

Managed Team

In addition to a steady increase in average caseloads during 2013/14 and a concentration of higher end caseloads (i.e. over 25) reaching a peak in February 2014, and an external audit raising concerns in March 2014 about the number of CP registrations, number of CP registrations for more than 2 years. In the context of what was already know about the fragility of the service and enduring inspectorate concerns, it was agreed that an urgent injection of resources was necessary to reduce caseloads quickly, ease immediate pressures and support the rapid improvement of safeguarding practice. One of the initiatives to achieve this was the procurement of a 'managed team'. The procured team commenced work in July 2014 and withdrew in early April 2015.

The team was set up to provide a generic service to 250 children all of whom were either subject to child in need plans, child protection plans, care proceedings and or looked after children.

Over the course of 9 months, the managed team worked with 313 children, of which 68 were de-registered, 200 were closed and the remaining were transferred back to the mainstream teams.

The team structure was:

- 1 Team Manager
- 2. Principal Social Workers with supervising responsibilities
- 2 senior social workers
- 6 Social Workers
- 1 Family Support Worker
- 1 Team Clerk

The managed team fed back its observations which are consistent with recommendations made by the Independent Support Team and what was already known by the directorate.

For example:

Care First

The team identified that care first requires social workers to complete multiple processes for various social work tasks i.e. a child's plan is not recorded within core group minutes and therefore a social worker is expected to generate and record a separate form to record the plan which was agreed at the core group; essentially duplicating the plan. A child's plan could be embedded within documents such as minutes, reviews and assessments thus avoiding the need for duplication. Another example is that social workers are not able to record a statutory visit to child unless an 'activity' is created and recorded prior to the visit being recorded.

The directorate has established a task and finish group to review all documents and process within care first in order to streamline documents with a view to eliminating duplicated

processes. The first task and finish group met in May 2015 and a plan of work currently underway involving social workers, managers, performance management team and care first technicians. Improvement have already been made to the recording of statutory visits by removing the need for an 'activity' and the system has been enabled for social worker to be duplicate multiple records for sibling groups.

Strengthen partnership working

The team found that there is an inconsistent understanding around threshold for Child Protection and Child in Need amongst partners and within the organisation itself. This is further convoluted by varying levels of ownership from universal services to deliver partnership working and instead there is an over reliance of 'over to social services' approach. The team observed that there were examples of partners having little understanding of the pressures faced by children's services which in turn created difficult working relationships during particularly complex cases.

It is recognised that a strategy to repair and build relationships at the ground level is much needed and therefore the directorate is keen to introduce informal 'network meetings' with partner agencies to develop relationships and enhance understanding of the pressures within children's services.

Furthermore, the draft early intervention and prevention strategy which was shared with the scrutiny committee in May 2015, recognises and plans to readdress inconsistencies around partnership working. For example, consideration is being given to introduce a multi agency early intervention panel. This panel will be a forum for partner agencies to refer a case when it does not meet the threshold for statutory social work involvement. Members of the panel will be able to signpost professionals to universal services and identify gaps in services. The panel approach has been accepted by the early intervention steering group and work is now underway to establish a task and finish group to agree processes, membership and terms of reference.

Developing a confident workforce

It was understood at the outset that once 'overload' in the service was removed, there would be scope to consider different ways of supporting families in crisis, at lower cost and more effectively. Different approaches to managing risk and supporting families in crisis are now actively being sought and promoted, however will require time, investment and essentially a workforce transformation of how we deliver social work services. To this end, the directorate is actively considering its options to re-model the social work services.

The team found that due to the volume of assessments being completed at times of crisis and pressure from partner agencies, staff are more inclined to adopt a more risk adverse approach which is increasing the number of children subject to Child Protection and or children becoming looked after. It is recognised that there are elements of risk in these cases, however the response to managing the identified risks can be more effective. A suite of risk assessment models have been commissioned together with a training package for all

staff in order to develop more confidence in staff to assess and manage risk more effectively.

In brief summary, notwithstanding the challenges ahead, the directorate finds itself in a much better position than in March/April 2014, there is still much to do, however we have a clear sense of direction and a working plan to achieve what will effectively be a whole workforce transformation by way of remodelling the service.