

Children's Services Committee

Report title:	Children's Advice and Duty Service (CADS) 3 Month Review
Date of meeting:	12 March 2019
Responsible Chief Officer:	Sara Tough Executive Director Children's Services
Strategic impact	
<p>The new way of working at the front door into Children's Services will help achieve key outcomes for the service and meet the Council's priorities in the following ways:</p> <ol style="list-style-type: none">1) Ensuring more timely and effective decision making for vulnerable children and young people by ensuring right decision first time2) Reducing unnecessary demand for and cost of specialist assessments and services by directing cases towards earlier help and prevention where appropriate3) Further improved partnership working and system-wide collaboration that sees safeguarding as everybody's business4) Make better use of data to track decision making and outcomes where concerns are raised about children	

Executive summary

Recommendations:

In 2012 Norfolk County Council developed its Multi Agency Safeguarding Hub (MASH) with Norfolk Constabulary. In successive inspections it has been identified as an area requiring improvement, most recently this was a key recommendation arising from Ofsted's visit in November 2017. Their report highlighted that high volumes of work and overly complex systems were leading to delays in decision making for children, with resultant pressures on staff, inconsistency in applying thresholds, and excessive caseloads in Social Work Assessment Teams. A significant proportion (60%+) of those assessments were also not leading to the requirement for an ongoing Social Work service suggesting that some referrals were being inappropriately routed into Social Work teams rather than in preventative services leading to social work caseloads being too high making it harder for social workers to ensure sufficient focus on the quality rather than quantity of their interventions with those children at greatest risk.

Following an external review of MASH by Professor David Thorpe, an industry expert who has worked with many successful Children's Services nationally (e.g. Leeds, North Lincolnshire), a report of recommendations suggesting a broad set of improvements and a new way of working was produced. Following a full briefing report to Children Services Committee September 2018, communication with a wide range of partners and stakeholders, and specialist intensive training of senior Social Workers by Professor Thorpe and team the new Children's Advice and Duty Service was launched in October 2018.

Professionals raising concerns about children now have a direct telephone line to a named Consultant Social Worker where there is collaborative professional dialogue about who is best placed to meet the needs of a child, with calls and conversations replacing written referrals.

Alongside a significant amount of positive feedback from the professional network about the new arrangements, there is clear evidence that we are better at ensuring right service

first time for children. There has been a reduction of new Social Work Assessments of 41.5%, with 49.7% of assessments now going on to require a social work service as opposed to 21.3% previously.

Recommendation:

That Committee make note of and comment on the review of the new approach to managing contacts and referrals into the Council's Children's Services.

1. Background

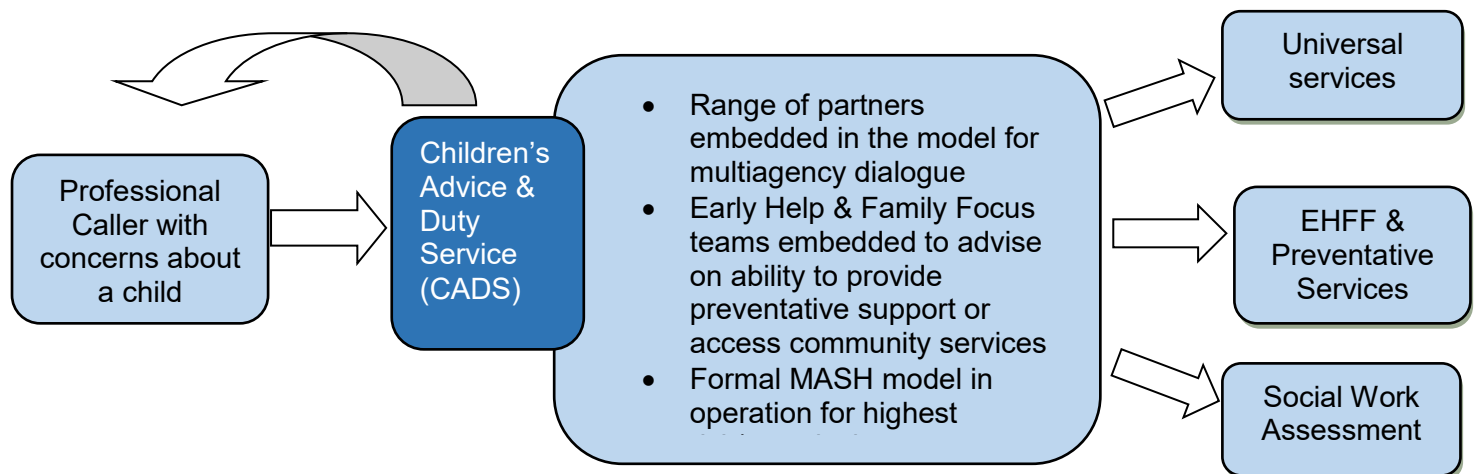
- 1.1 In October 2018 we implemented our new arrangements at the front door. This was achieved by recruiting a team of senior experienced Social Workers (Consultant Social Workers - CSW) who received intensive training around holding conversations with partners based on a 'who is best placed to meet the needs of a child'/'never do-nothing approach'. This training was provided by Professor Thorpe and his team.
- 1.2 This team of CSWs provide an initial advice and consultation service for all professionals calling with concerns about children. The CSW Team now sit within the newly named Norfolk Children's Advice and Duty Service (CADS) and acts as the first point of contact.
- 1.3 The adoption of this new approach coincided with a move of all staff at the front door (Council and otherwise) from Vantage House to County Hall in September 2018.
- 1.4 A dedicated line and single number for professionals was set up providing direct access to a named CSW in CADS, removing multiple handover points. Members of the public continue to use NCC's Customer Contact Centre. The expectation is that referrals are received by telephone, rather than sent in a written format.
- 1.5 We increased current capacity of the SW team from 8 to 19 FTEs to account for additional time required to hold conversations rather than process referral forms /written information and offer an extended hours service from 8am – 8pm weekdays. This was offset by a reduction in administrative staff who would have previously handled calls, offered advice and uploaded written material on the case management system.
- 1.6 The CSW are managed by a team of 3 managers. The service is overseen by a Head of Social Work for CADS.
- 1.7 The existing Multi-Agency Safeguarding Hub (MASH) arrangements have remained in place as a constituent part of CADS and continue to undertake cross-agency checks for those children for whom there is greatest concern and the threshold for significant harm is or is likely to be met at the outset.
- 1.8 Early Help Family Focus (EHFF) sit alongside the CSW team in CADS, and provide a route into preventative services, as well as support for partners in universal settings (e.g. schools) where required, to support their ongoing management of identified need.
- 1.9 The Early Help Practitioners are now called Pathway Advisors. There are 16 of those, managed by 3 Team Managers. Currently they are overseen by a different senior manager to that of the social work staff

1.10 Also sitting within CADS are the police, health and an education representative. Additionally, we are in the process of planning the integration of mental health services too and potential greater alignment of front doors across the system.

1.11 In September 2018 we identified that 56% of contacts from the police into Children’s Services did not meet our eligibility criteria. Consequently, we have been completing some work with the MASH police to support them in better understanding our thresholds and at the end of 2018 they worked separately with Professor Thorpe on reducing the volume of low level incidents referred into CADS by that agency.

1.12 We have started to use a new multiagency Child Exploitation Screening tool in CADS where information being received about a child indicates that they are being, or are at risk of being, exploited. The aim of this tool is for the multiagency group to better understand and mitigate the risks to the child in question.

Children’s Services Integrated Front Door



Where previously a professional would send in just a written referral and await feedback, now they have direct & immediate access to a named SW who can have a detailed discussion, with follow up if required, about their concerns

CADS staffed by our most experienced workers – able to liaise with the caller to correctly identify where a Social Work Assessment or intervention is needed or where concerns are better managed in preventative or universal services

CADS liaise with EHFF or partner services where required as part of integrated front door or can undertake inter-agency checks or call for a MASH strategy discussion for high risk cases

Because CADS and wider front door have built up a much better understanding of the situation, cases can be routed via the most appropriate pathway – rather than being over-reliant on Social Work Assessments for further investigation

2. Evidence

2.1 CADS has recently been the subject of a 3-month review and was carried out by Professor Thorpe and his 2 colleagues. The review found the following:

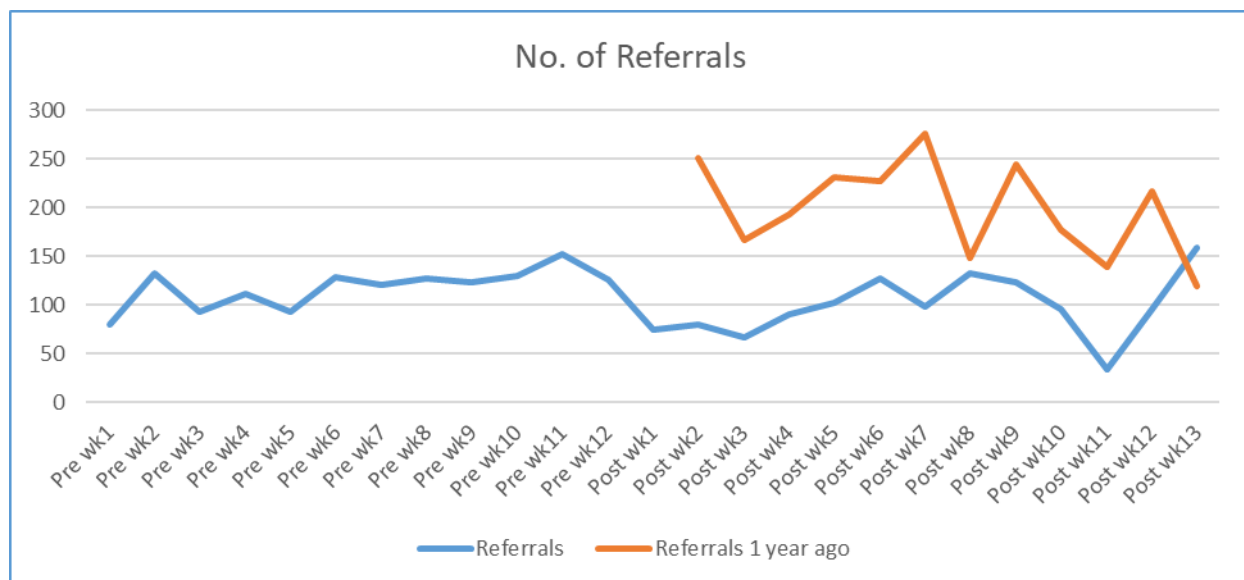
2.1.1 This was the most effective implementation they had been involved with to date.

2.1.2 The Head of Social Work and her team had already significantly tightened practice since the Ofsted inspection in November 2018, embraced changes at the early point of Professor Thorpe's involvement and as such the impact of the training in October 2018 and new ways of working, has now compounded the scale of positive change

2.1.3 A 15.7% reduction in 'Contacts' underpinned by a marked decrease in referrals by the police.

2.1.4 In the first 12 weeks, there has been a 53.4% increase in telephone conversations, and a corresponding decrease of 45% in emails. This fundamentally underpins the success of a conversational based approach.

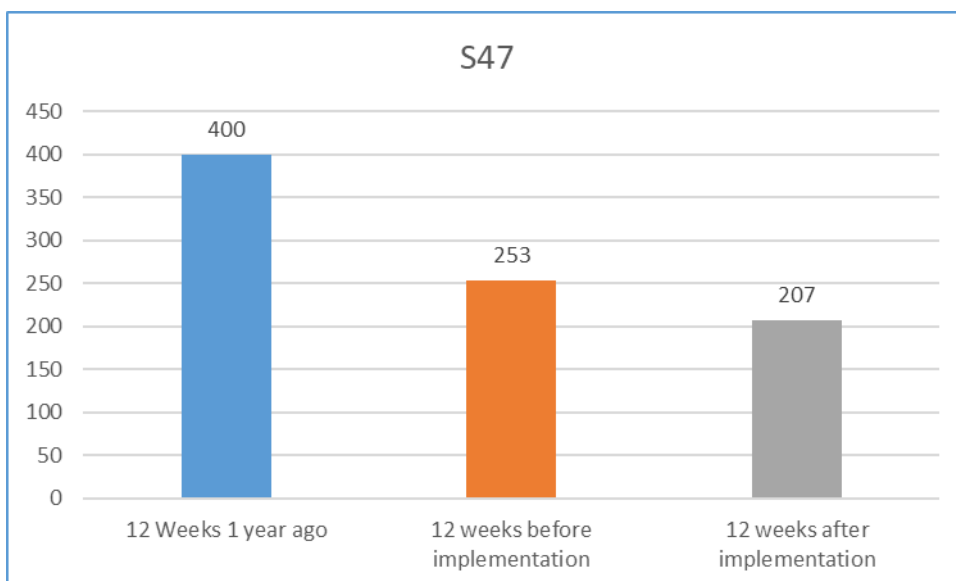
2.1.5 In the 12 weeks following implementation, there has been a 20.8% reduction in the total number of referrals compared to the 12 weeks before implementation. Compared to the same period the previous year, they have decreased by 53%. This means that the work being sent to the locality social work teams is reducing, allowing Social Workers in those teams to focus on the children who most need help and protection.



2.1.6 In the 12 weeks following implementation there has been a 62.1% reduction in the total number of strategy discussions compared to the 12 weeks before implementation. In comparison to the same period 1 year ago there has been a 57.8% reduction in Strategy Discussions, meaning that resources are now being targeted in the right places as only children who need this level of response get it.

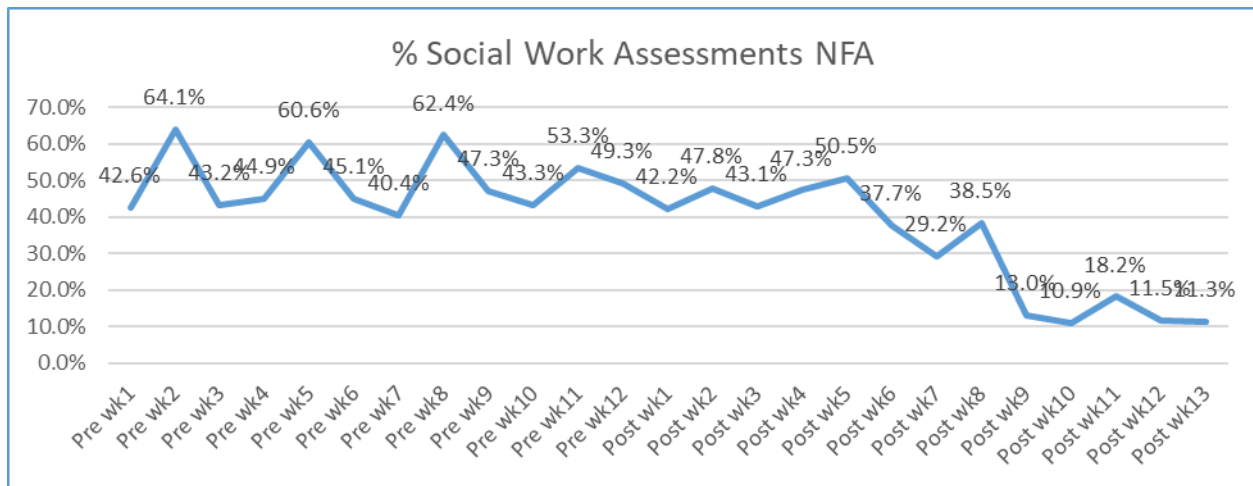


2.1.7 In the 12 weeks following implementation there has been an 18.2% reduction in the total number of s47 enquiries compared to the 12 weeks before implementation. In comparison to the same period in the previous year the reduction is 48.3%. Again, this indicates that resources are now being focused on the right children.

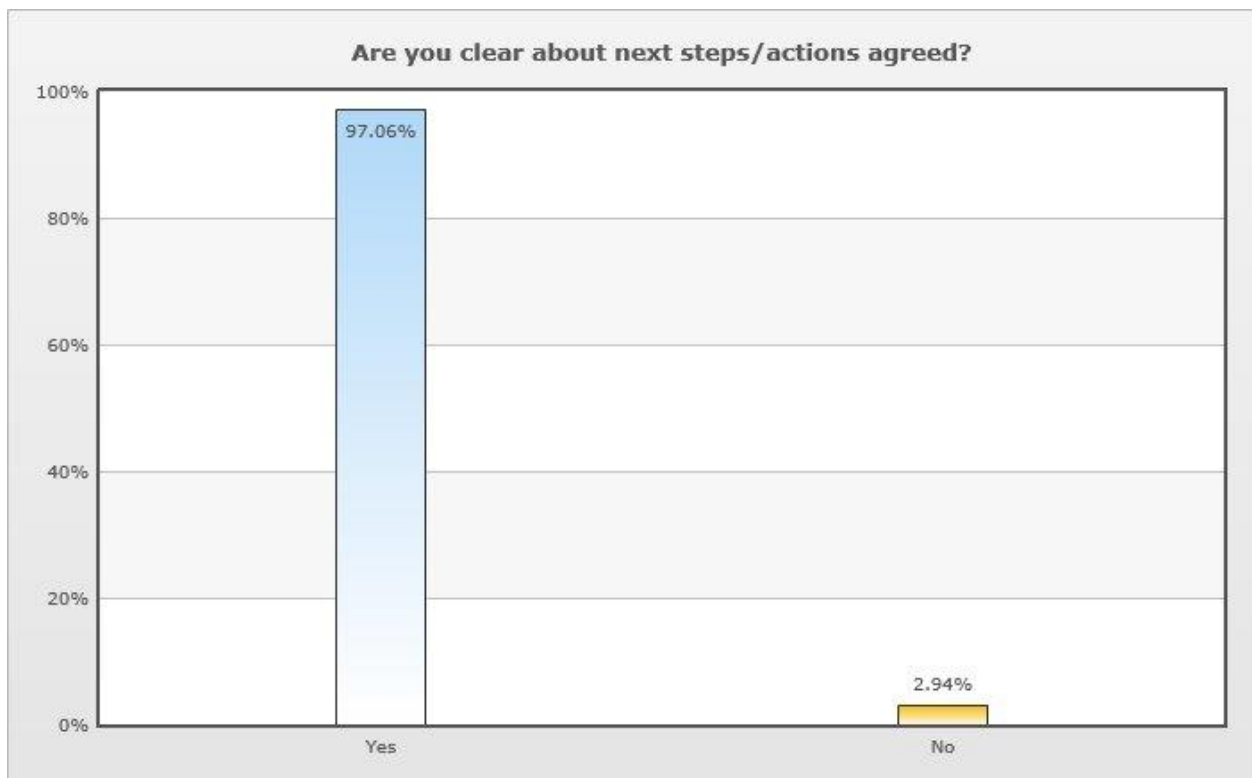
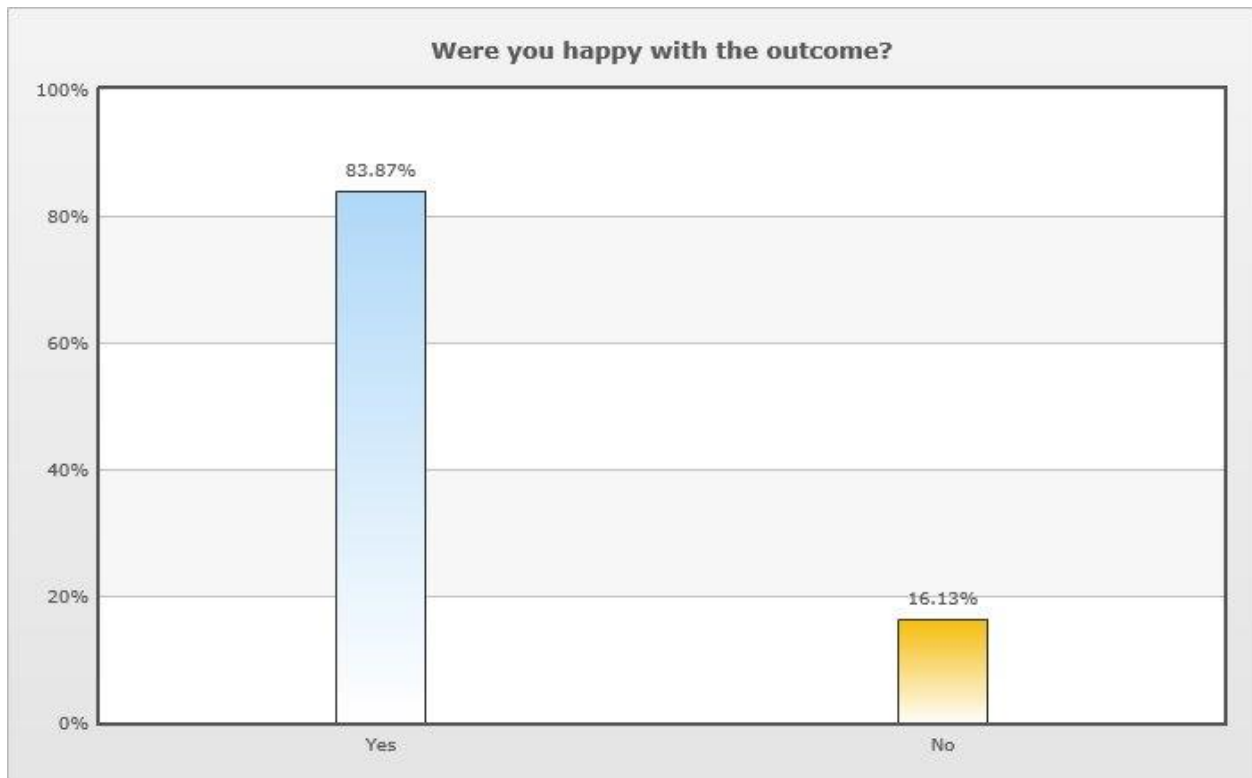


2.1.8 In the 12 weeks following implementation there has been an 18.7% reduction in the total number of Social Work Assessments compared to the 12 weeks before implementation. Compared to the previous year there is a 41.5% reduction.

2.1.9 The percentage of Social Work Assessments with an outcome of no further action has decreased from an average of 49.7% to an average of 30.8% after the introduction of practice changes. In the last 8 weeks the average of No Further Actions (NFA's) has fallen to 21.3% This shows us that our decisions in CADS are more accurate, and we are only sending the right cases through to the social work teams thereby not wasting their resources completing assessments where they are not required, focusing on the quality rather than quantity of the work.



- 2.2 To ensure quality of practice, regular audits are undertaken by Team Managers and Social Worker's at key points in the decision-making process. This is supported by the Weekly Case Review Meeting, where managers in CADS jointly interrogate, monitor and track all the previous weeks referrals and decisions either to identify broader themes and trends or focus in on individual cases.
- 2.3 Telephone calls from professionals are also listened in on and monitored by the managers and Head of Social Work for CADS. Feedback on the outcome of this activity is routinely given to practitioners to aid continuous improvement.
- 2.4 Feedback from Social Workers in the locality teams suggests that decisions are accurate and that cases being sent to teams are the right ones. They positively report a reduction in volume, and caseloads have reduced gradually over time from a high starting point.
- 2.5 Anecdotal and formal feedback via an online survey from partner agencies indicates a high degree of satisfaction with the decision making, advice and support provided by CADS. We acknowledge the need to increase the amount of formal feedback we are getting and are working on strategies to secure this. However, there are have many other opportunities at partnership boards, meetings and ad-hoc discussions, to suggest that CADS is improving their experience of raising concerns about children significantly.



2.6 The implementation of CADS is seen widely as a success. However, as would be expected with a new service, there remains some challenges, which we are working hard to resolve. These include:

2.6.1 Staffing pressures due to an inability to recruit to the full complement of CSWs to date. Difficulty in recruiting Social Workers is a national picture and the Head of Social Work for CADS is working closely with relevant colleagues to resolve this issue.

- 2.6.2 The pressure on Early Help Pathway Advisors as a result of redirected flow into that service, away from the social work team. We have agreed to recruit more Pathway Advisors and overtime to existing staff has also been offered.
- 2.6.3 A high level of 'information only' contacts from the police are received by the Early Help Family Focus teams, which require resources to process. We are currently looking at different ways to manage this.
- 2.6.4 A challenge getting the required data in a timely way to help us understand the impact of the new service. Relevant professionals have worked hard to resolve this, and it is the expectation that a fully functioning CADS data dashboard will be in place by the 15-2-19.

3. Next steps

- 3.1 We are clear that CADS needs to be continually developed to ensure we maximise its effectiveness and impact. Our next steps include:
 - 3.1.1 Continued development of the weekly case review meetings, to include the introduction of key partner agencies. They will collectively monitor all activity and referrals, identify trends, interrogate decisions and track individual cases. Professor Thorpe has agreed to observe some of these meetings and support with their development.
 - 3.1.2 Continue our work with the police to ensure contacts received by CADS or EHFF only concern those children about whom we need to know.
 - 3.1.3 Continuing to improve our response to children who are at risk of exploitation. Embedding the screening tool and improving the consistency of subsequent response countywide.
 - 3.1.4 Recruiting to vacant Social Work and additional EH Pathway Advisor posts. This includes a new administration post to process the 'information only' reports received from the police, so that the skills of practitioners are saved for where they are best used.
 - 3.1.5 Moving Early Help Family Focus and Social Work in the front door to single management arrangements to improve demand management into early help and streamlined and consistent responses in the front door.
 - 3.1.6 Focus on feedback to aid continuous improvement.
 - 3.1.7 Review the need for any change to the hours of CADS. Our data suggests that very few referrals are made before 9am and after 5pm – we need to consider whether we should limit the use our resources back to normal core hours.
 - 3.1.8 Continued evaluation by Professor Thorpe who will be carrying out a review and written report at the 6 month and 12 month points.
 - 3.1.9 Embed actions from the CADS Development Group, the aim of which being to ensure the continued improvement of the new service.
 - 3.1.10 Plan for the focussed visit from Ofsted where it is fully expected, given the recommendation from the inspection in November 2017, that inspectors will

spend time focussed on the quality of the work and decision-making in the front door.

4. Financial Implications

- 4.1 There has been an increase in staffing establishment overall for the new CADS model given the approach requiring more intensive conversational approach up front, and a senior social work response over extended hours 8am – 8pm. An additional £400k has been placed in the bottom line accordingly. This will be reviewed further at the 6 and 12-month post-implementation stages once volumes and patterns of demand have fully levelled.
- 4.2 So, the potential for downstream savings and realignment of budgets across the system, given early indications around reduced volumes in the social work service, and the resultant cascade effect (e.g. reduction in assessments, children on plans and entering care) has yet to be fully modelled until these more longitudinal evaluations have taken place.

5. Issues, risks and innovation

- 5.1 The proposal is an innovative model of practice, that whilst adopted by other successful Local Authority Children's Services, places Norfolk at the forefront in a select group of Councils nationally.
- 5.2 The model being recommended in response to concerns raised by Ofsted, is now recognised nationally as a best practice approach, validated by the inspectorate, and seen as returning to relationship-based practice over an overly mechanistic and transactional process.
- 5.3 There is now a much greater social work focus on those children who are at greatest risk of harm, and a rigorous approach to performance data and monitoring and tracking those cases, including those do not require an ongoing social work service.

6. Background

- 6.1 Please see section 1.

Officer Contact

If you have any questions about matters contained or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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