Children's Service Committee

Item No.....

Report title:	Review of Children's Services MASH
Date of meeting:	10 July 2018
Responsible Chief	Sara Tough,
Officer:	Executive Director for Children's Services

Strategic impact

The proposal to adopt new ways 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:

- 1) Ensuring more timely and effective decision making for vulnerable children and young people by ensuring right decision first time
- 2) Reducing unnecessary demand for and cost of specialist assessments and services by directing cases towards earlier help and prevention where appropriate
- 3) Further improve partnership working and system-wide collaboration that sees safeguarding as everybody's business
- 4) Make better use of data to track decision making and outcomes where concerns are raised about children

Executive summary

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 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.

As such, following an internal audit of practice and processes, and initial improvement work, an external review was commissioned from Professor David Thorpe, an industry expert who has worked with many successful Children's Services nationally (e.g. Leeds, North Lincolnshire), into the way in which information relating to worries about children is handled at the front door into services.

The findings of his research, shared in full with Council staff and partners 03rd May 2018, suggested that through new ways of working, and discussing those concerns by means of collaborative professional conversations rather than written referrals, the number of Social Work Assessments (SWA) could be reduced by 30%+, and dealt with alternatively and more appropriately by colleagues better placed to meet the needs of that child e.g. family support practitioners, school staff.

By staffing this team with our most experienced practitioners and providing dedicated training from Professor Thorpe, we will create a team who are able to skilfully discuss cases with referrers at the point of first contact, gather the relevant information, probe the issues, pinpoint the risks and identify the appropriate route forward.

This will improve on the current system of written referrals which often only provide partial information that can either over or under-play the nature of risks to children. SWAs are being used too frequently to gather further information that could be captured earlier on through professional conversations – absorbing time and capacity which too often leads to no further action once assessments are completed.

Additionally, the experience of partners would improve by being offered a direct line to a dedicated team of senior Social Workers (removing multiple existing handoff points with inherent risks), who could offer an advice and consultation service at the outset.

Recommendation:

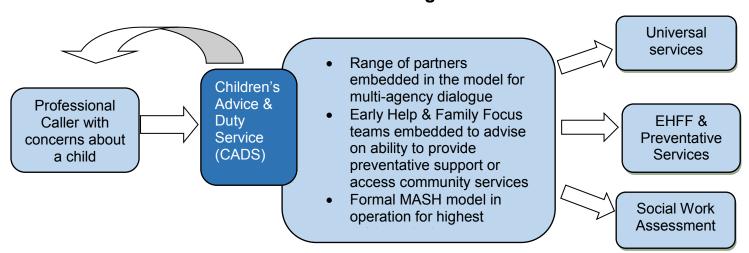
That Committee make note of and comment on the proposal towards a new approach to managing contacts and referrals into the Council's Children's Services.

1. Proposal

- 1.1 By mid-October 2018 establish a team of senior experienced Social Workers (SW) to provide an initial advice and consultation service for all professionals calling with concerns about children with a working title of 'Norfolk Children's Advice and Duty Service (CADS)' as the first point of contact.
- 1.2 A dedicated line and single number for professionals will be set up providing direct access to a named senior SW in CADS, removing multiple handover points. Members of the public will continue to use NCC's Customer Contact Centre. Contacts will be managed via telephone calls and written referral forms stopped.
- 1.3 Increase current capacity of the SW team from 8 to 16 WTEs to account for additional time required to hold conversations rather than process referral forms /written information, and offer an extended hours service from 8am 10pm weekdays and a weekend service (being considered). This will ensure consistency and continuity in the quality of practice and approach out of hours, leading to fewer children becoming looked after and a reduction in assessments passed to the SW teams outside of office hours.
- 1.4 The existing Multi-Agency Safeguarding Hub (MASH) arrangements will remain in place, 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.
- 1.5 Early Help Family Focus (EHFF) will continue to offer a presence at the front door and 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.
- 1.6 There is concurrent joint work on streamlining the MASH elements of the existing front door, and the police are working separately with Professor Thorpe on improved demand management to reduce the volume of low level incidents referred in by that agency.
- 1.7 Intensive training around holding conversations with partners based on a 'whose best placed to meet the needs of a child'/'never do nothing approach', will be provided by Professor Thorpe and team for the new call handling SWs i.e. CADS w/b 15th October, with a proposed go live date of the new way of working 17th October 2018.

- 1.8 The adoption of this new approach will coincide with a move of all staff (Council and otherwise) from Vantage House to County Hall planned mid-September, supporting the shift towards the front door being perceived as a Children's Services rather than police led operation.
- 1.9 However, the wider front door will remain a partnership endeavour and hub of sharing information and collaborative decision making towards improved outcomes and timely decision making for children. This will include establishing joint weekly case review meetings that will collectively monitor all activity and referrals, identifying trends, interrogating decisions and tracking individual cases.

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 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 interagency 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 Ofsted inspection in November 2018 highlighted that high volumes of contacts/referrals and overly complex systems in the MASH/Front Door were contributing to delays in decisions for children, pressures on staff, and excessive caseloads in the SW assessment teams. Additionally, a significant proportion of SW assessments (60%+) were not leading to any on-going SW service.
- 2.2 Pressures on staff in the front door and morale in the teams was negatively impacted, and feedback from partners portrayed a poor experience of referring into the MASH, with a lack of clarity around where information went and what decisions were made about children.
- 2.3 As a result, an in-depth internal audit of practice and processes at the front door was undertaken, and has led to more immediate improvements from Nov 17 to April 18.

This has included a reduction in contacts from 4205 to 2643, an increase in SW Assessments leading to a SW service from 32.2% to 42.5% and a 15% decrease in new assessments being initiated across the County.

- 2.4 However, compared to national, regional and Statistical Neighbour performance, numbers of Contacts, conversion to assessment levels, assessments leading to No Further Action, re-referral rates (28%), and caseloads in the assessment teams remain too high, and do not allow SWs sufficient focus on the quality rather than quantity of their interventions with those children at greatest risk.
- 2.5 Highlights from Professor Thorpe's report, following his research (including 300+ case sample, observations) and feedback to internal and external stakeholder groups 03rd May 2018, included;
 - Rates of significant harm are no different in Norfolk than elsewhere
 - Too many points of processing information and handoffs between personnel in MASH
 - Too many SW assessments being undertaken which result in no service from children's social care
 - 70% of referrals about children are progressed through formal investigatory safeguarding route v 52% elsewhere
 - Assessments are being used to clarify concerns raised about children in a higher proportion or referrals than seen elsewhere
 - Written referrals contribute significantly to levels of assessment as more likely to be converted
 - Potential to reduce assessment levels by a minimum of circa 1/3 (27.7%)
- 2.6 Where similar specialist training and this particular conversational methodology have been adopted elsewhere, including Good to Outstanding Local Authorities (e.g. Leeds, North Lincolnshire), typically assessment levels have reduced by 33%, the number of s47s initiated halved, with a cascade effect of reducing children subject to plans and children in care numbers over time. Leeds are national leaders in the Partners in Practice Programme and North Lincolnshire children's service have been rated an unprecedented 'Outstanding' in their last 3 inspections.

3. Financial Implications

- 3.1 This project will incur one-off costs of 80k associated with the change programme including the research and analysis by Professor Thorpe, service design and the training programme for the new model. These one-off costs will be funded as a part of the strategic transformation funding agreed for Children's Services in September 2017.
- 3.2The total staffing cost for the new model will be £1,351k. This represents a £478k increase on the current base budget for the service. However the proposal to strengthen the front door will deliver demand reductions across the rest of the Children's system and so over time we will be able to realign resource from other areas of Children's Services into the Front Door as pressure on those areas is alleviated.
- 3.3 Overall the staffing establishment for the new model will therefore be delivered within existing resources but there will be front loaded costs as we will need to resource the expanded Front Door from the point of implementation in October and the reductions in demand and cost savings elsewhere will take time to impact. It is therefore recommended that we deploy £239k from the transformation investment

fund to cover the 6 months year's costs of the expanded model and that base funding is moved from elsewhere in Children's Services thereafter.

3.4 In addition to the above, the business case for the development of extended hours service operation is also being tested – that proposal would incur further additional costs at the front door for longer opening hours, but could have the potential to significantly reduce demand – including preventing out of hours admissions to care and further reductions in volumes of SWAs. Again the proposal would be for this extended to provision to be at least cost-neutral when viewed in the round.

4. Issues, risks and innovation

- 4.1 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.
- 4.2 Providing an extended hours front door service in addition, will add to the impact of this approach, and although delivering huge potential for improved decision-making and outcomes for children, is not widespread. This will further cement the Council's reputation as a place of innovation and transformative solutions.
- 4.3 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.
- 4.4 Creation of the new front door service and timing of its launch will be dependent on a number of contingencies;
 - Decant of a large group of staff from Vantage House to County Hall by September 2018.
 - Recruitment of a sufficient number of permanent Senior SWs as part of the new CADS team.
 - Ensuring business continuity during implementation to allow for specialist training phase (2.5 days classroom input).
 - Consistent communications and engagement with partners in the intervening period and beyond.
 - LiquidLogic functionality ensuring accuracy and sufficiency of data to support new operating model and reporting of impact of new ways of working.

5. Background

- 5.1 Please refer to Executive Summary.
- 5.2 Please find attached slides evidencing results from previous authorities (Appendix 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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