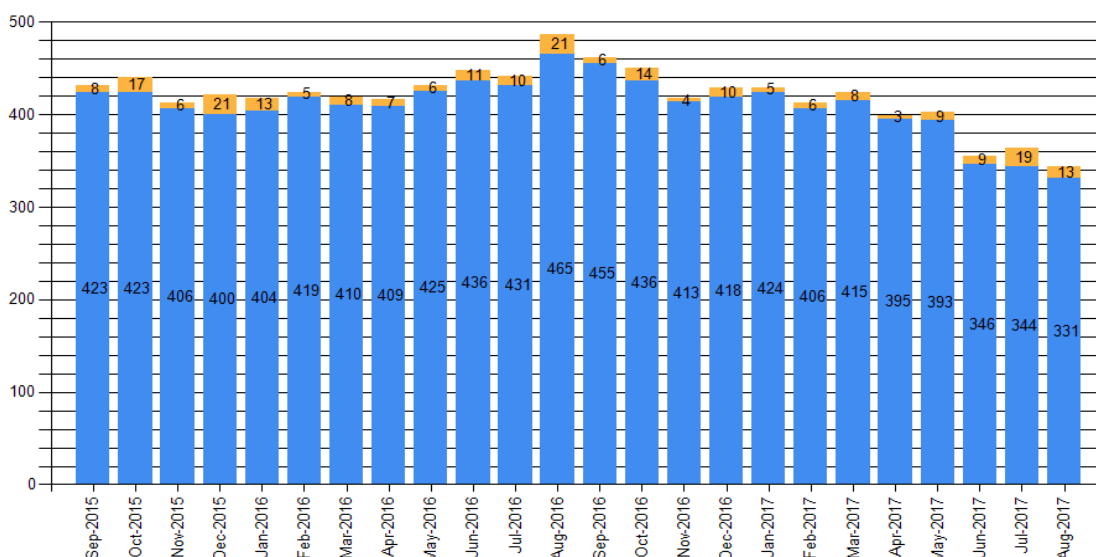
This report covers information taken from between April 2016 to March 2017 and April 2017 to date.

Included is some comparison data from national average data and our ten statistical neighbours who are local authorities deemed to have similar characteristics as Dorset. However, this comparison data is based on the last published data which is from 2015 to 2016.

The information provided is specifically in relation to children subject to child protection (CP) plans.

On 31 March 2016, there were 409 children subject to a CP plan. This translates to 53 per 10,000 children. This was significantly higher than the national average (43.1), the South West Region (43.4) and our statistical neighbours (37). The highest number of CP plans are under the category of Neglect which is also the case with our statistical neighbours.

The table below provides the number of children subject to CP plans in Dorset between September 2015 –



August 2017.

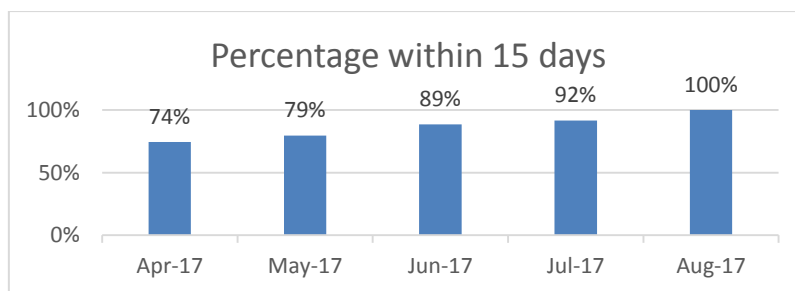
■ - Indicates children from an OLA who are on Dorset's Temporary CP Plan list).

From January 2017, the table shows a trend downwards with 331 at the end of August 2017. This translates into 42.9 per 10,000 children which although still above our statistical neighbour average is now below the National rate and the South West rate.

This reduction in the number of children subject to a CP plan can be attributed to the following improvements made in the service -

- Since January we have been able to appoint Child Protection Conference Chairs (CP Chairs) to substantive posts which has meant that we no longer use contractors.
- We now have 6 (5 FTE) permanent members of staff and have recruited to the Designated Safeguarding Manager post following a vacancy for approximately 6 months to oversee this service in January 2017. This has meant that we have been able to implement some improvements in relation to quality and compliance around child protection (CP) conferences with further improvements planned. It is also far more cost effective in relation to staffing costs.
- With a smaller permanent staff group, more focussed training and development can take place to improve good practice particularly around their enhanced quality assurance role and a more consistent application of thresholds at CP conferences.

- The CP Chairs are now Area based and are offering a ‘consultation’ type service within their own area for operational staff. This means that discussion can be had providing constructive challenge, as well as offering advice and guidance at the point of decision making to convene a conference to embed a shared understanding of thresholds with operational staff.
- The CP Chairs now regularly attend area team meetings with the operational social work teams which enables them to keep up to date with changes and developments in the areas as well as promote a better understanding about process and compliance in relation to conferences, core group meetings and statutory visiting and early notification etc.
- Another good example that could be attributed to these changes is a compliance measure of the percentage of Initial Conferences held within 15 working days (Working together 2015 guidance) is currently 100%



This means that when the decision to conference is made it happens in a timely fashion so that a multi-agency plan to safeguard the child can be agreed and implemented.

Robust challenge is now taking place when conferences are rescheduled with closer oversight by the Designated Safeguarding Manager. Within this the number and % of CP review conferences being held which are overdue is being more closely monitored, but improved data is required to do so more effectively.

Timeliness of CP statutory visits is an area that requires improvement. However, with Area based CP Chairs they will be able to provide a greater focus and support this area of improvement within the operational teams.

Attendance of partner agencies at conferences with the provision of reports is showing signs of improvement. The Police now receive the information they require to provide essential key information for decision making at review conferences. In addition at a CP conference by health professionals are improving. In particular supporting GPs to provide reports for initial CP conferences.

When looking at a reduction in the number of CP plans, the number of CP plans for a second or subsequent time needs to be closely monitored and considered alongside this to ensure that children are not ‘yo yoing’ back and forth.

There can be several reasons for children being made the subject of a CP plan again, but this is not necessarily an indication of an ‘unsafe service’ or ‘poor planning’ and to ensure that this is not the case, we are planning an audit of these cases to better understand the reasons; the table below shows the data in relation to subsequent plans.

Children subject to a CP Plan for a second or subsequent time at ICPC					
	April 2017	May 2017	June 2017	July 2017	August 2017
Between 1 year of last cessation	4	6	6	3	0
Between 1 and 2 years	3	8	0	1	0

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Greater than 2 years	0	0	1	4	4
Total Initial Conferences	31	39	31	52	22
% of those on a CP plan for a second or subsequent time	23%	36%	23%	15%	18%

Karen Elliott
Designated Safeguarding Manager
Safeguarding and Standards

Appendix 3

Family Focus Service

1st April 2017- 31st August 2017

Reporting Period: 1st April 2017- 31st August 2017

Sam Robinson
Operational Manager
Family Focus Service

September 2017

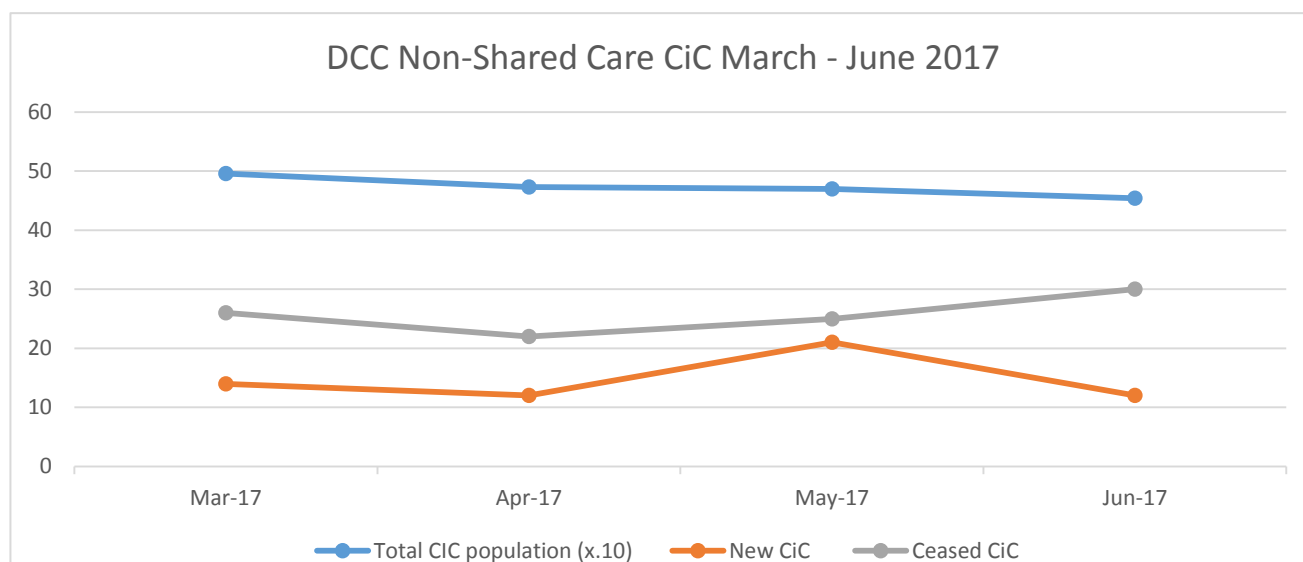
Scope / Objectives

The primary work of the team is to complement and enhance the interventions of Statutory Social Workers as part of Child in Need, Child Protection, or Looked After Child plans in improving outcomes for young people aged 10-17 and their families. We are also able to undertake work within the Early Intervention agenda alongside other agencies in the Family Partnership Zones.

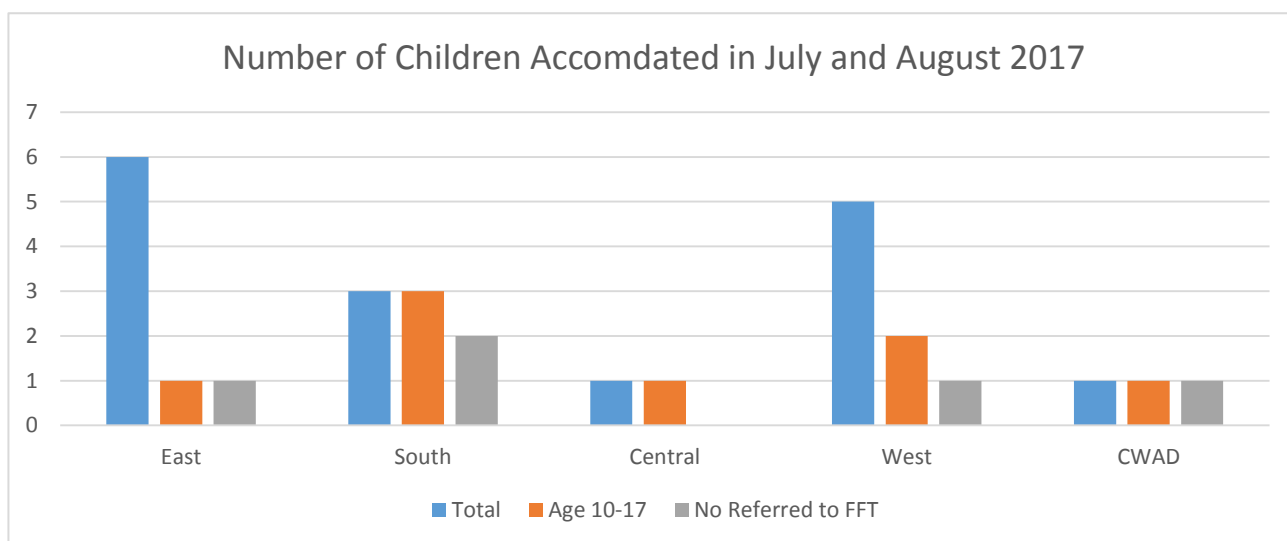
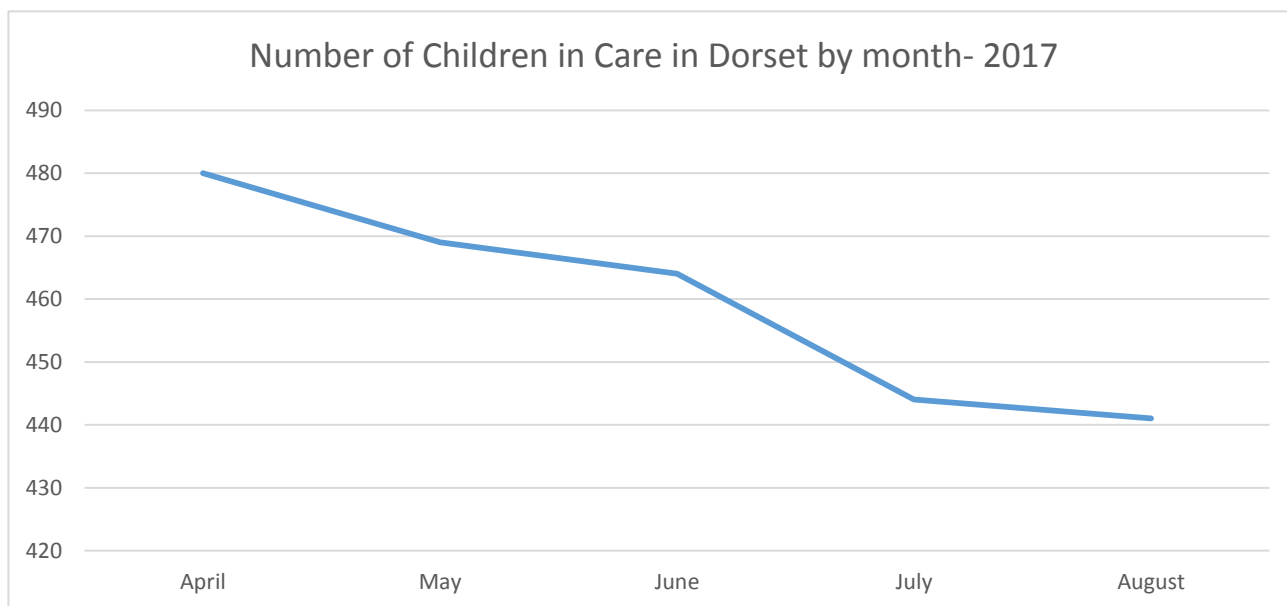
The principle aim of the team is to reduce the need for young people to be in the care of the Local Authority this can be by:

- Supporting young people and their carers to find ways of solving internal crises and develop better relationships between family members and better strategies of managing when those relationships become strained.
- Supporting young people who are already Looked After by the Local Authority to improve relationships with their birth families such that they can return to their care.
- Intervening with families alongside Universal Services at a tier 2 level in order to prevent crises taking place.

The April to June period saw a significant reduction (from 496 to 454 or 8.5%) in the number of children and young people looked after by Dorset County Council, with the number of children leaving care consistently higher than the numbers becoming Looked After by the Local Authority.



The period July to August 2017 saw a further reduction in the number of children and young people looked after by Dorset County Council, from 454 to 444 continuing the downward trend.



During the 1st July to 31st August 2017 period, there were 26 children and young adults placed in the care of the local authority. Of the 26 placed, 7 were aged between 10-17 and from Area Teams (East/South/Central and West).

5 of these young people have been referred to Family Focus and 4 remain open with a view to reunification home. 1 referral was made for a young person who had been placed during July and August for reunification home, but has subsequently been closed due to non-engagement.

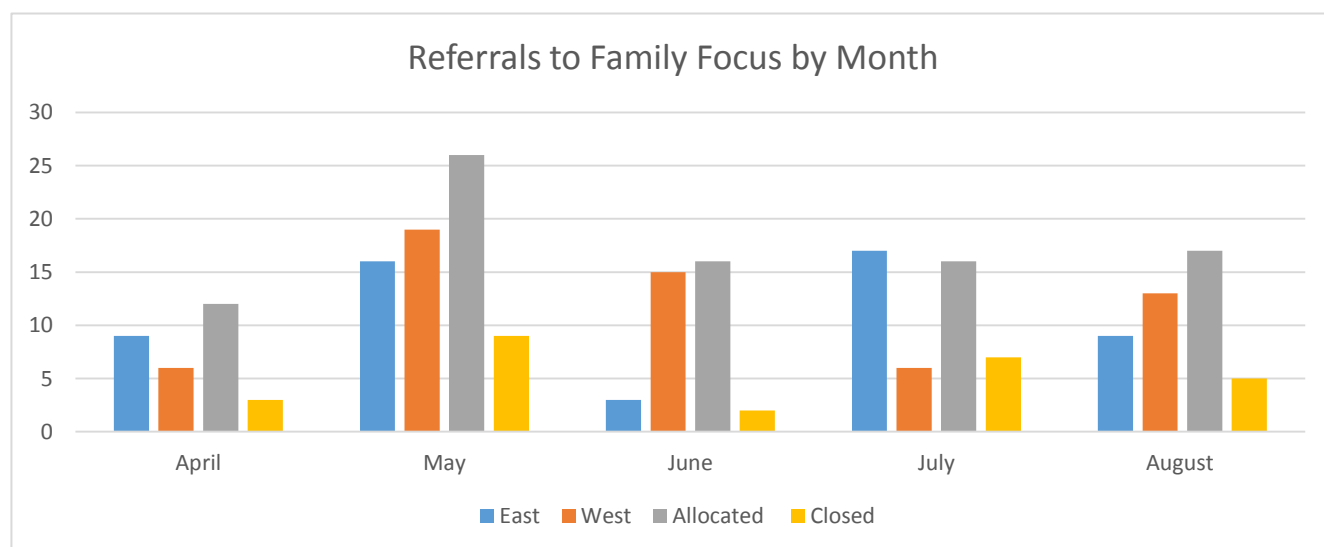
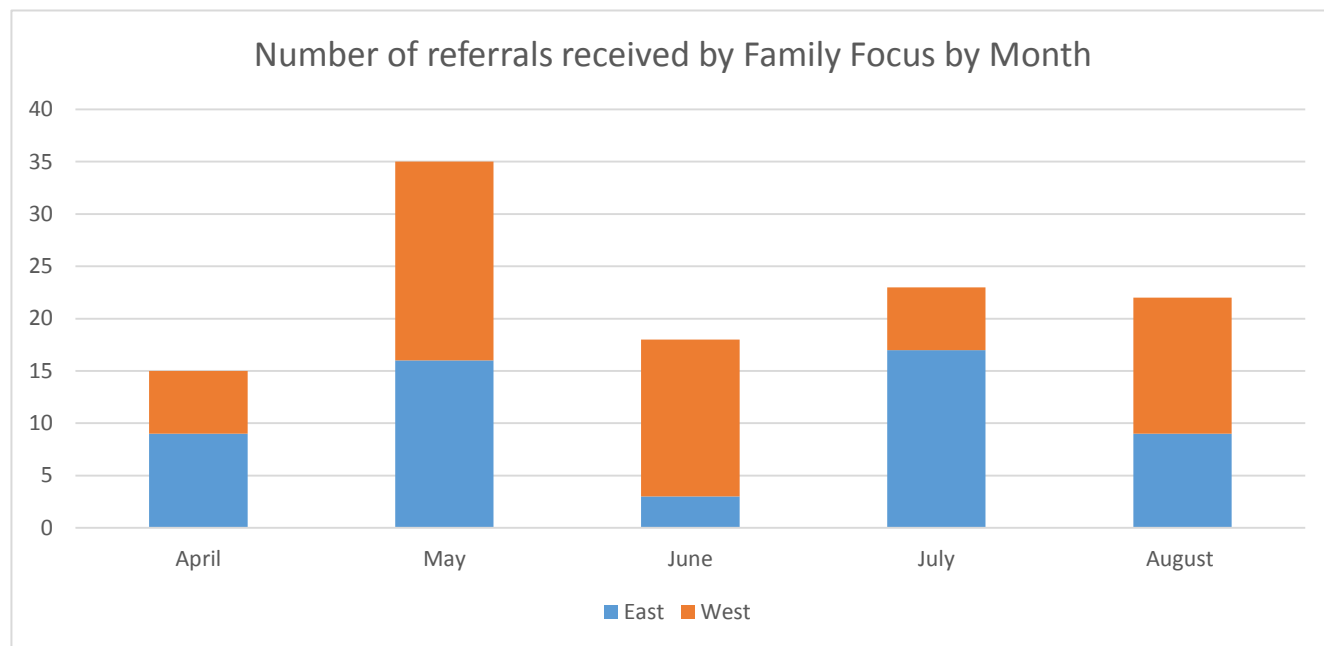
Progress : Achieved

Direct Family Focus Interventions

1st April to 31st August 2017

The first quarter of this financial year started slowly for the West Team, allowing chance for some consolidation of planning and experiences from the first year. Referral rates rose in May across the county and have remained steady.

Across the county, 113 requests for intervention were received, of which 86 received an intervention (39 East and 47 West). Of the 27 referrals, which did not go on to receive interventions, 22 were either withdrawn by SW, declined by Service User families, or were inappropriate referrals due to age. 5 of the referrals were declined by the Management team due to there being no completed assessment, or too limited information on the referral.



Of the interventions completed during 1st April to 31st August 2017, only one has been at a tier 2 level. 13 cases have been successfully completed and closed in the East and 9 in the West. Of the 86 cases that have received an intervention, 5 have been accommodated. In discussions with the team, it has become apparent, that the main reason for these young people having been accommodated was their parents' inability to parent them due to their own needs, despite multi-agency support.

Of the 86 referrals that have received an intervention 10 young people have returned home from care. There are also 4 active cases where the Team are working towards rehabilitating the young person home.

The service is currently working with 72 individual children.

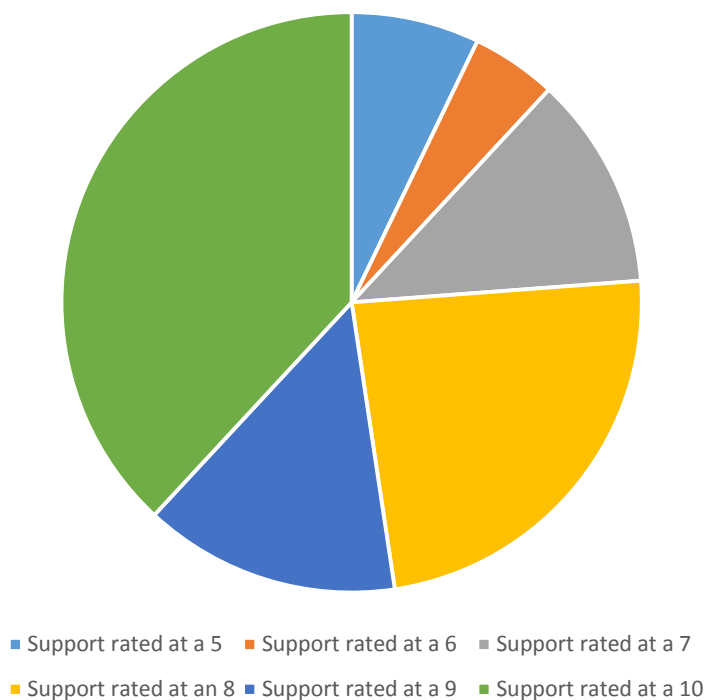
18 duty visits and calls have been undertaken in the West, and 4 in the East over the last five months. These visits have been at the point of crisis/family breakdown for the families. 4 of these visits in the West were joint visits with social workers for cases which were not allocated or referred to the Family Focus Team.

One of the interventions completed during this period has been at level 2, and has been joint worked with the Family Partnership Zone (East).

Feedback

Feedback from families provides evidence of how effectively they feel that their identified issues have been addressed. During this period feedback was received from 32 individuals (young people and carers) with whom the FFT had worked:

On a Scale 0-10, how supported did you feel by your Family Focus Worker?



Qualitative feedback has also been collected. Comments from Parents, Carers and young people have included:

“Additional Respite for our eldest daughter with Special needs has been approved and we now have a morning “off” once a week. Our FFT has got my daughters to spend quality time together without me, which they haven’t done before and got them to do nice things for me, which is a first.”

“The worker helped to bring my family closer together, and to get better and trust.”

“After 8 very long years, it is only now that the FFT worker has been involved that I feel progress is being made as she seems to “get” the situation we have been in.”

"I do not get as frustrated with J as much as I did because now I walk away to calm the situation, and now we appreciate one another's space. I feel J and I are getting on better now, and I notice a change in our relationship for the better."

"Me and my Nan get on better, and I have learnt when to stop arguing. I talk about how I feel and discuss things".

Professional Feedback:

Comments from social workers have included:

"I just wanted to say that your intervention and working in partnership with Family X has made a huge difference to the family dynamics. Mum is taking charge as a parent and her confidence is on the up. I appreciate the work you have put in that is enabling us all to move forward with this case."

"In my view the work that the FFT worker has completed has been a very high standard, she has worked in partnership with me throughout and created a productive professional relationship with the family. She has been open, honest and direct in sensitive and helpful way."

"I would like to share with you that the work completed so far has been of very high standard – and incredibly useful. The FFT worker has started this piece of work in earnest, with clear focus and professionalism. Her ability to engage the parents has been exemplary".

"The FFT worker built good rapport with young person who clearly trusted her as she was able to share insightful information...Team were flexible in extending time based on specific circumstance which is positive".

Appendix 4

IRO Service Report – Annual Report Summary 2016-17 and 2017-18 Quarter 1

1. IRO Service

The Independent Review Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance which were introduced in April 2011. The responsibility of the IRO has changed from the management of the Review process to a wider overview of the case including regular monitoring and follow-up between Reviews. The IRO has a key role in relation to the improvement of care planning for children Looked After and for challenging drift and delay by the Local Authority.

2. IRO Improvement Activities set for 2016-17

- Separation of CP Chair and IRO Service – by July 2016
- IRO Caseloads to be within National Guidelines – by September 2016
- Improved capturing of the 'voice of the child' within LAC Reviews – by September 2016
- Regular Auditing of IRO performance – by August 2016 onwards
- Focus on Care Plans following Social Care reorganisation in September 2016

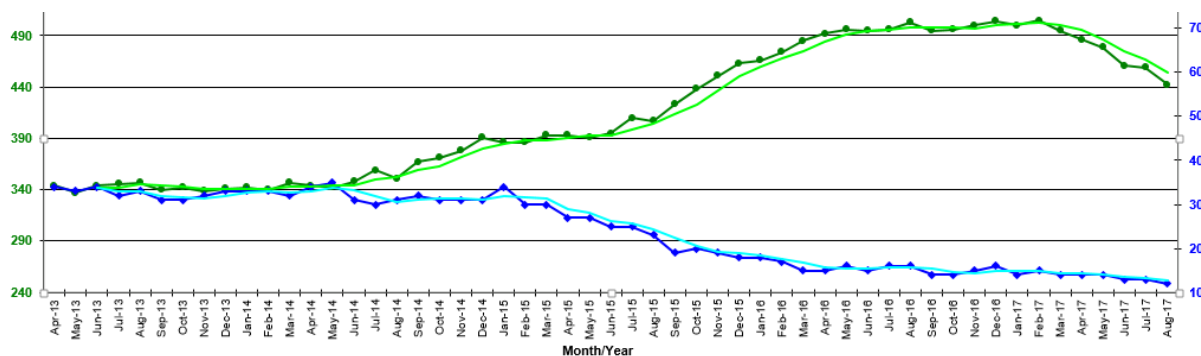
These were all achieved by October 2016.

3. CAFCASS link

Since the splitting of the CP Chair and IRO Service stronger working relationships have been established with CAFCASS (Reference to the Good Practice Protocol for Public Law Work).

This has helped to ensure cases in proceedings are subject of robust analysis and challenge about the matters of critical importance to the child's safety, wellbeing and permanency needs.

4. LAC numbers



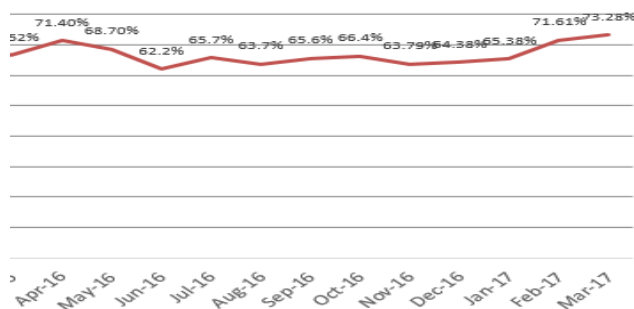
As can be seen the LAC numbers have been steadily declining since February 2017. The aim has been to ensure Dorset has the 'right children in care'. The trend is a good news story linked to

- Edge of Care work by Family Focus
- Improved reviewing of LAC children by IROs
- Greater emphasis on achieving 'permanence' e.g. through Adoption/Special Guardianship
- A significant number of LAC 17y olds turning 18 this year
- Increased scrutiny of the threshold for LAC status

The current LAC figure is 442, which is 58 less than the average of 500 which was held for nearly 2 years in Dorset.

5. Timeliness of LAC Reviews

By 31st March Looked After Reviews 73.28 % took place within the statutory timescales. This showed a steady improvement following the introduction of the new IRO service. The performance is based on a rolling year.



At the end of Quarter 1 on 30th June 2017 the performance was at 81.9% and on course to meet the Target for 95% by December. Changes to staffing within the IRO Service in Quarter 2 may impact on this performance.

6. Achieving Permanence

In terms of permanency outcomes during 2016/17 there has been a significant increase in Special Guardianship Orders (SGOs). These orders sit between Adoption and Longer Term fostering in terms of achieving permanency. There is still work to do in Dorset in terms of fully establishing permanency planning.

Permanence is the long term plan for the child’s upbringing and provides an underpinning framework for all social work with children and their families from family support through to adoption. It ensures a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging.

7. LAC Statutory visits by Social Workers to children

This was a particular issue during 2016-17 – performance had been at 50% compliance outturn this improved to 76% but still some way off 95% Target. The Quarter 1 performance this year has remained at 76%.

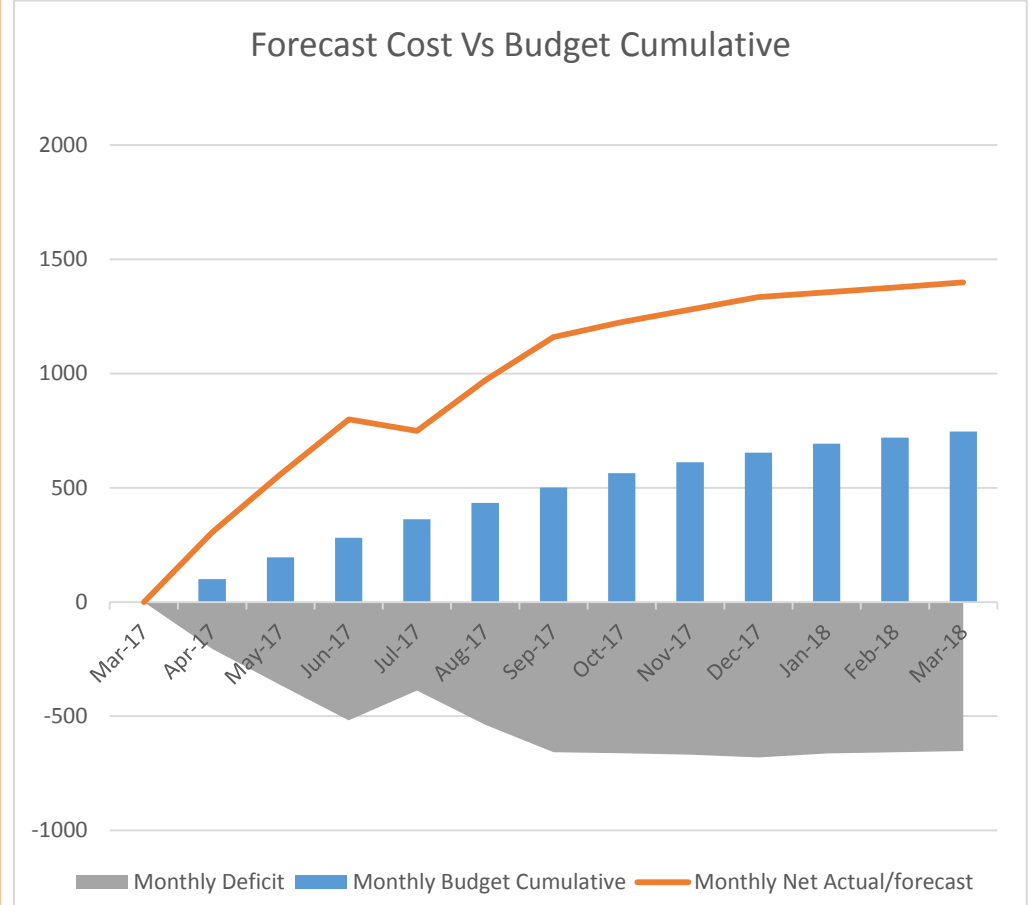
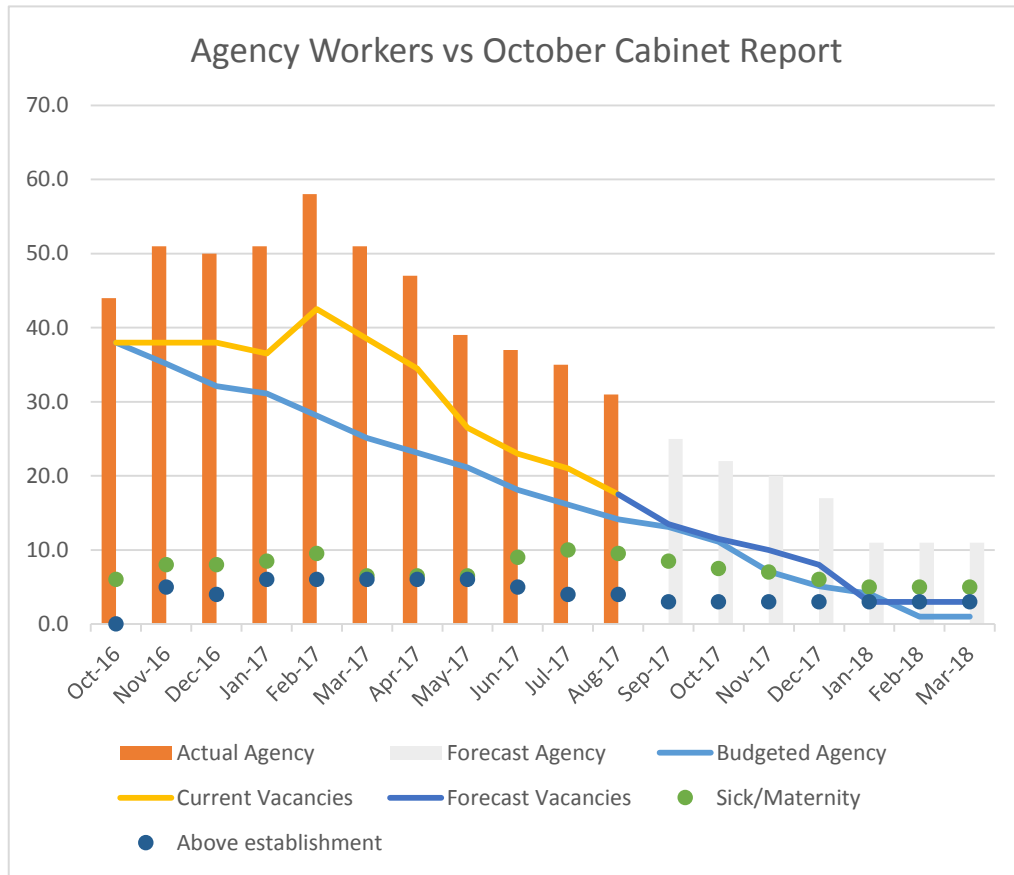
Appendix 5

High Impact Area 1 – Agency Workers

Report Card (August)

Description/Context	Causes and Forces affecting this issue
<p>Agency workers are used for a variety of reasons within the Children’s directorate. The vast majority of agency staff are qualified Social Workers/Managers who provide temporary cover due to staff long term sickness or maternity. However over the last year there has been a significant number of agency staff covering vacant social work posts and providing some additional capacity. In children’s services the primary requirement for agency staff is in social care where the impact of vacant posts results in an inability to meet our statutory responsibilities. Agency social workers are significantly more expensive than employees resulting in a budget pressure. It is essential that the number of agency staff reduces by being replaced with substantive social workers and this will lead to a balanced budget.</p>	<ul style="list-style-type: none">• Ability to recruit to vacancies especially in the South and in the Purbeck area.• Ability to recruit experienced social workers• Retention of social workers• Long term Sickness and maternity levels• Workforce development opportunities• Remuneration rates agency vs LA• Impact of IR35 changes• Covering increased service demand during a period of service reorganisation.

What do we know about this issue?



What are doing to address this issue?

Commentary: The use of agency social workers has declined from **35.0** during **July** 2017 to **31.0** in **August** 2017, however remains over establishment. During **August** there were **17.5** FTE vacancies covered by agency workers. **2.0** (cumulative total **19.5**) agency workers were covering long term sickness and **7.5** (cumulative total **27.0**) agency workers were covering maternity leave. **4.0** Additional capacity agency workers had been completing outstanding fostering reviews and picking up additional new fostering assessments; covering additional special guardianship/supervision orders and picking up the additional court work in the 0-12 service; and undertaking specific pieces of court work.

All agency workers are reviewed by the Assistant Director (who has sole delegated responsibility to agree agency) through the monthly budget meetings which take place with finance and the managers from each team. There has been a significant improvement in the recruitment and the retention of social workers and agency staff covering vacancies is declining. The strategy of offering interim family worker posts to the Step up students last October, has been very successful with them gaining their HCPC registration in April and moving into substantive posts. Since January there has been an ongoing interview process with a high number of applications and interviews taking place. However there is delay in social workers taking up these posts due to the lengthy notice periods that they have to give.

There has been a strong emphasis upon performance management of sickness and capability issues, which has seen a reduction overall in long term sickness. All of the posts within safeguarding and standards now have substantive members of staff instead of a number of contractors.

The additional capacity has been necessary to cover demand issues, but each service area has been reviewed since the 1st April 2017 and proposals are now in place to increase substantive capacity in the 0-12 service which recognises that the demand is too high for staffing complement (the budget will be drawn from within the Care and Protection budget). The delivery of the modernising Fostering programme has commenced with staff in consultation about the proposed reconfiguration with operational delivery from the 1st October 2017. A further invest to save bid is being considered by Cabinet in regard to additional staffing and allowances. Agreement has been given by cabinet to a grade 14 post to lead on the delivery of the new Fostering service. The new team manager arrived in South Area but there has been a further loss of one TM.

2. Priority activities

- **Review of the current location of the central team within Purbeck to improve the capacity to recruit.**
- **Future workforce -Open University secondments and interviews have been completed.**
- **New Focus upon the recruitment of overseas experience staff.**
- Reviewing microsite
- Recruitment Campaigns (linked to reinvigorating social work)
- Reducing number of agency staff to establishment
- Ensuring compliance with contract procedure rules
- Proactive Management of attendance
- Reinvigorating social work
- There is a target of 10% by the 31st March for agency staff.
- Review of disability service.
- Review of current performance management within the children's disability service to bring it in line with current expectations.
- Manageable case loads
- Good supervision
- Workforce development opportunities
- Analysis of exit interviews
- Employee engagement visits
- Standardised induction

How much did we do?	How well did we do it?
<p>How much did we do?</p> <ul style="list-style-type: none"> • Delivered an attractive operational structure which people can see is effective and enjoyable to work within. • Delivered training and support to managers to ensure that they understand why performance management is important in supporting staff to feel they are contributing in a healthy environment. • Strategic delivery of a recruitment and retention strategy. • Successful reinvigorating social work programme bid. • Reduced the number of staff off on long term sickness. • Rigorous monthly monitoring of sickness performance. • PDR completion significantly increased in 2017-82%. 	
Is anyone better off?	
<ul style="list-style-type: none"> • Children and young people are better off when they have one consistent social worker supporting them and delivering a social work service. • Social workers are better off because they have a strong and stable management structure which delivers consistent support and decision making. • People want to come and work for us. 	
What next?	
<ul style="list-style-type: none"> • Delivery of the new ASYE programme through reinvigorating social work programme commences. • Consideration of apprenticeship scheme through Bournemouth university • Retention improved through the delivery of the reinvigorating social work programme from November 2017. • Review and identification within the current staffing budget to deliver the three additional FTE social work post within 0-12 service area to replace the current agency social work posts. 	

- | | |
|---|--|
| <ul style="list-style-type: none">• Strengthening the delivery of the case management protocol to improve the work flow and quality of outcomes for children, therefore reducing caseloads.• Continuation of the the delivery of all of the current procedure sin place in regard to recruit and retention and budget management of the staffing budget. | |
|---|--|