

CREATING OPPORTUNITIES AND TACKLING INEQUALITIES SCRUTINY COMMITTEE	AGENDA ITEM NO. 9
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Report of the Corporate Director for People and Communities

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SERVICE DIRECTOR AND PORTFOLIO OVERVIEW REPORT: CHILDREN & SAFEGUARDING, INCLUDING AN UPDATE ON THE OFSTED ACTION PLAN

1. PURPOSE

- 1.1. This report provides an overview of the key activities within the portfolio of the Service Director for Children and Safeguarding, as well as providing a summary of key performance information in respect of Children’s Social Care.
- 1.2. The report also provides a brief update on progress being made in relation to the action plan put in place following the findings of the OfSTED inspection of Children’s Services in Peterborough, as published in the inspection report on 18th September 2015.

2. RECOMMENDATIONS

- 2.1. Committee is asked to note the contents of this report, and to consider whether there are other areas of performance on which regular reports would assist the work of the Committee.
- 2.2. Committee is asked to review the OfSTED action plan once this has been formally updated at a Scrutiny Committee later in the year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1. Creating Opportunities - Tackling Inequalities
 - Supporting vulnerable people

4. BACKGROUND

- 4.1. The Service Director for Children and Safeguarding is accountable for a number of areas of service delivery as follows:
 - Children’s Social Care Services, with the exception of services to children and young people with disabilities, which is provided by the 0-25 Service within Adult Social Care services. Performance data in the sections below includes performance in the 0-25 Service;
 - The Child Health and Healthy Child programme and associated commissioning arrangements;

- Line management responsibility for the two short break/respite care homes [Cherry Lodge and The Manor] for children and young people with disabilities and associated outreach and community breaks that these provisions also offer, and;
- Quality Assurance functions within Children's Social Care. These functions are currently in the process of being combined with quality assurance functions for Adult Social Care, with the responsibility for the resulting joint service remaining with the Service Director for Children and Safeguarding.

Children's Social Care Services, including key performance information

- 4.2. Since the last Service Director report was presented in November 2015, there has been a continuing improvement in a number of important areas. In particular, rates of turnover among qualified social workers are the lowest that they have been since for almost 2 years.
- 4.3. There has been a continued to increase the proportion of posts held by permanent social workers and the vacancy rate has reduced from 29FTE in early 2015 to 20FTE as of the beginning of February 2016, reversing the trend of increasing vacancies in 2014 and early 2015.
- 4.4. This positive news in relation to qualified social workers has been complimented by the development of the pilot to recruit alternatively qualified team support workers. Most of these workers joined the authority in November 2016 and are now making a significant impact. They are working directly with a number of children in need cases, and supporting the work of qualified workers in working with children subject to child protection plans.
- 4.5. This group of 20 new workers have brought with them a much more diverse range of skills and experience and are making a positive contribution to the work of the service overall.
- 4.6. These factors, combined with continued effective gatekeeping in the First Response Team to make sure that Children's Social Care only work with those children and young people who really need specialist social care services, have combined to bring the caseloads of qualified workers down.
- 4.7. Average caseloads for qualified social workers have reduced and are now below 20 in all parts of the service. It is still the case that some of the most experienced social workers have caseloads that are higher than we would like, but this progress represents a sustained reduction, and is very welcome. Indeed this is the first time that we have achieved an average case load of under 20 in all areas of the service since I was appointed to the post of Service Director in March 2015. .
- 4.8. This does not mean that children's social care is now 'fixed'. As will be seen from the detail within this report, there are still areas that require attention, and the quality of assessments and care plans continues to be inconsistent. But without improving stability of the workforce and reducing caseloads, it is impossible to improve the consistency of practice.
- 4.9. The following sections provide narrative to the charts that are reproduced in Appendix 1.
- 4.10. **Contacts, Referrals and Timeliness of Assessments**
- 4.11. In the November 2015 Service Director's report, I discussed in detail the links between contacts, referrals and assessments. This report identified that we were not dealing with contacts about children quickly enough. This slow decision making meant that more contacts were becoming referrals than should have been the case. This is because under

Working Together 2015 – the statutory guidance that covers these issues – any contact that is not dealt with within 24 hours must be treated as a referral.

- 4.12. It is important to make the decision about whether a contact should progress to a referral quickly and effectively; failing to do this means that more staff time is spent effectively deciding that we do not need to do anything – staff time that is better spent on assessing the needs of and working with children and their families who do need social care support.
- 4.13. Chart 1 shows the percentage of contacts that progress to a referral. The chart shows that this has reduced sharply in December and January 2016, with January performance being in line with the target in this area. This improvement follows a reconfiguration of resources in the Multi-Agency Safeguarding Hub, increasing the number of staff making these initial decisions.
- 4.14. Because fewer contacts are being progressed through as referrals, the rate of referrals per 10,000 [Chart 2] also shows a reduction in the months of December 2015 and January 2016. The indicator remains red as this is a target based on the rolling 12 month figure, and the January rate is still slightly higher than we think it should be, but the trend is reducing and, if this continues, this will provide more evidence that we are making consistent decisions in this area.
- 4.15. The effect of the better initial decision making in respect of contacts progressing to referrals is illustrated in Chart 3 – the percentage of referrals progressing to a single assessment. This has increased significantly and the rate for January 2016 is on target. The indicator will remain red for some time, however, as this is again a rolling 12 month indicator.
- 4.16. The overall number of contacts being made to Children’s Social Care remains high; although there was a small reduction in January 2016 compared with immediately preceding months. Although the number of contacts is not something entirely within the control of Children’s Social Care, this reduction may indicate that partners are beginning to develop a more accurate perception of thresholds for accessing social care services. If correct, this is a good thing; every contact that comes into the service needs to be assessed and a decision taken as to whether there is a need for progression to a referral. If fewer contacts not reaching the threshold for Children’s Social Care come in to the service, then we need to spend less time sorting through all the information. It also reduces the likelihood that something potentially significant is missed in a mass of information that is not relevant to Children’s Social Care.
- 4.17. Reinforcing and clarifying the thresholds is a piece of work that is currently being led by the Peterborough Safeguarding Children Board and there are two multi-agency task and finish groups working on developing clearer and more succinct guidance for use by partners in universal and early help services, such as schools and health services. This should help to ensure that more children and families are directed to the right place for support, whether this is Early Help or Children’s Social Care.
- 4.18. There is a close connection between a successful Children’s Social Care service and an effective early help and prevention offer. Chart 4 in Appendix 1 shows the rate of early help assessments currently active per 10,000 children and young people in the City. Early help assessments are completed when it is identified that there is a need for more than one targeted service to work with the child and their family. These assessments are always completed with the consent of the family. Working alongside families in this way often leads to better outcomes than where an assessment is completed by Children’s Social

Care which then recommends that the family accesses Early Help services. Chart 4 shows continuing increases in numbers of children being supported in this way, which is positive.

- 4.19. Where a referral into Children's Social Care is seen to warrant a further assessment, a single assessment is completed. These assessments should be completed within 42 days, and timeliness in this area is an indicator of the pressures on the system. Performance in this area is shown in Chart 5 of Appendix 1. The year to date target of 95% is a stretch target and signifying high expectations in this area – children and families have the right for assessments about them to be completed in a timely way.
- 4.20. The most recently monthly performance is 98.36% which is above target, although year to date performance remains amber owing to poorer performance earlier in the year. This is very good performance that has been maintained consistently for a number of months now.
- 4.21. Chart 6 shows the position regarding the percentage of referrals where a previous referral has been made in the last 12 months. This indicator has been a concern over recent months as it is considerably higher than it should be at 28% on a year to date basis. Monthly percentages have increased beyond this level.
- 4.22. An audit of cases that have been re-referred in the last 12 months was undertaken in January 2016. This audit identified a number of themes in cases where a re-referral had been made within the previous 12 months, including:
 - That some of the re-referrals were a consequence of too many cases being opened as referrals and then closed with no further action or as a referral to early help earlier in the year;
 - That in some cases, where a referral to early help had been the outcome, a further referral was received before early help services had commenced, or further referrals had followed a decline by families of early help services;
 - That in some cases, the reason for the re-referral was not connected to the original referral, and so did not indicate that the original issue was not sufficiently well addressed.
- 4.23. It is positive that the audit did not identify a pattern of cases being closed where the assessment has not adequately addressed the issues described on referral, resulting in the case being subsequently re-referred. However, the audit did raise some concerns about the robustness of some individual assessments, and so this is an area where further scrutiny will take place over coming months.
- 4.24. As noted in the last scrutiny report, a higher re-referral rate may also be linked to a more consistent application of thresholds than was the case previously. In this respect, the issue of re-referrals also links to the overall number of children and young people being worked with by Children's Social Care. In January and February 2015, when numbers of children open to the service was as high as 2,000, the re-referral rate was very low. This was not an indication of the system working as it should, however; it was an indication of the service accepting referrals of children that did not reach threshold. The consequence of this was that the numbers of children open to the system meant increasing caseloads, increasing turnover of key staff and children and young people being open to Children's Social Care but receiving an inconsistent service.

- 4.25. There is also a likelihood that a considerable element of this high rate of re-referrals is connected to the issue noted above of too many contacts being opened as referrals, meaning that the number of referrals that can potentially be re-referred is also higher.
- 4.26. We plan to look again at the causes behind this increase in re-referral rates in further detail. We will continue to analyse a further dip-sample of re-referred cases where the case was previously open for an assessment. This is to identify whether the assessments have appropriately addressed the needs identified in the referral and have resulted in clear plans being put in place, agreed with partners, prior to closure.
- 4.27. A key element of the strategy for Children's Social Care is to improve decision making and ensure that only those children who need specialist services will be worked with by the service. This implies that numbers receiving support at an Early Help level will increase and we need to be confident that there is sufficient capacity at this level to meet need.

Safeguarding and Child Protection

- 4.28. The last Service Director report identified that a combination of factors had combined to lead to a spike in numbers of children subject to child protection plans in summer 2015, and detailed the steps we were proposing to take to address this issue.
- 4.29. Chart 7 of Appendix 1 illustrates that the steps taken [including a series of practice workshops and greater senior management oversight of decision making while new team managers became established] have been successful. The rate is now in line with statistical neighbour averages and the target has returned to green. This is important because having too many children subject to child protection plans has the potential to overload systems. This detracts from the service provided to those children and young people who really do need to be subject to a child protection plan.
- 4.30. Chart 8 details the number of child protection review meetings that take place within timescales. The target for this has been changed from 98% to 100%, and current performance is very good in this area, with performance being at 100% for the last 5 months. Historically, OfSTED referred to this indicator as an iceberg indicator; performance that is anything less than very good indicating that there are likely to be a number of other significant problems in child protection systems. Although performance has been good in this area for some time now, it remains a relevant performance indicator to report on for this reason.
- 4.31. Chart 9 shows the timeliness of visits to children subject to child protection plans. This is an area where performance was highlighted as being of concern in the last Service Director report to Scrutiny. It was stated in this last report that it was an area where there would be renewed focus by team managers and heads of service. While it is the case that there are a number of valid reasons as to why some visits cannot be completed within timescales [children being away, moving abroad or families refusing visits being a few] we should aim for 98% of visits to be completed on time.
- 4.32. Although performance in January 2016 at 93.8% is not quite at the target level, it does represent a significant improvement on recent months. More recent weekly data suggests that this has continued to improve in February 2016 and most recently we have been close to achieving the stretch target of 98%. This is good performance, which now needs to be maintained.
- 4.33. Responsibility for Child Protection [as well as services to Children In Need] sits within the Family Support area of the service. In many aspects, this is the part of the service that

carries the most risk. Over 1,000 children and young people are allocated to social workers in this part of the service.

- 4.34. Since the last Service Director's report in November 2015, we have identified a need for greater management oversight within Family Support, and have re-configured resources to increase the number of team managers in this part of the service from four to five. This change will mean that team managers are better able to maintain appropriate oversight of all of the children and young people allocated to their team, and will have more time to provide support and supervision to their teams.
- 4.35. This increase in management capacity should result in an improvement in the consistency of practice in this part of the service.

Children Looked After

- 4.36. Chart 10 of Appendix 1 shows the rate of children and young people looked after per 10,000. Performance has been steady in this area for most of this calendar year and is in line with the target rate.
- 4.37. The rate of children and young people looked after in Peterborough is currently 73 per 10,000, which is slightly below the most recently available statistical neighbour average rate of 79. If Peterborough were in line with the statistical neighbour average, we would have an additional 26 children and young people in care.
- 4.38. Were numbers to drop significantly from their current levels, it may indicate that Children's Services were not intervening effectively in families where children are at risk of harm. Were numbers to rise significantly, it would indicate that we were probably bringing too many children into the care system. Numbers fluctuate slightly as children leave and become looked after, and what is the 'right' number to have in care is a difficult question as this is affected by a number of variables.
- 4.39. Overall anything between about 325 and 360 feels about right in the Peterborough context, where there is good performance in adoption and in achieving permanency through Special Guardianship Orders. This means that children are likely to spend less time looked after here than they may do in some other areas, which has the effect of reducing overall numbers. Indeed, research commissioned by the pan-London Safeguarding Children Board identified that the average length of time a child spent looked after had the greatest impact on the overall numbers in care in any one area.
- 4.40. Chart 11 shows the number of children and young people in care who have had three or more placement moves. In the last Service Director Report, it was noted that this indicator had turned amber, which was then noted as an area of performance that we would monitor closely to ensure that this was not the beginning of an emerging trend. It is therefore positive that the most recent data shows that performance in this area is again good, and that efforts put in place to improve support to placements have been successful. It is clearly important that children and young people do not experience unnecessary moves once they have come into care.
- 4.41. Chart 12 shows the percentage of children looked after reviews that are completed within timescale. This target has been increased to 100%, and performance has matched this target for the last five months. This is an important indicator as anything other than high performance can indicate that a number of other features of the child in care system are not working effectively, and that the progress of children's care plans may be being adversely affected.

- 4.42. Chart 13 of Appendix 1 shows the timeliness of visits to children who are looked after. As with visits to children subject to child protection plans, there are a number of strict criteria around these visits that mean that simply seeing a child may not be enough to qualify as a statutory visit. The child must be seen alone, for example, and must be seen in their placement and not at another place such as a community facility or in school.
- 4.43. Performance in this area has dipped significantly in the months since the last Service Director Report and although the data for January 2016 has shown some improvement compared with November and December 2015, this performance is not good enough. A new interim head of service for children in care joined the service in January 2016, with a clear expectation that performance improves.
- 4.44. The reported percentage of Initial Health Assessments completed within 20 working days can be found at Chart 14 of Appendix 1. This is a very complex indicator for the current performance management system to calculate accurately, and the figures in Chart 14 are not correct.
- 4.45. This is a difficult indicator to measure because a number of children who become looked after in any month may not remain looked after for more than a few days. These children do not require a health assessment. The system, however, records them as having been looked after in the month, and because it cannot find a health assessment, reports this as a missed assessment, even though one is not required unless a child is looked after for 20 working days or longer.
- 4.46. A child having a health assessment is dependent on a number of steps being successfully completed. First, the parent must provide written consent which must be supplied to colleagues in the Looked After Children's health team; without that consent, an appointment cannot be arranged. Once an appointment is arranged, the child has to be willing to attend and the foster carers able to take them on the due date. This is quite complicated when the child is in Peterborough but is even more so when the child has moved out of area. In this situation, the Peterborough looked after children health team do their best to prevail upon local health services to carry out checks within timescales, but the receiving area has their own children looked after and not all areas place the same priority for health assessments on children from other areas.
- 4.47. There has been and continues to be a sustained multi-agency effort in ensuring that as many health assessments are completed within the 20 day timescale as possible. Children coming into care for the first time are more likely to have been exposed to neglect, emotional, physical or sexual harm, and it is important that they benefit from a comprehensive health assessment as soon as possible.
- 4.48. Local data indicates that 100% of medicals were completed with 20 working days for children and young people coming into care in November 2015, while the initial figure for December 2015 was 87%, although this is subject to final confirmation. Data for January 2016 was not available at the time that this report was completed.
- 4.49. The performance for 2014-15 was that fewer than 20% of medicals were completed within 20 working days. Overall performance for 2015-16 will probably be in the 60-70% range. Although this is not good enough, it is much improved. Performance earlier in the year before new systems were established is having an impact on the year as a whole and despite much better performance in more recent months, it is not possible to recover the position once a medical is out of timescale.

- 4.50. As noted above, it has proved more difficult to ensure that health assessments for children and young people placed outside of Peterborough take place within the 20 day timescale. In order to improve this position, our colleagues in health have been inviting this group of children and young people to attend clinics in Peterborough whenever this is practicable.
- 4.51. Chart 15 of Appendix 1 shows a more positive story in respect of health assessments. It shows the proportion of children looked after for 12 months who have had a medical assessment in the previous 12 months. Current performance is 94.6% which rates as amber, although this is very close to the 95% target.
- 4.52. As requested at the last Scrutiny Committee meeting, performance in relation to dental checks for children and young people aged 3 to 17 in care has been added to this report and can be found at Chart 16 of Appendix 1. Current performance is just under 80%, which is not good enough but is an improving picture. It is however likely that actual performance is better than this. This is because this indicator depends on carers telling social workers that dental checks have been completed and then on social workers updating the child's records. There tends to be a flurry of reporting of dental checks as we approach year-end and the date for return of data to Government.
- 4.53. Accordingly, the new head of service for children in care has been asked to work with team managers and social workers to ensure that all records are updated prior to the end of the financial year, so that we can ensure that the outturn position is as accurate as possible.
- 4.54. Chart 17 of Appendix 1 shows the proportion of children and young people looked after who have Personal Education Plans. In the last Service Director report, it was noted that performance had dipped and it was observed that this was likely to be a function of the reporting period – September 2015 – being close to the start of the academic year. It seems that this theory has been borne out by performance over recent months, with the January 2016 figure standing at 100%.
- 4.55. Chart 18 of Appendix 1 shows the performance in relation to adoption in Peterborough. Recent performance locally has bucked national trends of reducing numbers of adoptions. Most recent performance is now beginning to indicate a reduction in adoptions in Peterborough, despite there having been no reduction in the numbers of children coming into the care system. This indicates that as elsewhere, adoptions maybe being replaced by an increased use of other orders – and in particular Special Guardianship Orders. The government is revising statutory guidance in respect of Special Guardianship Orders, with the intention being that the balance between these and Adoption Orders moves back towards adoption. This would be a welcome change.
- 4.56. Adoption is an indicator that will continue to be monitored closely over coming months. Because numbers are small, it is perhaps too early to be certain that recent reductions are evidence of a firm trend in this area.

Concluding Remarks: CSC Performance

- 4.57. Work continues on developing a performance management system that will enable the production of 'live' performance data. This will significantly increase the ability of managers within Children's Social Care to actively monitor performance within their teams and take corrective action immediately, rather than having to wait for performance information to be produced.

- 4.58. There are a number of steps required before this position will be a reality. The Liquid Logic upgrade mentioned in the last scrutiny report has been completed on time. Funding has been identified to build a 'data warehouse' that will enable the performance reporting software – 'Business Objects' – to extract data from Liquid Logic and produce the performance reports.
- 4.59. Building the data warehouse depends on availability of third parties including Liquid Logic, and despite the best efforts of colleagues in the Systems and IT services, it is unlikely that we will have full live performance data before June 2016.

OfSTED Improvement Plan

- 4.60. Following the findings of the OfSTED inspection of Children's Services in Peterborough, the Council submitted an improvement plan that sets out how the issues identified in the inspection will be addressed.
- 4.61. The first of these relates to the need for managers to have access to live performance data, which is addressed above.
- 4.62. Another key finding from the inspection was that action needed to be taken to improve the stability of the workforce. As noted above, this is an area where progress is being made, and turnover rates and use of agency social workers have both improved significantly since the inspection.
- 4.63. Two recent developments should further help in recruitment and retention of key staff. We have now launched a new social worker recruitment site for Peterborough - www.socialworkpeterborough.co.uk – which is very different from the approaches to advertising that we have used previously, and Cabinet has now approved a system of recruitment and retention payments for qualified social workers in hard to recruit to areas of the service, which will help the service to retain social workers once they have been recruited.
- 4.64. A number of recommendations relating to the consistency of practice within Children's Social Care were made by inspectors. Some progress has been made in these areas; it is evident that management supervision is taking place much more regularly than at the time of the inspection, for example. However, creation and maintenance of chronologies remains patchy, and the quality of assessments and care plans is not yet consistent across the service as a whole. The decision to increase the number of team managers in Family Support is in part related to addressing this continuing lack of consistency since, as noted above, this is the part of the service that carries the most risk, and where the quality of management oversight, assessment, planning and decision making is arguably most important.
- 4.65. OfSTED inspectors identified that there would appear to be relatively high levels of neglect in Peterborough, and recommended that a neglect strategy be developed. This is a piece of work on which the Safeguarding Children Board is leading. This is because addressing neglect effectively requires an effective response at an early help level, where support can be offered before difficulties become entrenched.
- 4.66. We have reviewed our response to children and young people who go missing from home and care, as well as those who may be at risk from Child Sexual Exploitation. We have a dedicated member of staff seconded from Barnardos who undertakes missing from home interviews. We commission the National Youth Advisory Service to undertake independent interviews with young people who go missing from care. Working with key partners and in

particular the police, we are currently in the process of revising arrangements for sharing information about young people who may be at risk of Child Sexual Exploitation.

- 4.67. OfSTED also asked that we take action to address issues around the timeliness of initial health assessments, which is an area where performance has improved.
- 4.68. One recommendation related to the Corporate Parenting Panel and the need for this to have a more robust focus on the experiences of children and young people in care. The Assistant Director for Children's Social Care has been working with the Panel to help to make this happen, and this work will continue after the May 2016 elections.
- 4.69. OfSTED also recommended that we do more to support the Children in Care Council to help them to help the Corporate Parenting Panel to have a clearer understanding of the lives of children and young people in care. We have recently identified an additional resource to appoint an officer who will focus on developing the Children in Care Council to this end. An appointment will be made to this role within the next 2 months.
- 4.70. OfSTED recommended that we review the capacity of the Virtual School to enable it to support young people in post 16 education. This review of capacity is underway and the outcome is expected within the next 2 months.
- 4.71. OfSTED recommended that more be done to ensure that the service learns from complaints, changing practice where necessary in order to adapt to customer feedback. There are now bi-monthly meetings held between the Complaints' Service and team managers and above within Children's Social Care. These meetings review themes from complaints and inform future practice as well as agreeing whether any additional policies or procedures are required.
- 4.72. Remaining recommendations related to care leavers and asked us to identify ways of ensuring that care leavers have access to better quality information about their time in care and any significant information about their health, as well as having more input into the development of their pathway plans, which are plans that set out the aims and objectives for them to achieve independence. These are areas of on-going focus for the new interim head of service for children in care.
- 4.73. The action plan will be formally updated during March 2016, and can be presented to a future Scrutiny Committee if Members consider this to be helpful.

THE HEALTHY CHILD PROGRAMME & ASSOCIATED COMMISSIONING ACTIVITIES

- 4.74. Peterborough City Council is the lead commissioner for children's health services across Peterborough and Cambridgeshire. Much of child health is delivered by the Cambridge and Peterborough Foundation Trust [CPFT] across the two local authority areas, making it sensible for there to be a single lead commissioning local authority.
- 4.75. A significant area of focus for the Joint Commissioning Unit over the last year has been to address the unacceptably long waiting lists for specialist Child and Adolescent Mental Health Services [CAMHS] and for children waiting assessment for neurological disorders including Autistic Spectrum Disorders and Attention Deficit and Hyperactivity Disorders.
- 4.76. Following considerable additional investment from the Clinical Commissioning Group of £600,000 one-off funding and £900,000 recurring funding, waiting lists are coming down rapidly. A further £340,000 was invested as a one-off additional fund to address the waiting

list for assessment of neurological disorders specifically at the end of 2015, as the waiting times for this service were not decreasing quickly enough.

- 4.77. As a result of this additional funding, no children or young people will be waiting for either service for more than 18 weeks by June 2016, in line with national targets for these services. Waiting lists for assessments of possible neurological disorders were closed during 2014/15 but re-opened in December 2015.
- 4.78. Addressing mental health needs is a national priority, and the Government has made £1.5M in funding available across Cambridgeshire and Peterborough in order to improve access to specialist CAMH and eating disorder services. This government funding is in addition to the investment by the Clinical Commissioning Group to address waiting times.
- 4.79. The key priority for partners is to ensure that this funding is invested in such a way as it promotes system change and enables the delivery of effective preventative and early help approaches that help to stop the development of more entrenched emotional and mental health issues.
- 4.80. The model that is being adopted across Cambridgeshire and Peterborough is the ITHRIVE model. This is an evidence-based approach that focuses on identifying and meeting needs as they are identified. This is in contrast to the more traditional approach based on a structured series of tiers, through which children and young people pass before accessing the most specialist services, should their needs not have been met at an earlier level.
- 4.81. The ITHRIVE model strives to ensure that children and young people are thriving in their communities, schools and families and that their mental health and emotional wellbeing is being supported through programmes in schools, or through community and other groups.
- 4.82. Thriving in the community is supported by ensuring that parents and professionals get the right advice at the right time to address any emerging mental health needs. Activities that support this outcome include whole school approaches to promoting emotional and mental health resilience and the development of accessible and evidence-based parenting support programmes.
- 4.83. Where needs remain, the focus is on obtaining timely help as and when this is needed. The help offered to families under the ITHRIVE model is one that focuses on supporting the whole family in preventing the escalation of mental health needs.
- 4.84. Developing the ITHRIVE model will require a significant cultural change across all services but it is a model to which all partners are signed up. The first steps in implementing the model have been taken and include investment in a variety of evidenced based parenting programmes, supported by a parenting coordinator. These programmes will be offered to all families where a request is being made for a neurological assessment, and this approach illustrates the difference of approach between the ITHRIVE model and more traditional approaches to meeting mental and emotional health needs.
- 4.85. Under the traditional tiered approach to service delivery, access to parenting programmes is usually restricted until a diagnosis was in place. This meant that some children and families waited for a considerable period for an assessment that then does not find evidence of a neurological disorder. Most families and children would have benefited from support with parenting, while awaiting the assessment, regardless of the outcome of that assessment.

CHERRY LODGE AND THE MANOR CHILDRENS HOMES, OUTREACH & SHORT BREAK SERVICES

- 4.86. Peterborough City Council operates two short break residential homes offering care to children and young people with very complex disabilities. Both homes were inspected by OfSTED in December 2015, and I am pleased to be able to say that both achieved ratings of 'Good'. This is a very significant achievement and is a reflection of the dedication of managers and staff in both homes in meeting the needs of the children placed there.
- 4.87. As well as providing residential short breaks for children with disabilities, this part of the service offers a range of other support services for children and young people with complex disabilities and their families.
- 4.88. A number of families receive packages of outreach support, where in-home support is offered to help families to provide care to children with complex disabilities. Often this support is short term, helping families to acquire new skills, or put in place while more sustainable forms of support are developed in partnership with the family.
- 4.89. One form of sustainable support that is becoming more popular with families is to offer direct payments, enabling families to organise their own support. This arrangement provides greater flexibility, which is one of the reasons why families are increasingly taking up direct payments to help them to meet the needs of their children.
- 4.90. The service also coordinates the 'Link' carer's scheme. Link carers are fully trained and approved foster carers who offer short breaks to children and young people with disabilities. These carers provide a very valuable service and often provide care for children for many years, becoming an important resource for the child and the family.
- 4.91. Over recent years we have struggled to recruit sufficient Link carers to meet demand, and there are currently eight Link arrangements in place. We have recently taken the decision to increase the fees and allowances paid to Link carers and this increase, combined with a planned targeted recruitment campaign next financial year will, we hope, increase the pool of carers willing to provide this highly valued service.
- 4.92. Increasing the number of Link carers is also one of the key performance indicators contained within the service specification for the proposals to develop the Permanency Service. Responsibility for recruitment and retention of Link carers would transfer to the Permanency Service in the event that there a tender for providing the service is awarded.

DEVELOPING A SINGLE APPROACH TO QUALITY ASSURANCE

- 4.93. As noted in the last Service Director's report, we are in the process of developing a combined Quality Assurance service that will be responsible for promoting the safeguarding of children and vulnerable adults and assuring the quality of practice across children's and adult services.
- 4.94. A change of line management has taken place, and members of staff who were formally part of the Adult Service Quality Assurance functions now report to the Head of Service for Safeguarding and Quality Assurance, who in turn reports through to me as Service Director for Children and Safeguarding.

4.95. A formal consultation will commence shortly with all members of staff to ensure that the new joint service is able to meet the challenges of ensuring quality of practice in the ever changing environments of children's and adult services.

4.96. There are no proposals for any redundancies as a result of these changes, although some changes to job descriptions are proposed. All members of staff who may be affected by these proposals will be consulted in line with the formal Council procedure.

5. KEY ISSUES

5.1. Key issues arising from the above include:

- There have been a number of areas where performance has improved since the last Service Director's report in November 2015;
- It is particularly positive that the turnover among the workforce is improved and that caseloads across the service have reduced;
- While there remain some areas where further improvement is required, and there is a continuing need to improve the consistency of assessment and care planning across the service, securing such improvements cannot be achieved without a stable workforce and sufficiently low caseloads;
- Work to implement the recommendations of the OfSTED inspection is continuing, with steady progress being made in most areas;
- Since the last report in November 2015, there have been significant reductions in waiting times for assessment by specialist Child and Adolescent Mental Health Services and it is expected that waiting times will be at least in line with national guidelines by April 2016; and
- The two homes providing short breaks for children and young people with complex disabilities both achieved 'Good' inspection results, which is a testament to the hard work and dedication of managers and staff and their commitment to the children with whom they work.

6. IMPLICATIONS

6.1. There are HR implications arising from the proposals to develop a single quality assurance service, and a full consultation process will take place in line with Council procedures in due course. The aim is for this consultation to be completed by the end of April 2016.

7. CONSULTATION

7.1. Consultation has taken place with relevant senior officers within Children's Social Care and with the Performance Team.

7.2. In line with the agreement reached at Scrutiny in September 2015, there has been an opportunity for the Chair of Creating Opportunities and Tackling Inequalities Scrutiny Committee and the Independent Co-opted Member, Mr Al Kingsley, to meet with the Service Director for Children and Safeguarding to look in detail at the performance information prior to the Scrutiny meeting on the 14th March 2016.

8. NEXT STEPS

8.1. The format and layout of this report reflects feedback from Members about the information that is needed in order to enable effective scrutiny of performance. This report will continue to evolve in response to feedback from the Committee.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985:

- 9.1. Performance Report for January 2016, published by the Performance Team.

10. APPENDICES

- 10.1. Appendix 1: Service Director Children and Safeguarding Report.