

Children's Services Integration Project

Purpose of Report

1. On 10th January 2017 Wiltshire Council's Children's Services Leadership Team (CSLT) agreed to initial proposals to establish a new service model to achieve the Children's Services vision of:

"One joined up approach to making a positive difference to outcomes for Wiltshire's children and young people, ensuring they are safe and have high aspirations."

This report is intended to provide Children's Select with oversight of the proposals and are asked to endorse the direction of travel.

Background

2. This proposal will impact on all Operational Children's Services teams including Early Help, MASH and Safeguarding and Assessment Services in Phase 1; and Children in Care, Youth Offending Team, CSE and SEND in Phase 2. The existing statutory functions will continue to be delivered as well as some non-statutory work. The key change will be the way in which services are delivered to children and families. The project is phased to allow a focus on, in the first instance, what can realistically be achieved in the short term (i.e. Phase 1).

The service aims, outcomes and design principles have been prepared by the team and are detailed in [Appendix 1](#).

Main Considerations for the Council

3. Phase 1 Proposal – Creation of a new service

The key headlines of the new service are:

- A. Blended teams (from existing Early Help and Safeguarding and Assessment services) will be created across the following tiers; high-end level 2b (CAF), level 3a, 3b and 4 all delivering evidence-based direct work with all staff accessing supervision.
- B. Pod and hub based dispersal of staff across the 4 existing geographical hubs – with local allocation of resource and workflow (at smaller levels where achievable- building on the Social Care Community Patch Based Model). The

model will build on existing partnership arrangements and provide greater opportunity for joined up or integrated working ([see Appendix 2](#) for conceptual diagrams).

- C. A relationship-based model of practice will be followed by the service. Training will reflect this model of practice and include skill-stretching for staff to be able to do more without referring on for specialist support. Keyworkers and Social Workers will carry out evidence-based work alongside children and their families. They will be equipped to provide direct support to the child and family themselves or draw down expertise from experts (e.g. DA leads) and/or pull in specialist provision if required - focusing on the most significant issues impacting on the child's ability to achieve good outcomes.
- D. The recommendation is there will be a single front door for referrals into the new service and access to operational children's services.
- E. All necessary statutory functions will continue to be delivered ([see Appendix 3](#)).

4. **Phase 2 and Future Opportunities**

Phase 2 and future opportunities will include the remaining Children's Services not remodelled as part of Phase 1. This includes Children in Care, Youth Offending Team, CSE and SEND. In addition to these, the scope includes those services which sit outside of the Council's Children's Services as we believe improved joined up working or integration could lead to further service improvements.

Future shaping of services for children and families needs to take into account how families are presenting to us and the nature of their needs. The frequency with which these often complex issues are present in children's lives suggests our focus should be on providing integrated and holistic family-based response for some areas. A deep analysis of how families are presenting has been completed and a summary of specific areas of need that need to be considered by the new service specifically include:

- A. Domestic abuse and substance misuse
- B. Child/Parent Mental Health
- C. Employment, Finances and Housing
- D. School attendance and being NEET (or at risk of NEET)
- E. SEN
- F. Working with Adolescents

Safeguarding Considerations

- 5. This proposal includes the core safeguarding and child protection statutory functions within the Council. The re-design is focussed on providing a more

intensive response to families at an earlier point when needs arise in order to prevent them escalating into statutory social work services.

6. It includes improved joint working with partners and we hope to achieve integration in certain areas leading to improve practice and thus outcomes.
7. The proposals include working with adult services and housing differently, this would contribute positively in the safeguarding of vulnerable adults also.
8. The implementation of the new model will require significant training and development for the staff involved.

Public Health Implications

9. The proposals require input from Public Health and will lead to improved health of the local child and adult population.

Environmental and Climate Change Considerations

10. Consideration has been given to fuel consumption and mileage claims as part of the Community Patch Based Model which involves social workers linking with schools and working from the school base periodically. This has been implemented alongside mobile working and the use of smart phones and laptops to ensure that social workers do not need to return to the office between meetings purely to access emails/messages or complete recordings. This model will be developed further.
11. The project group is also keen to explore other IT and technology options further. We acknowledge practice with families must be face-to-face interactions. However, not every one of the 14,000 CAF/CIN/CP meetings require all engaged professionals to travel and attend. Investing in training and supporting our staff and partners to follow our ways of working that include working on the move, video- and tele-conferencing could increase partner engagement in low threshold work, reduce time spent travelling across the county and increase the time available to spend with children and families.

Equalities Impact of the Proposal

12. Operational children's services works with our most vulnerable children and families, including those impacted by poverty and facing inequality. The model supports and contributes to the Council's commitment to:
 - a) tackle inequalities and promote cohesive communities
 - b) not discriminate in the way we provides services to the public
 - c) not to discriminate in our employment related practices
 - d) promote equality and good relations between different groups.

Risk Assessment

9. Risks that may arise if the proposed decision and related work is not taken

1.	Failure to reduce the number of children and families requiring statutory interventions and becoming Children in Need, subject to a Child Protection Plan or Looked After.
2.	Failure to exploit internal and external opportunities to redesign services to provide better outcomes for children and families.
3.	Inability to provide a sustainable service model results in increased budget pressures moving forward.

10. Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

	Risk	Action to mitigate the risk
1.	Failure to meet statutory duties during a phased service restructure.	To mitigate against this, a full implementation plan will be developed for each phase to include an assessment of the implications of staff changes and training requirements.
2.	Lack of cultural change inhibits success of the new service model.	To mitigate against this, staff and partners will be fully engaged in the design and transition process.
3.	Failure to effectively manage dependencies and interfaces with other projects e.g. CMS Replacement Programme, results in delays and increased costs.	To mitigate against this the interfaces with other projects will be mapped and actions put in place to manage these such as the development of groups to share key information across programmes of work

Financial Implications

11. The new service is designed to be effective and efficient in ensuring that vulnerable children and their families receive the right support at the right time. Consideration of new front door arrangements and a new cohesive service structure will ensure that inappropriate demand of expensive, intensive statutory specialist safeguarding services is reduced. There is a full year and recurrent saving planned of £0.2m per annum from phase 1.
12. There will be some implementation costs around researching / resourcing the project and we are exploring external funding opportunities via the Department of Education Innovation Fund. Costs will be minimised wherever possible and found from within existing budgets. Training for these service changes will be significant and will be delivered in-house where possible and will be prioritised within the

current OD resources available however there will be a cost to delivering this effectively.

13. It has been acknowledged that other children's services projects could impact (e.g. replacement of the data management systems) on later phases of the project however wherever possible synergies will be taken advantage of for example change management training.

Options Considered

14. The options considered are detailed below:

Option A	Deliver full Phase 1 by April 2017.	Not recommended due to time constraints.
Option B	Deliver full Phase 1 by 2 October 2017	Put forward for CSLT consideration and accepted.
Option C	Trial Phase 1 in one hub by May 2017	Put forward for CSLT consideration.
Option D	Put OCS EH staff in S&A Teams (Reduced Scope)	Not recommended as not significant enough impact.
Option E	Do nothing.	Not recommended as no impact on future vision.

All options and a summary of the high-level risks and benefits were considered.

Option B was the recommended and agreed option based on the following:

- The culture and behaviour of staff will be more easily influenced and changed in a large-scale implementation.
- Communications/branding can support full scale change with both public users and partners.
- Buy-in from partners may become more challenging in a staged approach.
- Consistency of practice will be easier to achieve.

Conclusions

15. The conclusions reached having taken all of the above into account.

Proposal

16. The committee are asked to note the Phase 1 changes and the timescales and also endorse the direction of travel being scoped by the Children's services Integration Project Phase 2. This includes the desire to work with partners in a more joined up or integrated way to deliver improved outcomes for children and families.

Carolyn Godfrey
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1st March 2017

Background Papers

None

Appendices

1. Service Aims, Desired Outcomes and Design Principles
 2. Referral Pathway to Service
 3. Statutory Functions
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Appendices

6.1 Service Aims, Desired Outcomes and Design Principles

6.1.1 Service aims:

- Prevent family breakdown
- Prevent escalation to level 3 services

The new service model will enable the authority to:

- Keep families together (prevent children coming into care)
- Ensure families are not put through unnecessary statutory processes
- Proactively identify, target and respond to child and family needs to prevent escalation to more intensive and intrusive services
- Deliver a truly integrated and holistic evidence-based service to children and young people within the context of their wider family and community environment
- Support the right children, young people and their families at the right time with the right provision to enable them to achieve good outcomes
- Discharge all statutory duties
- Ensure unborn babies, children and young people are kept safe from harm
- Deliver improved practice and outcomes leading to a reduction in domestic abuse, and improved support for young parents and engagement with fathers.
- Be assured of all upskilling and training requirements to enable staff to have the right skills mix and confidence to deliver the new service (SEN, education, parenting, behaviour)
- Ensure staff intervene rather than refer on to other services.
- Add value to the child's journey to adulthood; improve the child's journey (transitions and transfer points) and their experience of support
- Reduce the number of children becoming Child in Need, becoming the subject of a Child Protection Plan and/or becoming Looked After
- Grow and sustain a stable and secure Children's Services workforce

6.1.2 Desired outcomes:

What do our families want? (taken from Australian research – reference TASCI Family by Family programme)

- We feel as though we contribute to our community
- We trust other people outside of our family
- We connect to new places, people or services
- We feel less isolated in the community
- We ask for help when we need it
- We seek out new ideas and support for our family
- We see the impact of our decisions on others
- We get on better as a family
- We learn new things about our family

- Our family has new ideas for things to do together
- We say something nice when one of us does something good
- We feel more optimistic about the future
- We think about the future
- Our family set new family goals
- We take time to work on own goals and family goals
- We see what we're good at.
- We feel more confident in our abilities in general
- Each of us feels like an OK person
- We believe that our choices make a difference to things in our family

What do we want Operational Children's Services to feel like for our children, young people and families?

- There is one front door for me to use
- I understand who does what, what forms to fill in or what's going to happen next
- I have a consistent key person to help me to help myself.
- They know what works...
- ...and how to work with me and my family
- They are my fiercest champion; and they challenge me too
- They listen and take action.

6.1.3 Translating that into outcomes:

- Children and families will know where to go for help and receive a more consistent response whichever door they use.
- Children and families will feel listened to and helped by local professionals they are familiar with.
- Children and young people are safe from harm (or the risk of it), are less vulnerable and develop strong emotional resilience and wellbeing.
- Children and young people's circumstances improve as a consequence of the help provided and their need for targeted and specialist services is lessened (or avoided in some cases).
- Children and families experience a seamless service (especially during transition across thresholds, services and during significant life events). The workers have the key skill set to work with the families to address the issues (unless specialist services are required)
- Children, young people and families say that our Children's Services have made a positive difference in their lives.
- Children and families feel motivated to change, are willing to engage and want to improve their circumstances for the future.

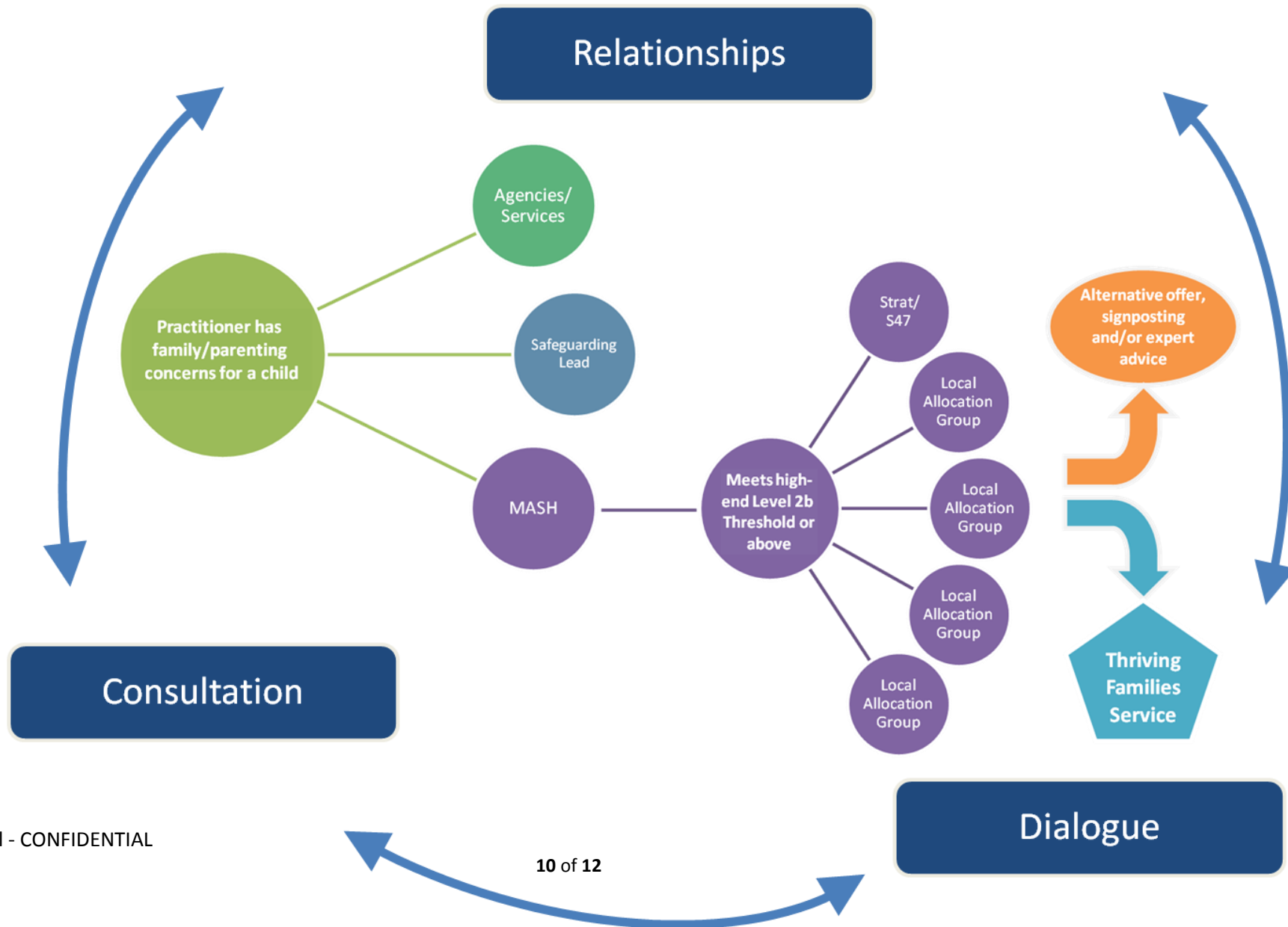
6.1.4 Service design principles

Final - CONFIDENTIAL

The design principles lay out the core requirements any service design must adhere to. For Children's Services Integration these are:

- Prevent family breakdown and empowers resilient families where children reach their potential (every child matters outcomes)
- Delivers a cost effective service.
- A child-focused family-based approach.
- Blended EH/Children's Social Care deliver services at high-end 2b level and above – i.e. our most vulnerable families with high risk factors and/or low protective factors;
- Facilitate or commission low level 2b, 2a and universal provision rather than deliver directly.
- An over-arching EH/CSC philosophy/model of practice (evidence-based) – relationship based direct work within the family.
- Four geographies (N,E,S and W); clusters/pods within that are linked to community composition/need and relates to other agencies (including schools) to obtain 'best fit'; hooked into local support networks/communities; increasing social inclusion; co-location where sensible.
- Best possible hours of operation coupled with a clearly articulated 'out-of-office-hours' early support community offer (not just crisis management offer at level 3) considering out of hours payment implications.
- Robust, clear and formalised referral and care pathways for vulnerable groups (e.g. unborns and under 1's, domestic abuse, mental health, parenting support, etc); clear boundaries of provision and thresholds.
- Managed demand into the local authority; partners/professionals clear and mindful of who delivers what.
- Deliver services in the best way; statutory requirements are defined; reduce demand on statutory/intensive services.
- Reduce the number of professionals working with a family (when appropriate); better coordination of support.
- Reduce dependency on 'specialisms' where appropriate and possible; skilling up/broadening the skills base; continuity of worker; defined career paths and opportunities for developing skills/knowledge/leadership; a well trained, skilled and motivated workforce.
- Future-proof as best we can.
- Take a 'tell us once' approach to assessment and reviews as far as is possible throughout the child's journey to enable a strengths based model.
- One front door or, if unobtainable, at least no wrong door; clear access routes; a consistent first response; accessible.
- Proactive identification of children and families in need of support.

1.2 Referral Pathway to the Service



6.3 Statutory Functions

Existing Statutory Functions Delivered by services	Statutory Functions that will continue to be delivered	Suggested Location of Services
Children in Need	Children in Need	NEW CSI Service
Child Protection	Child Protection	Phase 2
Care Proceedings	Care Proceedings	Phase 2
Looked After Children	Looked After Children	CiC/Phase 2
DCT- CiN, CP, LAC and Care Proceedings	As above	Phase 2
Local Authority Occupational Therapy	Assessment for provision aids and adaptation (1989 Children Act)	Phase 2
NEET Tracking Destination	NEET Tracking Destination	Performance Team
NEET PA Service	Linked to above	NEW CSI Service
YOT Statutory Work	YOT Statutory Work	Phase 2
Children Missing Education	Children Missing Education	NEW CSI Service
Elective Home Educated	Elective Home Educated	NEW CSI Service
Primary Tuition Service	Primary Tuition Service	Traded Services – To be agreed
Health Needs Pupils	Health Needs Pupils	Traded Services – To be agreed
Penalty Notices	Penalty Notices	Traded Services – To be agreed
Work Permits/Chaperones	Work Permits/Chaperones	Traded Services – To be agreed
EWS court work	EWS court work	NEW CSI Service and Traded Services – To be agreed
Special educational needs and disability code of practice: 0 to 25	Special educational needs and disability code of practice: 0 to 25	Phase 2

years – SEND Lead Workers	years	
Special educational needs and disability code of practice: 0 to 25 years – Educational Psychologists - One Third of current Workload	Special educational needs and disability code of practice: 0 to 25 years	Phase 2
Ofsted requirements in relation to Canons House	Ofsted requirements in relation to Canons House	Phase 2
18-25 young adults with disabilities	Care Act, Mental Capacity Act, Best Interest and Court of Protection	Phase 2
Specialist SEN – Hearing and Vision	School Control	Traded Services – To be agreed

Non Statutory Functions Delivered by services	Non Statutory Functions that will continue to be delivered	Non Statutory Functions That Will need to Cease in Future Model
EMAS	School Control	Traded Services – To be agreed
Traveller Education	School Control	Traded Services – To be agreed
Primary Behaviour Support	School Control	Traded Services – To be agreed
Educational Psychology – Two Thirds of Work	Phase 2	Phase 2
Specialist SEN	School Control	Traded Services – To be agreed
Employment Skills Team	Phase 2	Phase 2