

CREATING OPPORTUNITIES AND TACKLING INEQUALITIES	Agenda Item No. 5
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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 as of the end of July, the most recent available performance data.
- 1.2. The report moves on to summarise some key developments in relation to child health services, as well as to other areas within the portfolio of the Service Director for Children and Safeguarding.
- 1.3. The report also provides a brief update on progress being made in relation 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. Members are asked to note the content of this report, and in particular those areas where good performance is being sustained, while noting continuing actions being taken to address areas where performance remains inconsistent;
- 2.2. Members are asked to support the bid for innovation funding to support the development of family safeguarding and motivational interviewing in children's social care services in Peterborough as a means of securing sustainable improvements in outcomes for our most vulnerable children and families;
- 2.3. Members are asked to support the moves to develop a dedicated youth service to work with young people displaying a range of behaviours that may place them at risk of harm.

3. LINKS TO CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

- 3.1. This report relates to the corporate priority to support vulnerable people.
- 3.2. The report falls within the portfolio of the Cabinet Member for Children's Services.

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 social work 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, however;
- The Child Health and Healthy Child programme and associated commissioning arrangements,
- Line management responsibility for our 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 across children's and adult social care services. Since the last service director report, the previously existing adults' and children's social care quality assurance functions have been brought together under a single head of service, reporting through to the Service Director, Children and Safeguarding. This new approach is intended to enable the sharing of best practice and learning across both services.

4.2. This report provides a summary of key performance information in respect of children's social care services. Where performance is not yet consistently good, there is a brief description of actions being taken to improve performance.

4.3. This report also outlines proposals to develop a discrete targeted youth service, to enable us to better respond to the needs of young people who are at risk of harm as a result of risk taking behaviour and other needs, including vulnerability to child sexual exploitation.

4.4. The report provides details of a joint bid for innovation funding through the Department for Education with Hertfordshire, Luton, West Berkshire and Bracknell Forest to develop an approach here in Peterborough to working with the most vulnerable children and families, known as 'family safeguarding'.

4.5. Finally, the report provides information about other activities within the portfolio of the Service Director, including child health, services to support children with disabilities and their families, and quality assurance and safeguarding functions across children's and adult services.

Children's Social Care – summary of key performance data

4.6. In general terms, most areas of children's social care performance has continued to show progress since the last report was presented to Scrutiny in February 2016. In particular, staff turnover and vacancy rates have continued to move in a positive direction. There remains a need for improvement in a number of areas, but overall the general direction of travel is improving.

4.7. That said, the last few months in particular have been very challenging in terms of demands on the service. There has been press coverage of Operation Dunholt, which related to the activities of a particularly active paedophile in Peterborough – Adam Aitken – who has now pleaded guilty to a number of sexual offences against children and is due to be sentenced on 30th September 2016. This man had potentially been in contact with large numbers of children and young people, all of whom needed to be spoken to jointly

by police and social services so they had the opportunity to describe any offences committed against them. Assessments of any on-going support needs that they and their families may have also needed to be completed.

- 4.8. While the outcome of this operation has been positive in the sense that Mr Aitken pleaded guilty to at least one serious offence against each young person who had made allegations about him, avoiding the need for them to have to give evidence in court, this operation resulted in, and continues to result in, considerable additional demands across the service.
- 4.9. At the same time, we have seen increases in the numbers of children and young people in care, with the current population standing at around 370 children and young people looked after. This is an increase from 355 as of February 2016, and from around 335 in the months before then. More children and young people in care leads to an increased requirement for social work time, increased demands on conference and reviewing chairs, and a risk of pressure on placement budgets.
- 4.10. Because of this increase, a sample audit of the 10 children and young people most recently looked after was undertaken in July 2016. This found that the decision for the child or young person to come into care was the right one in every case, and that there had been limited opportunities to prevent the need for care in the lead up to the child or young person becoming looked after.
- 4.11. Appendix 1 contains a number of charts that show performance against a number of areas over the last 24 months. Key messages from each area of performance is summarised in the following paragraphs.
- 4.12. Average caseloads have increased over recent months, particularly in First Response and Family Support, partly as a result of Operation Dunholt, but have reduced again more recently. The average caseload in First Response and Family Support is 21, in children in care it is 17, and in leaving care they are 24. This makes an overall average of 19.

Contacts, referrals and timeliness of assessments

- 4.13. In previous Service Director's reports, I have discussed in detail the links between contacts, referrals and assessments. The most recent data continues to show that very high numbers of contacts continue to be made into the service – typically just below 1,000 per month. In contrast to performance earlier in the year, however, a much reduced proportion of these are being converted to referrals. This means that we are making decisions about contacts more quickly [under Working Together 2015, any contact open for more than 24 hours is required to be treated as a referral].
- 4.14. Where too many contacts are opened as a referral, more work is needed to close them down again. This means that in essence, we spend more time than we need deciding that a child or young person does not meet the threshold for children's social care, as opposed to working with those who do meet the threshold for a service.
- 4.15. As Chart 1 shows, the proportion of contacts progressing to a referral dropped below 30% in July, bringing the year to date figure to just below the target of 40%. Despite this reduction, there is a significant level of work continuing to come into the system, and the rate of referrals per 10,000 population remains above target, although as is shown in Chart 2, is also reducing.
- 4.16. Chart 3 shows the proportion of referrals that move on to a full assessment of need, which is currently around 70% of the overall number of referrals – equivalent to just over 200

children and young people per month. The challenge remains for us to continue to work with our partners to reduce the volume of contacts in order to enable the First Response Team to concentrate on those children and young people for whom there are clear indications that a full assessment of need is required, and spend less time filtering out children and young people for whom a referral is not necessary.

- 4.17. We have therefore been working with the local Safeguarding Children Board to revise the thresholds for accessing specialist services. A number of practitioner consultation events took place in May 2016, at which the proposed revised threshold guidance was discussed. Changes were made to the proposed new thresholds following the feedback from practitioners, and the new guidance was signed off by the Board in July 2016. The new thresholds will be launched in September 2016, accompanied by a programme of training and support.
- 4.18. The aim of the revised thresholds is to support practitioners in partner agencies to make decisions about when a child should and should not be referred to children's social care. The document emphasises the need to work in partnership with families and, except where there are immediate risks of significant harm, asks practitioners to discuss their concerns with families, and persuade them to engage with the range of early help services in the City, before considering referring the family to children's social care.
- 4.19. In line with best practice and statutory guidance, practitioners will also need to obtain consent for a referral to children's social care to be made, again except where there is evidence of significant harm and the child or others may be at risk if consent is sought.
- 4.20. Except where there is evidence of significant harm, children's social care cannot undertake an assessment of need without the consent of the parent. Parents are much more likely to consent to this if a practitioner they know well asks them, rather than where a social worker they do not know contacts them.
- 4.21. Most families experience an assessment by children's social care as stressful. In many cases, it is likely that longer term outcomes will be better where families are persuaded to engage with early help services, even when there are indications of them having some quite significant support needs. Families tend to feel more in control and less fearful when support is provided by agencies outside of children's social care.
- 4.22. We hope that the launch of the new thresholds will help practitioners to feel more confident about signposting and supporting families into early help services, rather than referring them to children's social care. We hope that this will mean that fewer families experience unnecessary assessments by children's social care, with the associated risks of alienating them from other sources of support. Taken together, we hope that this will result in our First Response Team needing to spend less time identifying the children and young people who need the support of children's social care among the large numbers referred to us who do not need that level of assessment and support.
- 4.23. 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.

- 4.24. 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 signifies high expectations in this area – it is usually better for children and their families for assessments to be completed quickly, but thoroughly.
- 4.25. The most recently monthly performance has been at 90% or just below. Performance in this area has been impacted by increased demand arising from Operation Dunholt. There have also been some recent staff shortages in First Response caused by maternity and annual leave which has also had an impact. While timeliness is important, it is also important that assessments are sufficiently thorough, and a balance has to be struck when there are additional pressures in the system between timeliness and thoroughness.
- 4.26. We have sought agency cover for help to address the impact of maternity and annual leave, but it is very difficult to find locum social workers looking for new assignments in July and August.
- 4.27. It has continued to prove difficult to recruit permanent staff into First Response and we remain more heavily reliant on agency staff in this part of the service. This carries risks in relation to budget management. As noted elsewhere in this report, we will be looking at ways to support this part of the service to be more successful in recruiting permanent staff in the coming months.
- 4.28. We expect performance in August to also be below where we would like it to be, but that this should pick up as the holiday period ends and the impact of Operation Dunholt works through the system, and the recruitment position for agency and non-agency staff eases after the summer period.
- 4.29. 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 target at 32% on a year to date basis. However, the monthly rate is declining and in July was 27% - higher than the target of 22%, but lower than months earlier in the year. This high re-referral rate relates to the much higher referral rate being reported earlier in the year, when much larger numbers of contacts moved into referrals before being closed down than should have been the case. Where there is a further contact about a child later in the 12 months following a child being previously opened as a referral, even where there was no assessment initiated, this counts as a re-referral.

Safeguarding and Child Protection

- 4.30. Numbers of children subject to child protection plans have remained reasonably constant over the last few months at between 250 and 260, reducing from around 285 in February 2016 [Chart 7]. This is quite a volatile indicator and can be affected by changes relating to a small number of families with large numbers of children either becoming subject to child protection plans, or for whom plans have come to an end. As an example, one family of nine children were recently all made the subject of child protection plans.
- 4.31. There is very active review of children who are subject to child protection plans. The additional capacity of team managers in Family Support is helping to contribute to this

process. Where there are indications that the plan is not achieving the changes required, we are escalating cases into the Public Law Outline, or initiating care proceedings. Equally, children are stepped down from child protection plans where risks have reduced.

- 4.32. Chart 8 details the number of child protection review meetings that take place within timescales. The stretch target for this is 100%, and although there has been a slight reduction in the year to date figure to 97%, this remains very good performance. Performance against this indicator provides a good overall indication as to how well the child protection system is operating overall.
- 4.33. Chart 9 shows the timeliness of visits to children subject to child protection plans. Performance in this area remains rather variable, but has been above 90% for the last 4 months – still short of the stretch target of 98%, but a more consistently solid performance than for most of the last 18-24 months. There are a number of reasons why performance can drop; families do sometimes refuse visits or avoid pre-planned visits – and where this happens consistently, it is likely to result in us considering whether we need to move into legal proceedings. Families do also sometimes move out of the area or the country, but will remain on plans while we try to identify where they have moved to, so that we can alert the relevant authorities. Children will remain subject to a plan while we make these enquiries.
- 4.34. Now that visits are taking place more regularly, the focus now needs to be on the extent to which these visits are ‘purposeful’ and progress the child protection plan. Audits of the quality of plans indicates that the majority remain ‘requiring improvement’ despite a number of practice workshops and other activities taking place to help practitioners improve practice in this area. We are considering how we can take a more targeted approach to improving practice in this area.
- 4.35. We have also increased management capacity in this part of the service, recently appointing a fifth permanent team manager. This stable, permanent management team should have an impact on supporting the overall improvement of plans and practice more generally.

Children Looked After

- 4.36. Chart 10 of Appendix 1 shows the rate of children and young people looked after per 10,000. Numbers were mostly steady until around February 2016, from when they have been steadily increasing.
- 4.37. The rate of children and young people looked after in Peterborough is currently 79 per 10,000, which is in line with the most recently available statistical neighbour average rate. This is one indication that despite the recent increases, overall numbers are not widely out of step with similar authorities.
- 4.38. Because numbers were increasing, an audit of the most recent 10 children and young people to come into care was carried out in July 2016. This audit found that decision making had been appropriate and that the children concerned needed to be looked after. The audit also found that there had not been any other actions available to have been taken in the lead up to the children becoming looked after that might have prevented them from coming into care.
- 4.39. This is reassuring as it indicates that we are not taking children into the care system unless this is absolutely necessary, and when all other courses of action have been considered. It is also the case that around 30 young people in care at present arrived in Peterborough

as unaccompanied asylum seeking young people. This number has increased significantly over the last two years, increasing overall numbers of children in care as a result.

- 4.40. Chart 11 shows the number of children and young people in care who have had three or more placement moves. Performance in this area remains good, with low numbers of children experiencing multiple placement moves. 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. There is a stretch target of 100% against this indicator. Unfortunately there was a small dip in performance in March that means that we will not now achieve 100% over the current reporting period. Nevertheless, performance remains very good at over 99% for the 12 month rolling year. This is a 'bell weather' indicator as anything other than good performance indicates that there are likely to be other issues in the care planning and looked after systems.
- 4.42. Chart 13 of Appendix 1 shows the timeliness of visits to children who are looked after. Performance in this area has increased significantly for most of the last 6 months, with performance above 95% except for the month of July, when it dropped to 92.4%. While this most recent performance is disappointing, it comes at the time of year when carers and social workers are more likely to be on holiday, and while such events should be planned for, there is often less flex in the system should something unexpected take place that interrupts a scheduled visit.
- 4.43. The improved performance in this area reflects greater oversight from managers within the service, and this oversight will continue in order to ensure that the most recent dip in performance is addressed.
- 4.44. The reported percentage of Initial Health Assessments completed within 20 working days can be found at Chart 14 of Appendix 1. Members will be aware from previous reports that 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. Local performance information in relation to the timelines of Initial Health Assessments shows continuing fluctuating performance, although very much better than was the case a year ago. Performance in May 2016 was 70% of assessments taking place within 20 working days of becoming looked after, in June 2016 this figure was 100%, but in July 2016, it fell back to 50%. These fluctuations are partly explained by small numbers, meaning that percentage variations appear more significant. That said, the July figure is disappointing, and heads of service are looking again at how to maintain good performance into the future.
- 4.46. Chart 15 of Appendix 1 shows a mostly more positive story in respect of health assessments, although performance in this area has also declined slightly over the last couple of months. The proportion of children looked after for 12 months who have had a medical assessment in the previous 12 months is currently 91%, rating as amber. There are a number of older young people in care who are currently refusing to attend medicals; social workers will continue to try to persuade them of the benefits of a health assessment, but their reluctance to engage has had an impact on the performance in this area.
- 4.47. Performance in relation to dental checks for children and young people aged 3 to 17 in care can be found at Chart 16 of Appendix 1. Performance in this area is not as good as we would like. Just under 70% of children and young people have had a recorded dental

check in the last 12 months, a rate that has been declining since March 2016. As with health checks, there is some reluctance among some older children to attend dental check-ups. The head of service for children in care is reviewing the cohort of children and young people who have not had a dental check and will report the findings to the children in care board. This will help us identify what measures we may be able to take to encourage attendance.

- 4.48. We are also exploring with health colleagues whether there is a local dental practice that might agree to become 'designated dentists' for children in care. This is not a statutory role, but if we can identify a practice willing to offer their support, this might enable us to help children visit dentists to meet them before treatment, helping to build their confidence.
- 4.49. Chart 17 of Appendix 1 shows the proportion of children and young people looked after who have Personal Education Plans. Performance in this area remains strong, with 99.6% of eligible children having Personal Education Plans, above the target of 95%.
- 4.50. Chart 18 of Appendix 1 shows the performance in relation to adoption in Peterborough. This continues to show adoptions running below target. Adoption performance in Peterborough compared with national performance is good overall; and what we are seeing here is a reflection of the national decline in the use of adoption orders by courts.
- 4.51. As noted in previous scrutiny reports, adoption has been affected by the increase in the use of Special Guardianship Orders for very young children. Special Guardianship Orders were originally intended to provide legal permanence for older children and young people who, while not being able to live with their parents, would in all likelihood continue to have some contact with them, and for whom adoption, which severs all legal links with parents, would not therefore be appropriate.
- 4.52. Over the last few years, courts have increasingly used Special Guardianship Orders to provide permanent homes for much younger children with relatives of birth parents. This has the benefit of ensuring that more children are able to remain in contact with their birth families, which for some at least will be very positive, but it has also meant that use of adoption has fallen.
- 4.53. Recent revised statutory guidance has resulted in Special Guardianship Order assessments being required to be more thorough, which may lead to a move back towards adoption, but it is as yet too soon for any impact to be known.

Concluding Remarks: CSC Performance

- 4.54. Although there remain a number of areas where performance remains inconsistent, the overall direction of travel remains positive, and most areas are showing a steady improvement – certainly compared with the position a year ago.
- 4.55. Numbers, timeliness and other performance information only provides part of the story, however. The quality of the assessments, of plans, and the quality of engagement with families and children is also of importance. This is an area where we know we have a continued need to improve before we are delivering consistently good services. There are many examples of good quality work across the service, but much of the work in Peterborough is highly complex and there is very little slack in the system to respond to additional pressures such as those arising from Operation Dunholt.
- 4.56. Despite the challenges, and as noted elsewhere in this report, we have developed a new approach to thresholds in the City, which we expect will help to improve the response to

children and families and help practitioners in partner agencies in their work in offering targeted and early help support. We have also worked with partners and the Safeguarding Children Board to develop a Neglect Strategy. Neglect is a significant feature in a high proportion of the children and young people referred to children's social care services. Unfortunately, once neglectful approaches to parenting has become established, it is a difficult issue to address successfully with families, who often struggle to maintain improvements once support services withdraw.

- 4.57. It is particularly important therefore that early signs of neglect are identified and acted upon quickly. The neglect strategy aims to help practitioners in early help and universal services to do this. It provides a set of tools to help practitioners identify and work with families on the areas where most change is needed. The strategy will be launched in September 2016 and will be accompanied by a number of training events to support practitioners in their work with families where neglect is a feature.
- 4.58. The pilot to employ a number of alternatively qualified workers has been very successful; this group of workers are now working directly with over 200 children in need cases, as well as supporting qualified social workers in their work with children subject to child protection plans. They have contributed to reducing average caseloads for qualified social workers, and their involvement means that children in need are receiving a better service than was the case when they were part of a caseload of a qualified social worker that included child protection and court cases.
- 4.59. We have taken the decision to extend this pilot to the end of the current financial year as we develop other initiatives to support improved outcomes for vulnerable children and young people in Peterborough. There are two initiatives in particular that we believe have the potential to support improved services.
- 4.60. The first of these is a proposal to develop a new service that we are tentatively calling the Targeted Youth Service. This is currently being modelled and envisages a multi-disciplinary team that would work with young people displaying behaviours that place them at risk of involvement in Child Sexual Exploitation, offending behaviour, or at risk of coming into care.
- 4.61. At present, many of this group of young people are being worked with within children's social care, mostly as children in need, but a few under child protection. The statutory processes within which children's social care operates, combined with the training and skill mix within a children's workforce, does not necessarily offer this group of young people the best response. So we are looking at how we can move some resource from children's social care and combine this with existing youth and youth offending services, to develop a team that is more responsive to the needs of this group of relatively high risk young people, utilising a skill set that is more primarily suited to working with young people.
- 4.62. If successful, this will enable children's social care to focus on risks to younger children and enabling families to make changes necessary to ensure that their children grow up in a safe and secure environment.
- 4.63. The second initiative is the development of a joint bid to the Department for Education's Innovation Fund to deliver an approach called family safeguarding here in Peterborough. This approach was pioneered in Hertfordshire over the last 18 months and involves the secondment of adult mental health, domestic abuse specialist and alcohol and substance misuse workers into our existing family support teams.

- 4.64. Many of our most vulnerable children live in families affected by parental mental ill-health, domestic abuse and substance or alcohol misuse, or a combination of two or all of these issues. Children's social workers can assess the impact of these factors on children, but are not always best placed to support and effect change in the behaviours of the adults in the family who are living with these issues.
- 4.65. The multi-disciplinary teams adopt a 'motivational interviewing' approach to their work with families, and work together to a single 'family plan'. Experience in Hertfordshire is that this approach has had significant benefits. It has enabled a number of families to address their difficulties more quickly, reducing the length of time their children have been subject to child protection plans as a result. On the other hand, the approach has also led to the much quicker identification of families where change will not happen in the timescale of the children, supporting swifter decision making and leading to children coming out to families sooner, reducing trauma.
- 4.66. The approach has led to better outcomes for children and families, and numbers of children in care have also reduced by over 10% as a result.
- 4.67. Hertfordshire have also found that the approach has meant that they have been able to recruit permanent staff more easily, and their retention rates have also improved. The training around motivational interviewing and the 'family plan' approach has also improved the quality and consistency of practice.
- 4.68. We are doing everything we can to secure the innovation funding needed to pump-prime our systems in order to enable us to develop the same approach here. Funding from the Department for Education will enable us to recruit additional capacity to support the development of the multi-disciplinary teams, and to implement the training and support programme needed for the approach to become operational.
- 4.69. The result of this innovation bid should be known by the end of November 2016 and if we are successful, we will receive funding to support the implementation of the approach over an 18 month period.

OfSTED Improvement Plan

- 4.70. A detailed report was provided to the last Scrutiny Committee on the implementation of the improvement plan following the OfSTED inspection in 2015. Progress against the plan continues to be monitored closely, with the next formal update of the plan being due in November 2016.
- 4.71. Members will note that we are not yet in the position of being able to report near live performance information. Progress continues in this area, and Business Objects is now in the testing phase, and a number of reporting areas are ready to 'go live' – at the time of writing this report, there had been some delays in establishing the shared area within which those with access rights can access the performance dashboards. SERCO is aiming to have this resolved by early September.
- 4.72. The next stage of the Business Objects roll out is to further develop the range of performance reporting so that we are not only replicating what we currently report, but are able to develop more sophisticated reports that help us to better understand the strengths and weaknesses of our services.

- 4.73. The eventual aim is to overlay business objects with Qlikview. This is newer software that provides more user-friendly and intuitive performance reports – although this aspect of the changes is unlikely to be available until early 2017.
- 4.74. As noted elsewhere in this report, there is evidence of improved compliance in most areas. The management team remains considerably more stable than was the case in the lead up to the inspection. Turnover among our qualified social workers is very much improved in all areas of the service, although we continue to struggle to recruit permanent staff to First Response. Having stabilised the permanent staff team in Family Support, we will now focus on doing all we can to achieve the same in First Response over the coming months.
- 4.75. These changes are significant, and essential as a beginning to securing consistency of practice. Nevertheless I have said before that Peterborough is a tough place to deliver consistently good outcomes when compared with other areas. The diversity of our local population – meaning that we often need to work through interpreters – combined with the high level of population mobility makes supporting families to achieve change more challenging than areas where there is less population mobility or diversity.
- 4.76. It is also the case that in many authorities that have been assessed as ‘Good’ over recent months, average caseloads are significantly lower than they are in Peterborough – often as low as 10 -15 – where we work towards an average case load of 20.
- 4.77. This is part of the reason why success in the bid for innovation funding offers a really good opportunity for us to establish practice that is consistently good in relation to our most vulnerable children and families. The additional investment in training and the development of a multi-disciplinary teams able to engage families means that our children’s social workers will be able to focus on assessing the impact of parental difficulties on children, while benefiting from a shared approach to engaging and working with adults.
- 4.78. **The Healthy Child Programme and associated commissioning activities**
- 4.79. Peterborough City Council is the lead commissioner for children’s health services across Peterborough and Cambridgeshire. A single commissioning approach across the two local authority areas brings the potential for services to be commissioned more efficiently
- 4.80. A significant area of focus for the Joint Commissioning Unit over the 18 months 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 that had developed by 2015.
- 4.81. 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.
- 4.82. It is pleasing to be able to report that waiting times for specialist CAMH services are now within government targets, while progress continues to be made in relation to assessments for neurological disorders. In relation to the latter, the waiting list was closed during 2015 as there was no capacity in the service to meet need. The list was reopened in December 2015. All children waiting to be seen at the point that the list was closed have now been seen, and there is a programme in place to ensure that all remaining children

are seen by the end of the year. Waiting times should then be within the national target timescales.

- 4.83. In addition, commissioners have agreed a new pathway which means that where there is concern about a possible neurological disorder, families are offered places on parenting support courses prior to accessing a neurological assessment. This is because the evidence is that support to parents results in improved outcomes for the child, regardless of whether there is a diagnosable neurological disorder.
- 4.84. A number of 'train the trainer' sessions have been arranged and are being offered to schools and other partners to enable staff to deliver the two parenting approaches we are supporting in Peterborough – Webster-Stratton and Triple P parenting. Both are established approaches with clear evidence bases.
- 4.85. Widening the availability of parenting support is being funded through Government CAMH transformation funding, of which £1.5M is available across Cambridgeshire and Peterborough, reflecting the current priority to improve mental and emotional health and resilience among children and young people.
- 4.86. There is also a continuing review into the availability of speech and language therapy services across Peterborough and Cambridgeshire. This has identified that there is a shortage of resource in Peterborough and some areas of Cambridgeshire, based on child population and deprivation indicators.
- 4.87. There is currently no single commissioning approach across the two authorities and the Clinical Commissioning Group. This means that, for example, in Peterborough, ad hoc arrangements are put in place when supporting the speech and language needs of individual children and young people who have Education Health and Care plans, when there is no capacity in mainstream services to meet the need.
- 4.88. These ad hoc arrangements are more expensive than unit costs for a fully commissioned service. Moreover, because support is provided outside mainstream service delivery, there can be more frequent changes in the therapist providing the support, which is not as good a service as it could be for the child or young person.
- 4.89. The review is therefore recommending that the Joint Commissioning Unit works with both local authorities and the Clinical Commissioning Group to develop a single commissioned service that operates across Cambridgeshire and Peterborough, and avoids the use of ad hoc arrangements for supporting individual children and young people except where there is a need for a particular type of specialist provision.
- 4.90. The Family Nurse Partnership [FNP] programme has also been under review both locally and nationally, following the national evaluation of the impact of the programme. The FNP programme is based on an American approach that provides intensive support to first time young mothers. Here in Peterborough, as nationally, the programme was available to around 25-30% of first time teenage mothers who were referred at the required point in the pregnancy.
- 4.91. The outcome of the local review is that we are enabling a wider participation in the FNP approach than the original model. This means that we will extend the criteria for inclusion in the programme to enable young parents with a number of risk factors to join even if they do not meet the original criteria – for example because the pregnancy is not the first. Risk factors include the parent being in care herself, not being in education, employment or training, indications of parental mental or emotional health difficulties and similar.

- 4.92. This will mean that the programme is able to become more flexible in the way that expectant parents are identified, which should lead to more of the most vulnerable being eligible for and able to benefit from what is an intensive support programme.

Cherry Lodge, The Manor, and support to children & young people with disabilities

- 4.93. Peterborough City Council operates two short break residential homes offering care to children and young people with very complex disabilities. Both homes have current inspection outcomes of 'Good'. This is a reflection of the dedication of managers and staff in both homes in meeting the needs of the children placed there.
- 4.94. As well as providing residential care and 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.
- 4.95. 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.
- 4.96. 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.
- 4.97. The service also coordinates our '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.
- 4.98. We have decided to review services that support children and young people with disabilities. This is because the main social work team has moved to Adult Social Care services in terms of line management and offers a service to children and young people with disabilities aged between 0 and 25 years, but line management responsibility for the link care, short breaks and direct payment approaches have remained within children's services. We now need to take the opportunity to review and tidy up reporting arrangements, while also ensuring that the support we provide is sustainable into the future.
- 4.99. Sustainability is an important issue; medical advances mean that more children with complex disabilities are living for longer, which is a cause for celebration. This does mean, though, that there is an increasing demand for support services. We need to ensure that the support we offer also makes full use of changing practice and innovation, such as through the use of new technology, and this review will also consider these issues.

Quality assurance across children's and adult services

- 4.100. In the last Service Director's report, I described how we were consulting on proposals to develop a single quality assurance and safeguarding service across children's and adult services.
- 4.101. This process has now been completed and the new combined service is fully operational. Benefits include the establishment of a common approach to ensuring that vulnerable

adults and children are receiving a good quality service through robust quality assurance processes.

- 4.102. This approach enables the development of shared learning across both services, and provides the basis for workers in the services to share experiences and identify new ways of supporting vulnerable people. The Principal Social Worker role for adults and children's social workers is now held by the same senior manager [the head of service] and she is developing ideas for joint forums where social workers from both services can meet and discuss issues and ideas.
- 4.103. These approaches are useful because it is rare for a vulnerable child to live in a family where there are no vulnerable adults, and many vulnerable adults live in families where there are children, sometimes performing caring and support roles.

5. KEY ISSUES

5.1. Key issues arising from the above include:

- While there remain some areas of continuing inconsistency, performance indicators are generally improving;
- The focus needs to continue to be on the quality of practice as reflected in the quality of assessments, plans and direct work;
- The opportunity to develop a new approach in the event that we are successful in our bid for innovation funding offers real potential to significantly improve outcomes;
- Work with partners to develop new approaches to addressing neglect in the City are being launched in September 2016;
- Waiting times for specialist CAMH services are now in line with government targets;
- Children and young people with disabilities continue to receive a good service through the Manor and Cheery Lodge.

6. IMPLICATIONS

- 6.1. The proposal to develop a Targeted Youth Service is not envisaged to require additional funding, but if it goes ahead will be likely to involve changes to some roles and the change in line management of some posts. Any changes that affect members of staff will be fully consulted upon in line with Council policies.
- 6.2. The Family Safeguarding bid, if successful, would mean the Council receiving up to £2.8M to implement the approach over an 18 month period. This funding would cover the initial cost of additional children's and adult workers, along with the project and training costs necessary to ensure that the approach is successfully established.
- 6.3. The approach is expected to be self-sustaining once established. In Peterborough, we have calculated that this will be achieved by a small reduction in numbers of children subject to child protection plans, and a reduction in numbers in care.

7. CONSULTATION

- 7.1. Consultation has taken place with colleagues from Finance, Legal and HR services in the Council.

8. NEXT STEPS

- 8.1. The next steps relate to the proposals to develop a Targeted Youth Service and the application for funding from the Department for Education to support the development of the Family Safeguarding approach in Peterborough.
- 8.2. The principals of operation of the Targeted Youth Service have been agreed internally and with a range of key partners, including schools and colleges. The next phase is to look more closely at the structures that will be needed to deliver the outcomes required.
- 8.3. As of the end of August, there is considerable work taking place in respect of the Family Safeguarding innovation fund bid. This work includes ensuring that the cost modelling is correct, and that the approach to evidencing long term sustainability is sufficiently robust.

9. BACKGROUND DOCUMENTS

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

- 9.1. None

10. APPENDICES

- 10.1. Appendix 1: Summary of key performance data in Children's Social Care

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