

Children's Services Integration Project

Purpose of Report

1. On 14th March 2017 Children's Select Committee were provided with an overview of the Children's Services Integration (CSI) Project. The Committee provided full support for the proposals and subsequently requested an up-date following the completion of Phase 1. The Support and Safeguarding Service was launched on the 2nd October 2017, marking the completion of Phase 1.
2. This purpose of this report is to provide the Children's Select Committee with an overview of:
 - the progress of the Children's Services Integration Project
 - how CSI will support the delivery of the Council's Business Plan
 - financial implications

Background

3. The report presented to Committee on 14th March 2017 outlines the aims and objectives of CSI ([Appendix 1](#)). The Early Help and Safeguarding and Assessment Services (including MASH) were affected by Phase 1. The Support and Safeguarding Service was launched on the 2nd October 2017 alongside the new single front door to Wiltshire Children's services (MASH).
4. The following services/functions no longer exist as separate entities:
 - Early Help Service
 - Safeguarding and Assessment Service
 - Single Point of contact to Early help
 - Single Point of Contact for Special Educational Needs and Disability
5. The statutory functions undertaken by the above services all continue to be delivered, as well as some of the non-statutory work. The key change is the way in which the services are delivered to children and families.
6. Phase 2 will consider Children in Care, Placement and EDS, Youth Offending CSE and SEND services and improved integrated working with partners alongside the new model of service (Support and Safeguarding Service).

Main Considerations for the Council

Council Business Plan

7. CSI relates to the Council's business plan by working to:
 - Create stronger communities
 - Protect the vulnerable
 - Deliver innovation

8. The services affected by the transformation includes the core safeguarding, child protection and all other statutory functions relating to children within the Council. We need to continue to deliver these whilst trying to shift the balance and model services so they can intervene at an earlier point. Redressing this balance is a challenge as we need to successfully intervene earlier whilst delivering the statutory work at the same time, within the existing financial envelope.

9. Specific proposals include:
 - Improved joint working with partners either via improved pathways, information sharing or service integration.
 - Working with adult services and housing differently, this would contribute positively in the safeguarding of vulnerable adults also.
 - Working with partners to identify high need/risk families.
 - Consider future volunteering opportunities.

Support and Safeguarding Service

10. The Support and Safeguarding Service launched on the 2nd October 2017. The design was in response to research of what works in other Local Authorities, data analysis and feedback from families who told us they want:
 - Help quicker/earlier.
 - More time with workers and support for longer.
 - Less professionals involved as too many leads to conflicting advice and can be confusing.
 - Professionals whom are involved to have a purpose
 - Help before things get really bad.
 - Support for the whole family, so they are all listened to and supported.
 - Praise for what they have done well so they have a sense of achievement
 - To be kept informed as it's hard to hear something they did not know about in a meeting.
 - To be spoken too and things explained.
 - More than a tick box approach.
 - To be told what is going to happen next.

11. The key significant changes to the new service resulting from the above include:
 - Introducing a new Family Keyworker role - a consistent person working with families to ensure sustained change.

- Improving how works comes into the Council, what happens to it once accepted for a service and then how it leaves the service. We also want to utilise IT and mobile working to improve information sharing and reduce duplication of recording and bureaucracy for staff, maximising the time available to spend with families.
- Moving to a more holistic, whole family-based approach; launching a new relationship-based model of practice and supporting our staff with a new training and development programme. Relationships are at the heart of good practice and everything we do. Therefore, as part of the programme we are enhancing practice and services in Wiltshire. The CARE framework has been developed and is being implemented across Children's Services. It is an innovative approach to practice that draws on research and best practice evidence and is underpinned by a psychosocial and relationship based practice model that combines a number of evidence-based approaches to safeguarding and achieving the best interest of children and young people. This model will be supported by the structure of the services we provide, for example the creation of the keyworker role who will be able to build a relationship with the family and offer evidence based intervention and access specialist i.e. social workers as and when required.
- Developing a "one front door" model to access our services. This includes the cross-cutting work and development of the new online "DART" (Digital Assessment & Referral Tool).
- Work with the CMS project to deliver a fully integrated IT system (with potential for electronic co-working with partner agencies - to be explored).
- Pilot started in the West team with a drug and alcohol worker (from the current provider Turning Point) co-located within the team.

Outcomes

We know what good looks like, including how to assess, intervene, plan and review. This is the foundation of what we do in children's social care. We have made excellent progress and will be further embedding this through the new relationship based model of practice. New structures and processes will assist us to deliver the outcomes we seek, building on the good progress made to date. The service aims and outcomes were provided to the committee in the report provide don the 14th March 2017 and can be found in [Appendix 1](#).

12. Ultimately we want to:

- Reduce demand on services
- Reduce spend
- Intervene earlier
- Delivery community based services
- Improve outcomes for families and children in Wiltshire

13. Work is ongoing regarding the success criteria as we are shifting the focus from outputs to outcomes; working with families to develop plans that support them to achieve their family goals.
14. The new model has a number of success measures which are currently being refined:
 - a reduction in our children in need (CiN) cohort (excl CP and LAC)
 - a reduction in repeat CiN assessments not resulting in S17 provision within a 12-month period
 - a reduction in the number of children subject of a child protection plan
 - a reduction in the total number of Looked After Children.
 - a reduction in the number of admissions into care of adolescents aged 10+ (excluding Unaccompanied Asylum Seeking Children)
 - a reduction in the number of professionals working with a family
 - a reduction in PPD1s/repeat DA incidents/callouts
 - a reduction in re-referrals to children's social care
 - a reduction in repeat missing episodes – excl out-of-county children (establish baseline)
 - an increase in initial contact to referral conversion rate
 - an increase % of under 10's and decrease % of over 10's that we are working with directly across the system (intervening earlier)
 - an increase in time spent with families on direct work (social workers)
 - a decrease in CiN unauthorised school absence
 - an increase in attendance at medical appointments
 - an increase in customer satisfaction levels
 - safely reduce the percentage of children who become CP after CIN of 3 months or less
 - Improved staff satisfaction

Phase 2 and Future Opportunities

15. Phase 2 includes the remaining Children's Services not remodelled as part of Phase 1; Children in Care, Fostering, Emergency Duty Service, Youth Offending Team, CSE and SEND. The scope also includes those services which sit outside of the Council's Children's Services, for example the Child and Adolescent Mental Health and Health Visiting Services as we believe improved joined up working or integration could lead to further service improvements. Following a meeting on 5th October 2017 with senior officers from partner agencies, agreement has been reached regarding progressing with a multi-agency governance structure to take this work forward.
16. Future shaping of services 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 means our focus should be on providing integrated and holistic family-based response for some areas. This work needs to inform our strategic and commissioning priorities and a commissioning work stream is in place and consideration is currently being given to how CSI can be the means

by which to deliver a revised local Early help Strategy and the Troubled Families Agenda.

17. 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:

Domestic abuse and substance misuse

We are working with Public Health on the re-commissioning of these services to achieve an response for children and families affected by Domestic Abuse and substance misuse.

Child/Parent Mental Health

We are working with Oxford Health, the preferred provider to consider improved integration between CAMHS and the new teams. Further work is required to engage at a meaningful level with adult mental health providers going forward.

Employment, Finances and Housing

Families require stability and their basic needs met before they are able to address parenting issues. Housing colleagues are engaged with the programme (via the commissioning work stream) and we need to progress analysis of families known to both services and consider early notification and a joined-up response.

CSI, the Troubled Families Programme and a refreshed Early Help Strategy are being aligned. This and this will support progression of matters linked to finances (i.e. DWP) and employment. There are further opportunities to explore in relation to employment and skills.

SEND

We can improve the way we engage with families earlier, reducing the reliance on statutory services and instead see successful interventions preventing the need for these specialist services. Linked to this are issues related to transitions into adult services. We need to support and prepare families to remain together in their communities, stay in local mainstream and special schools and reduce the reliance on adults services. In order to achieve this we need to maximise early intervention and support during childhood leading to resilience rather than reliance. This supports the business plan in delivering localism.

Working with Adolescents

Adolescence is a difficult time for young people living in stable families, for example mental health issues are rising and for those living in vulnerable families matters can reach crisis point quickly. Our response to working with these young people and managing risk needs to be reframed, for example we need to build on the Adolescent Support Project Pilot, CSE/Missing Team and consider how we can deliver more integrated services for those young people at risk of harm to

themselves, other and risk of requiring statutory services. In order to deliver effectively we need to build on the skill set of staff in these teams and work closely with other partners such as CAMHS and the police.

Safeguarding Considerations

18. 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.
19. It includes improved joint working with partners and we hope to achieve integration in certain areas leading to improve practice and thus outcomes.
20. The proposals include working with adult services and housing differently, this would contribute positively in the safeguarding of vulnerable adults also.

Public Health Implications

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

Environmental and Climate Change Considerations

19. None in addition to those reported on 14th March 2017.

Equalities Impact of the Proposal

20. None in addition to those reported on 14th March 2017.

Risk Assessment

21. **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.

22. **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. Up-date – service is now live. has now gone live. Case analysis as undertaken prior to staff transfers with little if no change to allocation as a result of the re-structure. A plan is in place
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. Partnership governance board to be set-up.
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. Project staff have been joint working and there is representation from both projects on respective boards.

Financial Implications

23. 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. The new single front door arrangements and service is seeking to reduce inappropriate demand on expensive, intensive statutory specialist safeguarding services. There was originally a full year and recurrent saving planned of £0.2m per annum from phase 1 but this was moved to the placements budget.
24. To date the implementation costs have been minimal with 2 staff seconded into the project working alongside programme office and systems thinking staff. The additional costs have to back-fill acting up arrangements costing approx. £30K.
25. Despite a successful Expression of Interest submission to the Department of Education Innovation Fund, the full bid was unsuccessful. This funding (£1.2m) would have enabled the project to be sufficiently resourced, with pump priming to deliver impact sooner, training and development quicker and innovation linked to volunteering and identification of high needs families whom place high demand across a number of services/agencies.
26. In the absence of the additional funds we have progressed the project within the existing resources however this is proving to be extremely difficult and there is no identified solution at this point. Pressures include:

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- Project capacity issues; compounded by interim arrangement of project lead to AD.
- Buy-in from partners is more challenging, training budget would have assisted to facilitate joint working
- Consistency of practice is harder to achieve with limited training budget and lack of capacity to release staff onto training.
- Investment in communications/branding can support full scale change with both public users and partners.

27. Synergies with other projects, including replacement of the data management systems (CMS) and Adult Transformation Programme will be made where possible.

Options Considered

28. The options considered are detailed below:

Conclusions

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

Proposal

30. The committee are asked to note the progress of Phase 1 changes and the on-going developments in Phase 2 related to the new service, namely to work with partners in a more joined up and integrated way to deliver improved outcomes for children and families.

Terence Herbert
Corporate Director

Report Author:

Lucy Townsend, Interim Associate Director.

16th October 2017

Background Papers

Children's Select Committee Report 14th March 2017 (CSI)

Appendices

Appendix 1

Wiltshire Council

Children's Select Committee

Date: 14th March 2017

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
Corporate Director

Report Author:

Terence Herbert, Associate Director.

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.

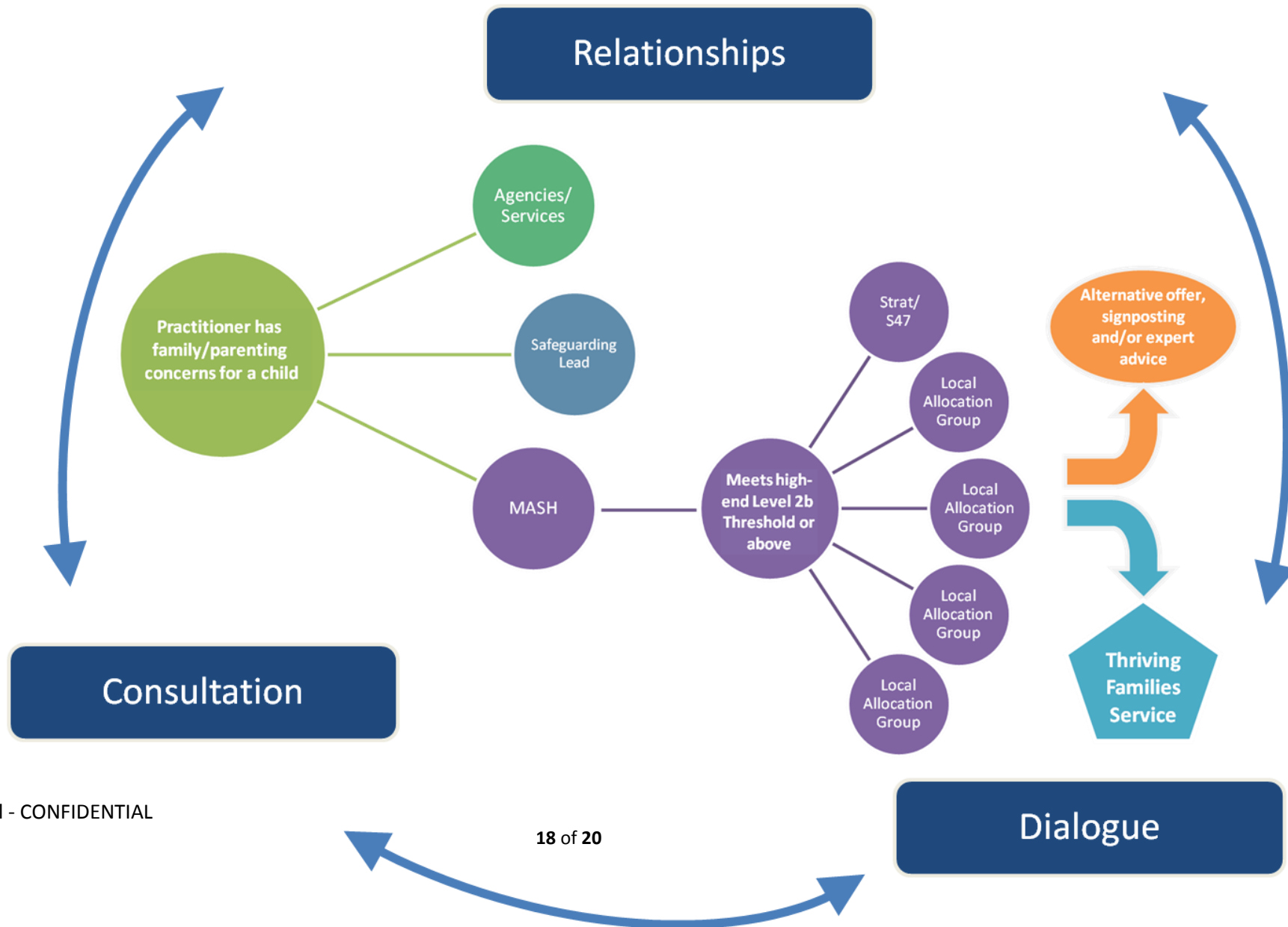
6.1.4 Service design principles

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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	Special educational needs and	Phase 2

disability code of practice: 0 to 25 years – SEND Lead Workers	disability code of practice: 0 to 25 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