

Subject:	Children's Social Work – Case Management		
Date of Meeting:	11th June 2012		
Report of:	Strategic Director, People		
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Ward(s) affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:****1.1 Introduction**

The Social Work Task Force was set up by the Department of Health and the DCSF to undertake a comprehensive review of frontline social work practice and to make recommendations for improvement and reform of the whole profession, across adult and children's services.

In July 2009, the Task Force published its interim report, 'Facing up to the Task', which set out proposals for the kind of comprehensive reform needed, including a series of building blocks for constructing a reform programme.

The Task force was set up following the Baby Peter case and recognition that the profession was in crisis of confidence both internally and externally.

The social work task, decision-making about the rights of parents and the needs of children is the most onerous of all local government responsibilities. However, it is not the most debated within the Council and when it is discussed in wider society it is usually accompanied with sensationalised newspaper headlines.

Intervening in the lives of families where complicated emotions, aggressive or deceitful behaviour, and an absence of reasonable expectations of the norm is inherently stressful for social workers and other professionals to a degree unimaginable to most outsiders to the process.

Currently, in England it is accepted that all parents are allowed to bring up their children in their own way until they demonstrably fail. The likelihood is that this freedom will permit some parents to be reckless or wilful as to their children's safety. In this context, the state intervention i.e. local authority; police; health - will from time to time be too late, too indecisive, too prone to optimism.

There is evidence that no other "fail safe " option – promoting wider, earlier, less intervention would be acceptable to society, and specifically the courts. It is the Courts, not social workers, that decide to take children into care, and the test remains one of the alternative being the risk of significant harm to the child.

Therefore political promises that exhort that “such deaths (or severe traumas) must never happen again” are irresponsible and serve to obscure a more fundamental debate about the fundamental rights of children and parents within England and within resources available.

Good social workers making good judgements in good systems can still not be enough to prevent some parents harming or killing their children. Neither would a more interventionist system necessarily serve children’s interests. Life away from a natural family only sometimes secures better outcomes, particularly for older children.

Social Work Task Force final report “Building a Safe, Confident Future”. The Government accepted all 15 recommendations made and established The Reform Board. **(Appendix 1 – SWRB Briefing)**

The Task Force report contains 15 recommendations, the 6th of which sets out the intention to introduce a Standard for Employers, defined as “the development of a clear national standard for the support social workers should expect from their employers in order to do their jobs effectively”.

The Social Work Reform Board has eight key standards for Employers of Social Workers in England and Supervision Framework which is recognised makes a significant contribution to the development and delivery of excellent services, namely to:

1. Have in place a social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners.
2. Use effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.
3. Implement transparent systems to manager workload and case allocation in order to protect service users and practitioners.
4. Make sure that social workers can do their jobs safely and have the practical tools and resources they need to practise effectively. Assess risks and take action to minimise and prevent them.
5. Ensure that social workers have regular and appropriate social work supervision.
6. Provide opportunities for continuing professional development, as well as access to research and practice guidance.
7. Ensure social workers can maintain their professional registration.
8. Establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development.

In future this social work governance report will report on the above eight key areas.

The following report is an introduction to the social work case management task in Brighton & Hove, and as such it has been necessary to provide a comprehensive introduction for the new committee members to enhance their understanding of the case management task, as well as the wider context in which children's social work operates. Much of this work is confidential with governance provided in varying ways through a Child Review Board which reviews casework, the Corporate Parenting Committee which discharges the role of the Council as a corporate parent to looked after children, and this meeting, the Children's and Young People's Committee.

1.2 National development / context

In June 2010 the Secretary of State for Education asked Professor Eileen Munro to conduct a review of the child protection system in England.

In May 2011 her findings were published as The Munro review of child protection: final report: a child-centred system (Munro, 2011).

In July 2011 the Department for Education published the government's response to Professor Munro's report addressing her 4 reform themes and 15 recommendations.

The report outlines the move from an over-bureaucratised system focused on compliance to one that values and develops professional expertise and is focused on the safety and welfare of children and young people (**See Appendix 2**)

2. RECOMMENDATIONS:

2.1 The committee to agree the eight key standards for future governance reports

1. Have in place a social work accountability framework informed by knowledge of good social work practice and the experience and expertise of service users, carers and practitioners.
2. Use effective workforce planning systems to make sure that the right number of social workers, with the right level of skills and experience, are available to meet current and future service demands.
3. Implement transparent systems to manage workload and case allocation in order to protect service users and practitioners.
4. Make sure that social workers can do their jobs safely and have the practical tools and resources they need to practise effectively. Assess risks and take action to minimise and prevent them.
5. Ensure that social workers have regular and appropriate social work supervision.
6. Provide opportunities for continuing professional development, as well as access to research and practice guidance.
7. Ensure social workers can maintain their professional registration.

8. Establish effective partnerships with higher education institutions and other organisations to support the delivery of social work education and continuing professional development.

2.2 The committee to agree that the report will be presented to the committee on a quarterly basis

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Thresholds

Thresholds for the social work service are outlined in a document 'Supporting Families' in Brighton and Hove. This document describes the levels of need and risk triggers and introduces the concept of the continuum of need. This enables other professionals and members of the public to identify what the level of risk or need is and how to proceed in getting help and support. The continuum or pathway uses three levels of need from Low Vulnerable to Complex Acute and provides characteristics used within the Framework for Assessment of Children in Need and their Families. These cover developmental needs, family and environmental factors and parental capacity. The document was written within Children and Families and agreed at The Local Children's Safeguarding Board and approved by the most recent Ofsted inspection of Children's Services. It is also a feature of a number of London Authorities.

3.2 Service Activities – (See Appendix 3 – structure charts)

3.2.1 Advice, Contact & Assessment Team and what the team does

(i) How child protection concerns are reported

All children and their families who require a service from social work are referred to this referral point or refer themselves to this point. Contact with the team can be made through the main telephone number, in writing, email or in person at The Hub. The team receives between 700 and 800 contacts about children and their families each month, that is about 4.5 calls every working hour through the month. Calls can be in writing, via an e-mail box or by telephone. The police send reports (MOGP1) of all incidents where children have been present or involved. This service was redesigned in 2011 and was judged to have good capacity to improve by Ofsted in its most recent inspection, December 2011.

Callers can opt to speak with a member of the advice sub team. This is a multi-agency team which we have designed to speed up response times and help agencies and individuals find the most appropriate avenue for help. The team can advise, direct to other sources of help, instigate a CAF process or offer limited input to help decide on a course of action.

There were 801 Initial Contacts in March 2012 of which 112 were Information Only Initial Contacts, 195 went on to become Advice Assessments and 494 became Referrals. The referral rate per 10,000 for the year ending 31st March 2011 was 954.9 which ranked Brighton and Hove 10th highest nationally out of 152 Local Authorities.

(ii) What happens to a referral and what is involved in an assessment?

Callers can opt to speak with a member of the advice sub team. This is a multi-agency team which we have designed to speed up response times and help agencies and individuals find the most appropriate avenue for help. The team can advise, direct to other sources of help, instigate a CAF process or offer limited input to help decide on a course of action. We currently deal with about 200 callers per month.

Any caller who wishes to make a referral to the social work service can request this. All the given information is reviewed by an experienced Social Work Manager in the light of any stored information that we might have on the social work data base. The Practice manager may decide that no action is required and store the information for reference at a later date. The decision could be that the issues related do not meet the threshold for social work intervention but it is passed for the Advice Team to become involved. The referral may need further clarification and be screened further by a social worker making some enquiries. If accepted for social work involvement the information will pass into an Initial Assessment (IA). This work is then allocated to a social worker who has ten working days to complete an assessment, which includes visiting the child and family. If the need for a child protection investigation is identified then the Pan Sussex Child Protection Procedures are initiated and a full investigation instigated under section 47 of the Children Act 1980. These procedures require us to open a core assessment and a Section 47 enquiry.

Provisional figures from the 2011/12 CIN Census reveal that there were 3,094 Initial Assessments completed in the year ending 31st March 2012. The rate of IAs per 10,000 children has fallen from 727.6 per 10,000 children in 2010/11 to 660, although this remains significantly above the 2010/11 national average of 398.2 per 10,000 and 460.8 for our statistical neighbours.

68% of Initial Assessments completed in the year ending 31st March 2012 were completed within 10 working days, which is below the 2010/11 national average of 77.2%. The table below provides the distribution of working days taken from referral to assessment completion which was included in the draft data set in Professor Munro’s final report. It should be noted that performance has improved significantly since ACAS was launched in September 2011 with 79.8% of IAs completed within 10 working days in ACAS in the period September 2011 to March 2012.

Initial Assessments: Time Completed In	No. Of Assessments	% Of Assessments	before ACAS %	After ACAS %
0 Working Days	255	8%	3%	17%
1-7 Working Days	913	30%	30%	29%
8-10 Working Days	944	31%	25%	39%
11-15 Working Days	478	15%	19%	9%
16-20 Working Days	180	6%	8%	3%
21-25 Working Days	92	3%	4%	2%
26-30 Working Days	64	2%	3%	0%
31-35 Working Days	31	1%	1%	0%

36-40 Working Days	36	1%	2%	0%
40 Or More Working Days	101	3%	5%	0%
Total	3094			

(iii) What is a Core Assessment?

At the outset of the investigation a Core Assessment is opened. This requires us to spend up to 35 days to carry out such assessment as is necessary to assist with the needs of the child. It carries some statutory checks with the Probation Service, Schools, GP's, Health Visitors and the list of children with a child protection plan (formerly the Child Protection Register). The assessment with an assigned section 47 investigation must be signed off or authorised by a Team Manager.

Provisional figures from the 2011/12 CIN Census reveal that there were 1,744 Core Assessments completed in the year ending 31st March 2012. The rate of Core Assessments per 10,000 children has fallen from 398.7 in 2010/11 to 372 in 2011/12, although this remains significantly above the 2010/11 national average of 167.8 and 192.2 for our statistical neighbours.

75% of Core Assessments completed in the year ending 31st March 2012 were completed within 35 working days of their commencement which is in-line with the 2010/11 national average of 75% and 75.7% for our statistical neighbours.

The table below provides the distribution of working days taken to assessment completion which was included in the draft data set in Professor Munro's final report. It should be noted that performance has improved significantly since ACAS was launched in September 2011 with 87% of Core Assessments being completed between within 35 working days in ACAS in the period September 2011 to March 2012.

Core Assessments: Time Completed In	No. Of Assessments	% Of Assessments	Before ACAS %	After ACAS %
0 Working Days	10	1%	0%	1%
1-7 Working Days	105	6%	6%	6%
8-10 Working Days	71	4%	3%	5%
11-15 Working Days	210	12%	10%	16%
16-20 Working Days	168	10%	7%	13%
21-25 Working Days	107	6%	6%	7%
26-30 Working Days	151	9%	8%	10%
31-35 Working Days	488	28%	24%	34%
36-40 Working Days	155	9%	11%	5%
41-45 Working Days	89	5%	7%	1%
46-50 Working Days	45	3%	4%	0%
51-55 Working Days	34	2%	3%	0%
56-60 Working Days	37	2%	3%	0%
61-65 Working Days	19	1%	2%	0%
66-70 Working Days	10	1%	1%	0%
71 Or More Working Days	45	3%	4%	0%
Total	1744			

(iv) What is a Section 47 enquiry?

At the beginning of a Section 47 investigation a multi-agency discussion or meeting is held. This always involves the police and information from health services but may involve a number of other people such as teachers, play group managers and others who know the child and family well. This meeting decides how to investigate the child protection matter and what immediate protection that the child any family member and the public may need.

(v) Child Protection Conferences and why they are held

If the outcome of the assessment is that there are risks that the child might be harmed then the workers in the social work team will set up an Initial Child protection Conference. The conference is chaired by an Independent Reviewing Officer and attended by the family, the child if old enough, professionals who know the family and the investigative team. At the end of the conference the chair will decide if the child will have a child protection plan, a child in need plan or a Common Assessment Framework plan. If a child protection plan is needed it will list what we want to achieve for this child and family as a number of outcomes. It will also list what steps will be taken to achieve each outcome. There should always be a relationship between the risks posed the outcomes required and the steps to achieve this. At this point a representative from the Children in Need Service, who will have been present at the conference, takes over the case and it transfers to the Children In Need Service.

3.2.2 Factors Affecting The Advice, Contact & Assessment Service

Most of the issues faced in the children in need team are well known and solutions have been factored into the reorganisation last year.

Some additional issues exist where controlling these factors is not always easy. These are the following:-

(i) Volumes of work being referred to the social work Service

Social work activity per child population remains high relative to many SE or statistical neighbour authorities. The last point at which we could compare this we were 10th highest out of 152 Authorities. The question raised is why do people and professionals in Brighton and Hove believe that this proportion of children need to be referred to social care? Are there developments that are required to enable other services to help support children? Are expectations for our children too high in the sense that as a city we cannot afford them ?

(ii) Experienced and skilled Staff

Front line duty teams experience turnover which is usually higher than other teams in the service. This has been exacerbated by the service changes and a number of interesting vacancies in other parts of the service. Changes made to conform to

Workstyles have been found difficult by staff with recurring concerns relating to maintaining confidentiality in practice. However, this was not found to be an issue in the Ofsted inspection. It has been possible to recruit a mainly newly qualified group but has proved very difficult to attract experienced staff, and in particular much more difficult to recruit to our first line manager posts.

(iii) Bureaucratic demands on social work staff

The Government has delayed release of the new Working Together to finalise the recording and data collection requirements of LA social work services. However initial sights of the draft performance targets suggests that, whilst some of the targets may be a bit 'smarter', the number of targets has not significantly changed. This has been a disappointment for staff who would like to spend less time behind the computer screen, and is in direct contravention of the commitments made in the Munro report which was accepted in full by the national government.

3.3 Children in Need Service

(i) What do the Children in Need Service do?

The overall aim of the team is to provide help to vulnerable children and their families who meet the threshold for ongoing/long term social work support and intervention. The team has been developed in order to ensure that families can get a robust level of support whether they are deemed to be in the children in need or the child protection process on the basis that we do not want families to wait until matters become urgent &/or child protection before timely help is provided to unstable and vulnerable families. There are valid arguments for this as far as good social work practice and good public service, but also in terms of value for money in trying to prevent the need for higher cost interventions.

(ii) Which children do we work with in Brighton & Hove?

- Children with children in need plans
- Children with child protection plans
- Children in care proceedings
- Early stage children in care
- Children where there are court report requests stemming from private law proceedings

(iii) What is a Child in Need and a Child Protection plan and what are care proceedings?

A child in need plan is made when initial or core assessments have identified ongoing medium to long term social work support needs and where families have moderate levels of risk and instability. (See below for visiting and reviewing). The standards around this work are mainly devised locally in our child in need policy and guidance.

A child protection plan is made when it is deemed that risks are moderate to high of significant harm occurring to a child without services/interventions being provided and that as such more intensive support and monitoring is necessary. The standards around this work are more prescribed and set out nationally in Working Together and locally in the Sussex-wide child protection procedures. The recommended frequency of visiting/formal reviews/core groups is set out in the main at national level, due to the national concern to standard set for the most vulnerable children.

Child protection conferences are chaired by our own team of off-line reviewing officers, again as recommended in national guidance.

Care proceedings - A Local Authority has no power to remove a child from their family or to determine key matters of family life which protect children, even in a child protection process, unless the parents agree to this. Where this agreement does not exist or breaks down and the children are felt to be at risk of significant harm, (section 31, Children Act 1989), the Local Authority can apply to the court for such orders or directions which would allow for the proper care and safety of the child/ren involved. These processes are expensive and should just be used for the children whose welfare and safety requires this most. The Local Authority must share costs for many of the assessments/experts directed by court and, since the Legal Services Commission cut expert hourly rates, we are being approached to pay 'top ups' for some experts. This is in addition to the cost of barristers and of care placements which can run alongside. Legislation through the Public Law Outline also allows for a pre care proceedings process, the 'Letter Before Action' process where some assessments/interventions are done with families, with the threat of court if these are not done.

(iv) Child Protection Data

The number of children subject of a child protection plan has fallen steadily over the last 12 months from a peak of 440 in March 2011 to 309 in March 2012, a 30% decrease, with Service Managers attributing this decrease to CIN Plans being seen as a more robust option and to successful interventions by social workers at the Children in Need stage.

The rate of children subject of a child protection plan per 10,000 has fallen from 93.8 as at 31st March 2011 to 66, above the 2011 national average of 38.3 and the statistical neighbour average of 47.3. This would rank Brighton and Hove's child protection rate per 10,000 as at 31st March 2012 9th highest out of 152 local authorities in England based on the national position as at March 2011. Brighton and Hove's Child Protection numbers would need to fall to 222 for our rate per 10,000 to be in-line with the statistical neighbour average (47.3) and to 182 to be in-line with the national average (38.3).

Category of Abuse for Children Becoming Subject of a Child Protection Plan per 10,000

The Draft of Children's Safeguarding Performance Information for Consultation January 2012 proposed the following indicator:

Children becoming the subject of a CPP for physical, emotional, and sexual abuse or neglect) (rate per 10,000 population)

The table below provides a breakdown of children who were subject of a child protection plan as at 31st March 2012 in Brighton and Hove and as at 31st March 2011 for England by Category of Abuse, expressed as a percentage of children subject of a child protection plan. The table reveals that Brighton and Hove has a higher percentage of children recorded as 'emotional abuse' and a lower percentage recorded as 'neglect only' and 'physical only'.

Category of Abuse	Number of Children March 2012 (numbers)	Category of Abuse March 2012 (percentages)	England Average March 2011 Latest Category of Abuse
Neglect Only	104	34%	43.9%
Emotional Abuse	138	45%	28.2%
Physical Only	17	6%	10.6%
Sexual Only	15	5%	5.4%
Multiple Categories	35	11%	11.8%
Total	309	100%	100%

The table below represents Underlying Cause of Abuse as a percentage of children subject of a child protection plan as at 31st March 2012. It should be noted that more than one Underlying Cause of Abuse can be recorded against a child. The data reveals that 50.5% of the 309 children had domestic violence/abuse recorded as an Underlying Cause of Abuse.

Underlying Cause of Abuse	Count	%
Domestic Violence/Abuse	156	50.5%
Physical Care /Neglect Issues	104	33.7%
Parental MH Problems	82	26.5%
Parental Alcohol Misuse	60	19.4%
Emotional unavail/inapprop expectations of child	57	18.4%
Parental Drug Misuse	57	18.4%
Adult Convicted/Cautioned/Alleged - Physical Abuse	36	11.7%
Adult Convicted/Cautioned/Alleged - Sexual Abuse	30	9.7%
Parental Learning Difficulties	17	5.5%
Non Compliance with Health Care Advice/Treatment	12	3.9%
YP Convicted/Cautioned/Alleged - Sexual Abuse	9	2.9%
Unknown	7	2.3%

Dual Registered Children

Of the 309 children subject of a child protection plan at 31st March 2012, 12 (4%) were also looked after. This data has not been collected nationally since 31st March 2009 when 8% of children subject of a child protection plan were also looked after.

(v) What do these children get from us?

- Each child will have either a qualified social worker as key worker or be co-worked between a practice manager and a social work resource officer with the practice manager as key worker.
- Child protection plan cases are initially reviewed at 3 months and then 6 monthly thereafter, with smaller 'core group meetings happening between reviews. Child in need plan children would have a network meeting to review every 4 months.
- Home visiting is fortnightly for child protection plan children. Home visiting for children in need is more flexible as their needs can be viewed individually. At points of urgency/crisis we may visit some children in need at a similar level to CP children and at more stable points it would be less.
- We are implementing a system of outcome based plans for all children, which we aim to complete by August 2012, where all actions and interventions are tied into outcomes sought for the children and their family.
- Our work process for all children is P.I.R. (Planning, Intervention & Review).
- Our aim is for all children with CIN or CP plans to receive 'early & effective help' and timely interventions which are proven to be helpful for the type of issues/problems the family are facing.
- During the next 6 months the CIN Service aim to improve their customer focus by implementing a parent's charter, with a range of measures to allow the comments and views of parents to influence and shape how we work.
- We are setting up a new data system over the next few months to allow us to look at overall progress and outcomes for children in the team, in terms of whether they are able to move up or down the tariff of concern. This will allow managers to take measures to improve areas of work if children continue to step up to higher cost interventions.

3.3.1 – Factors affecting the Children in Need Service

Most of the issues faced in the children in need team are well known and solutions have been factored into the reorganisation last year.

Some additional issues exist where controlling these factors is not always easy. These are the following:-

- (i) **Staffing** - Vacancies have increased in the CIN team over the last 6 months. Factors in this have been the re-organisation itself, numbers of specialist posts becoming available and needing back-filling and also the seasonal factors that most of our new Spring recruits have been Summer new qualifiers who would start in August/September. We also 'held' vacancies towards the end of the year, as requested by the corporate centre. Most of the vacancies are now filled, but there is normally a time-lag in any event between departures, (2 months notice) and new arrivals, (4-5 months from advert to start date). Child protection and children in care

cases are always allocated regardless of vacancy position. Over the next 3 months, until new starters come into post it is possible that up to 5% of the 500 children in the team on child in need plans might be unallocated at any one time and wait a few weeks for an allocated key worker. An additional concern has been that, whilst we have been successful in recruiting good numbers of newly qualified social work staff, it has been more difficult to recruit experienced staff, and in particular much more difficult to recruit practice managers, who are the first line managers for social workers.

- (ii) **Volumes of work** - Social work activity per child population remains high relative to many SE or statistical neighbour authorities. Whilst some of this is an inevitable consequence of some of the issues affecting families in Brighton and Hove it is also a continuing challenge to ensure that good support is available to families before they need to be referred to social work. The uptake of the common assessment framework in some partner agencies and schools still has the potential for improvement.
- (iii) **Bureaucratic demands on social work staff** - The Government has delayed release of the new Working Together to finalise the recording and data collection requirements of LA social work services. However initial sites of the draft performance targets suggests that, whilst some of the targets may be a bit 'smarter', the number of targets to hit hasn't greatly changed. Our local model in the CIN team is premised on freeing staff to deliver more direct services to families in order to have a better impact/outcome in our work with them and we will have to be creative in order to do this in view of the recording requirements which seem likely to remain. However, where there remains LA flexibility around how social work recording is done, we would ask for support to use this flexibility to aid social workers and families.

3.3.2 Youth Advocacy

The Brighton & Hove Youth Advocacy Project (YAP) supports children and young people to have a say in the decisions that are made about their care. The service helps young people to understand and secure their rights and entitlements to services. The majority of the work is with children in care, care leavers, children in child protection procedures and children with disabilities. These groups of children have a statutory right to an advocate if they wish to make a complaint or a representation. The team also works with young parents whose children are subject to child protection procedures.

3.3.3. Young People's Involvement in Child Protection Procedures

'The child protection system should be child centred, recognising children and young people as individuals with rights, including their right to participate in major decisions about them in line with their age and maturity.'
The Munro Review of Child Protection (2011).

Between December 2010 and May 2011 a piece of work was initiated to increase the involvement of young people (12+) in their child protection conferences. Altogether, 30 young people participated in the pilot and were invited to share their experiences.

Just over half of the young people reported that they felt the child protection plan would make them safer. These young people also reported that they had been given information about the conference, were supported by advocates and attended their conference. They also reported an increase in self advocacy skills.

Ninety per cent of the young people interviewed had received an explanation of the child protection process from their social worker, Independent Reviewing Officer or advocate.

Young people reported that their primary reason for wanting to attend the conference was to increase their understanding of what is happening. All the young people who attended the conference reported that some or all of their views were taken into account. Eighty per cent of these young people reported feeling more able to speak up for themselves, take part in meetings and ask for help.

The views of these young people, their parents/carers and practitioners were presented in the project evaluation report and the findings are now being used to take this work forward in 2012-13.

3.4 Integrated Child Development and Disability Service

Within the Integrated services families can self refer or can be referred by a professional that knows the family. Families are referred for an assessment when they wish to access a social care support service, such as short breaks, respite care or direct payments. Families may also be referred if there is concern that they are struggling to cope or if there is a child protection concern regarding their disabled child.

We have a fully integrated care pathway which determines how a child's needs will be assessed and which professionals will be involved from health and social care. Within the service we have a specialist social work team. When it is identified that a child who falls within our service needs social care/social work input and where they have a severe learning disability or moderate disability with challenging behaviour or mental health issues they would receive a social work service from the specialist team. If a child does not have this level of disability then they would be referred into to ACAS or the Child in need service.

The specialist city wide social work team is a small team of approximately seven social workers and three social work resource officers and generally we work with families where there are not safeguarding issues. However the team undertakes all CP investigations involving the disabled child and where their siblings may also be at risk and where necessary initiate and lead care proceedings as well as supporting disabled children in care. The ethos of the team is to work in partnership with families to build parent carers resilience and to try to enable disabled children to remain at home in their local communities and for parent carers to be able to continue in their caring role. Families may have more than one disabled child or the carer may have particular needs. We consider the needs of brothers and sisters of disabled children particularly if they are undertaking a caring role. As far as possible we consult directly with disabled children and young people who always remain at the heart of all our planning.

We recognise that looking after a disabled child can put families under pressure and can at times be difficult and challenging. We know that children and young people tell us

that they want to stay living at home leading normal lives and as far as possible this is what we try to achieve.

Once we have completed an assessment, which fully involves the disabled child and their family, identifying the needs of all family members and highlighting areas that are working well, together with areas where additional support may be needed. This is then jointly signed to show that families agree the information is accurate.

If the assessment makes a recommendation that involves providing services such as direct payments or short breaks, it is taken to the multi- agency Resource Panel where we try to allocate resources as fairly and as effectively as possible.

If a disabled child and their family is eligible to receive a service from the specialist team, or is deemed to be in need of protection, they will become 'open' to the team. They will be managed within the duty system, or a specific social worker or social work resource officer will be allocated and will be a point of contact and responsible for co-ordinating and reviewing services.

Every child will have a Child In Need (CIN) Plan, setting out what the aims and desired outcomes are of the service(s) provided. The allocated worker or duty team will also offer support and advice as appropriate. They meet with families on a regular basis, depending on the level of service provided, in order to get to know them and to keep their needs central to our planning.

We have a range of support services which include a Keyworking Scheme, Direct Payments, various short break (respite) opportunities and we also have two council residential children's homes, Tudor House and Drove Road .

We also have a range of contracts with the voluntary sector providing a variety of services including befriending , family based short breaks, sitting service.

3.5 Transition to Adult services

This is often a particularly challenging time for families and can be a time of great stress. We have a transition team which is a jointly funded team with adult services. The team has 3 f.t.e. Transition Case Workers who provide support and guidance to young disabled people and their families between the ages of 14 and 25 years, these are 'active cases ' from 16 years in social care. The transition team works across children's and adult services to ensure that the young person is central to the transition planning process. Transition Workers devise a transition plan / assessment and oversee, monitor and review this and ensure joint working relationships with key partners e.g. Schools, Children and Adult Services, Specialist Health Services and Service Providers.

3.6 Social Work Performance

3.6.1 Lead and Outcome Indicators

The final Munro Review report proposes that, in future, any national performance indicators should focus on tracking overall progress towards better outcomes for

children and young people whilst Local Safeguarding Children Boards (LSCBs) should focus on developing their own local performance management arrangements to support shared learning and systems improvement (Munro, 2011). The 'Canary in the Cage - Lead Indicators and their potential use by Local Safeguarding Children Boards and partner agencies' report (September 2011) has suggested that 'the use of lead indicators and outcome indicators could potentially encourage a more joined up conversation between performance and evidence-based practice. It was clear that these are still seen as separate worlds – run by separate teams. Typically indicators should draw attention to those areas of practice that require further investigation.'¹

These lead indicators can help to:

- Encourage foresight and pro-active decision-making
- Minimal lag between operational events and report
- Readily available and cheap to produce
- Focus on activities over which managers have operational control

3.6.2 The quality of professional decision-making

'All of the managers interviewed believed that conversion rates made good lead indicators because not only did they give them important insights into the workings of their local systems, they also gave them timely feedback to support the day to day management of the system.'²

(i) Conversion rates from referrals to initial assessments;

This is an existing performance indicator and a former National Indicator NI68 - Percentage of referrals to children's social care going on to initial assessment. The rolling year percentage of referrals leading to Initial Assessment has fallen from 69% as at April 2011 to 57% as at March 2012. This is below the national average of 71.5% and the statistical neighbour average of 76.3% for the year ending 31st March 2011. Our position at 31st March 2011 fell within the inter-quartile range for our statistical neighbour group. The change in performance over the last 12 months demonstrates the success of the Advice Team in helping to refine the work coming into social work.

(ii) Conversion rates from initial assessments to core assessments;

Although this is not an existing performance indicator, there is nationally available data for the total number of Initial Assessments and Core Assessments completed in the year and a conversion rate can be calculated from this publication. Core Assessments represented 54.7% of Initial Assessments in Brighton and Hove in the year ending 31st March 2011, above the national average of 42.2% and the statistical neighbour average of 40%. The data reveals that there is a range of performance for this indicator in our statistical neighbour group, with York lowest at 21.1% and Plymouth highest at 64.4%.

¹ Canary in the Cage? Lead Indicators and their potential use by Local Safeguarding Children Boards and partner agencies p21 Mike Pinnock September 2011

² Canary in the Cage? Lead Indicators and their potential use by Local Safeguarding Children Boards and partner agencies p13 Mike Pinnock September 2011

(iii) Conversion rates from core assessments to plans;

Data from the 2010-11 Children in Need Census revealed that Brighton and Hove was ranked 1st for Core Assessments out of 152 Local Authorities as a rate per 10,000 (398.7 per 10,000) and 3rd highest for Child Protection starters (100.2 per 10,000). In Brighton and Hove, the conversion rate between Core Assessments and children becoming subject of a child protection plan in the year ending 31st March 2011 was 25.1% compared to 26.4% nationally and 28.3% for our statistical neighbours.

(iv) Outcomes of subsequent plans

We have decided to use this suggestion as an opportunity to develop a range of outcome measures across the Service. The rationale is to establish at different time intervals (1 week, 4 weeks and 4 months) the status of that child after a critical point in a child's journey through the social care pathway. Currently, those statuses include closed to social care, 18 and over, child in need, child protection, looked after and dual registered cases (children who are both child protection and looked after). Please note that these are new local measures which may require further development over time. There is no baseline or comparator data to compare these measures against and the figures should be viewed in this context.

The critical points in the child's journey through the social care pathway are:

- The end of a child protection plan
- The end of a LAC episode
- Leaving the Advice Contact and Assessment Service
- Leaving Children in Need/Child Protection Service
- Leaving the Children in Care Team

We also propose to look at the end of a Child in Need episode.

To ensure that the results are comparable across the different timeframes, the current month's measure looks at the cohort of children who reach the critical point 4 months earlier and then traces their outcomes from that point. This enables us to identify cases where the child was closed to the social care at 1 week but had returned at the 4 months stage. For example, for cases closed to ACAS between 1st September and 31st December 2011 and no longer opened to social care after a week, 6% on average have returned to social care within 4 months. We were also able to demonstrate using these measures that of the cases leaving ACAS between 1st September and 31st December 2011, at the 4 month stage 9% were subject of a child protection plan, 2% were looked after, 14% were a Child in Need and 75% were closed to social care.

We cannot apply this methodology to the other Service Areas at this stage because they went live in January 2012 and there has not been a sufficient period of time to gather meaningful statistics on outcomes for those cases.

3.6.3 Levels and quality of partnership engagement.

- **Attendance at initial/review child protection conferences by partner agencies**

While this is currently collected, we have recently identified data recording issues and this requires a change in process before we can reliably report conference attendance by partner agencies.

3.6.4 Client Characteristics

The Draft of Children's Safeguarding Performance Information for Consultation January 2012 proposed the following indicator which provides a comparable measure of referrals where parental/carers' problems are a contributory factor.

Referrals to children's social care where parents/carers' mental health, substance abuse, domestic violence or learning disability is a feature (rate per 10,000 population), measured at the end of assessment

The Value for Money Prevention Work Stream also identified a need to better understand parental/carers' problems as a contributory factor and the following 'client characteristics' were added to Initial and Core Assessments in March 2012 which would be compliant with the proposed indicator.

- Domestic violence
- Low income
- Neglect
- Parental mental health
- Parental alcohol/substance misuse
- Parental learning difficulty

As this only went live in March 2012, data will be made available in due course.

3.6.5 Reporting Performance – include national comparator group

A weekly exceptions report is produced as internal operational tool which is sent out weekly to allow early sight of these issues so they can be fixed immediately.

Social Care Performance Data is produced monthly by the Children's Social Care Performance Team. A key principle is Monthly Monitoring is a validated and signed off dataset and all published reports should be based on this single source as far as possible.

The data is validated and signed off at meetings chaired by the Performance Team with Service Managers and Local Information Officers. Commentary for the Key Messages document is agreed at the sign off meetings and any issues arising are discussed at a meeting chaired by Head of Children and Families with the Performance Team and Social Work Service Managers.

The Monthly Monitoring data and Key Messages are distributed to relevant staff across the organisation and discussed in detail at the Social Work Service Manager's Performance Board. The data is included in various reports including the quarterly Local Safeguarding Children's Board Management Information Report, the Corporate Parenting Report and the Joint Commissioning Management Group Report.

3.7 Managing and Improving Performance

3.7.1 Benchmarking

Social Care data for the year ending 31st March is collected centrally by the Department for Education (DfE) annually between April and June for every local authority in England. The DfE publishes a range of social care performance and demographic information in the following autumn, and the Performance Team produce benchmarking reports which compares our performance with the national average and our statistical neighbours.³ These reports help to better understand and contextualise our social care activity and performance and identify where we are performing well and areas for improvement. Ofsted produce a social care benchmarking tool and the data from this tool is used as part of their inspections so it is important that we understand our performance in this context.

3.7.2 Quality Assurance

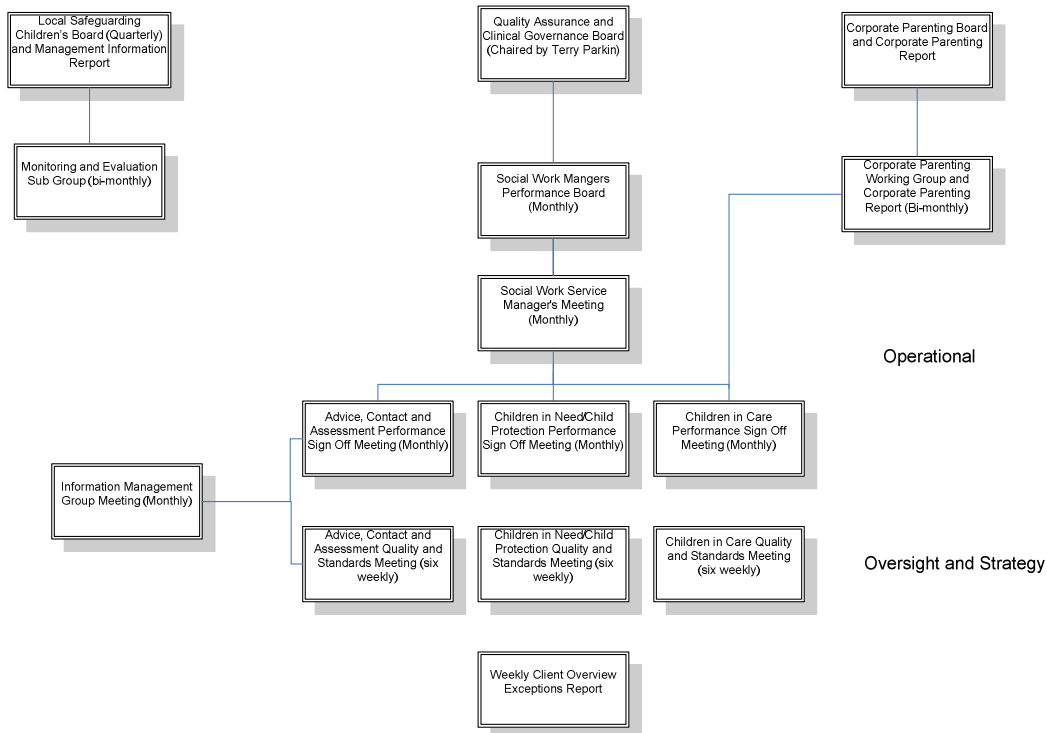
More recently, the Advice Contact and Assessment Service, Children in Need Team and Children in Care teams are holding regular Quality and Standards meetings to:

- Inform and develop their Service Improvement Plans;
- Develop additional performance measures and analysis to evidence the effectiveness of their Service Areas;
- Monitor and evaluate the audit process.

A reporting performance structure chart has been included below to illustrate the current performance process in Children's Social Care.

³ Statistical Neighbours (SN) are ranked in order of statistical closeness, with the top SN being closest: Bristol, Bournemouth, Portsmouth, Reading, Sheffield, Southampton, Bath and North East Somerset, Southend-on-Sea, York and Plymouth

Performance Structure May 2012



Measuring the impact of service delivery is essential to achieving improved outcomes for children and their families and reducing the impact of disadvantage for vulnerable children and young people.

A key recommendation of the Victoria Climbié enquiry in 2003 was for a strong quality assurance system that would evidence that services were being delivered effectively and to standards that would enable children's welfare to be safeguarded and promoted.

The Munro report also highlights the importance of developing approaches and quality assurance measures that better reflect outcomes for children and young people: The report also highlights the benefits of quality assurance approaches such as case audits and peer reviews.

Critical appraisal of the assessment and planning for a child and family....should be seen as central to good practice in reducing error. Ideally, this should be part of the culture and seen as not a personal attack but an outsider helping to pick up the unseen spots or offering a new angle on the problem (2011, p91).

The Brighton & Hove Social Work Quality Assurance Framework (QAF) was introduced in 2010 to monitor the impact and quality of service delivery on children and their families - to establish whether and in what way their lives are better and safer as a result of the services and interventions provided. The focus is on child protection and it includes a number of key activities which aim to ensure that services and systems are safe, effective and of a consistently high standard.

Activities include the following;

- Practice Audits
- Themed Audits
- Serious Case Reviews
- Internal Management Reviews
- Multi-agency Audits
- Supervision and appraisal
- Complaints and Compliments
- Participation/Feedback of Children and their Families

Quality assurance is about learning from experience and applying the learning to facilitate continuous improvement in services.

3.7.3 The Audit Programme

Audit is a key element of the quality assurance framework. It is a systematic process to identify and understand how practice is being undertaken, its impact on outcomes for the child or young person and any wider issues involved. In Brighton & Hove the audit programme is now embedded as part of the Social Work performance system (which includes supervision and appraisal).

There are two elements to the audit programme;

- Ongoing audits as part of normal service delivery to quality assure the work being undertaken
- Themed audits are undertaken in response to national or local issues/concerns. Recent thematic audits have included; Domestic Violence, Identity & Cultural Needs, Child in Need Plans & Child Protection Plans (findings to be completed in May 2012).

A set of audit tools have been produced which enable managers to review case files against set processes and standards. The child protection audit tools have recently been updated to incorporate the evaluation criteria for quality of practice from the Ofsted Inspection Framework for Child Protection Services (2011).

A schedule is in place which sets out what is required of managers (including the Head of Service and Head of Safeguarding) including how many audits are to be completed and the frequency.

The findings from each audit are discussed with the responsible practice manager and social worker and any issues or actions are acted upon. Any case examined during the auditing process that gives cause for concern is brought to the immediate attention of the relevant Service Manager.

In addition, the findings of the audits are collated, analysed and presented in a series of reports to managers and practitioners to highlight areas of good practice and areas of concern which provide a baseline of performance.

The findings from audits are used by Service Managers to target areas of practice and procedures that require development and to inform organisational learning. Over time, emerging themes from the audits will provide a basis for further, more focused activity.

Examples of action taken in response to audit findings include;

- Staff training on Identity and Cultural Needs
- The Children & Families Supervision Policy reviewed & updated
- The CIN and Child Protection Plan re-designed
- A system of Practice Notes for Social Workers introduced
- Observation of Child Protection Conferences by Senior Managers introduced
- A review of the Child Protection process is currently underway

3.7.4 Child Protection Audit Comparison Report

Ongoing audits are part of normal service delivery to quality assure work undertaken by social workers. For Child Protection, a comprehensive audit tool is used to enable managers to review case files against agreed and published child protection processes and standards.

This report compares the findings of 23 Child Protection cases audited in Quarter 3 2010 (Dec) with 36 cases audited in Quarter 2 & 3 2011 (July – Dec 2011).

Where concerns are identified regarding a child's safety or wellbeing during the course of an audit, the auditor notifies the case holding Social Worker and their Manager as a matter of urgency. Action does not wait until auditing is completed.

Overview

The findings from the July-Dec 2011 audits show that there have been a number of noticeable improvements to child protection work since the audits completed in Dec 2010. These include;

- (i) Appropriate action is taken on referrals in 91% of cases (Dec 2011) compared to 76% (Dec 2010). In cases where appropriate action was not taken, the children were already on plans at the time of the audit so there were no immediate safeguarding concerns.
- (ii) In Dec 2010 core assessments were judged to be ineffective in 8 cases. By Dec 2011, the quality of core assessments has improved and in all cases the assessment provides a clear picture of the child's situation and needs. The majority of assessments are judged to be thorough with good decision making, appropriate analysis and a clear identification of strengths balanced with the risks/concerns.
- (iii) All Review Conferences are held within the required timescales and the majority are effective in reviewing whether the plan has been implemented and agreed in a timely way. There are no cases judged to be inadequate.
- (iv) In Dec 2011 there are some good examples of quality supervision in implementing the plan and improving outcomes for the child. However, there are 2 cases where

supervision is judged as inadequate. In these cases, plans have been put in place for supervision to be closely monitored by the team manager and this will include observation of supervision sessions. Supervision training has also been included in the Transformational Workforce Development Programme.

- (v) Overall, there has been a marked improvement on recording. In Dec 2010 seven cases were judged to be inadequate whereas in Dec 2011 this applied to 2 cases. The concerns related to gaps in recording in one case and the absence of Core Group Minutes in another case. Since the audit, interim guidance on linking recording with process, and with the impact on the Child Protection Plan and the outcomes sought has been issued to all staff. A Recording Working Group has also met to look at this issue and a number of actions have been agreed to improve the focus of recording on the impact and progress of the Child Protection Plan.

Whilst there has been some improvement to the quality and implementation of Child Protection Plans, some plans need to be more outcome focused with more detail about what is expected of the parent(s). Following the Dec 2011 audit, the Child Protection Plan template has been re-designed and a sample of cases are currently being checked to see if the new plan is having the desired effect and/or if there are further improvements that can be made.

In both audits, Core Group working requires further attention. The Dec 2011 audit found that some Core Group meetings are not held within the required timescales and the frequency of subsequent meetings is variable. In addition, there are some cases where Child Protection Plans are not updated to reflect Core Group activity. To address these concerns, Core Group working will be scrutinised further as part of the overall review of child protection processes. It is an action in the LSCB Business Plan 2012-13 and it will be an agenda item at the July 2012 Quality Assurance & Clinical Governance Group so that progress and impact can be carefully monitored.

3.7.5 Future developments

The QAF and Audit Programme are currently being updated to strengthen the moderation function and focus much more on impact and outcomes in line with the requirements set by Ofsted.

3.7.6 Serious Case Reviews

The Munro review identifies that the system for conducting Serious Case Reviews (SCR's) has evolved into a process in its own right and that the original aim of deriving learning from deaths and serious injuries has become secondary to a desire to fulfil the expectation of regulators so that learning is not facilitated in the way in which it was intended.

Munro advocates that the systems model of case reviews is adopted along the lines of the model that is currently being piloted by the Social Care institute for Excellence (SCIE) This model uses the experience of practitioners to look at how the things they did were influenced at the time and how the systems in which they operate could be changed to maximise the ability of practitioners and managers to do the correct thing in

the future. We are awaiting further guidance from the government as to how this will be implemented.

There has not been a formal SCR in Brighton and Hove since 2009 but the Local Safeguarding Children Board (LSCB) remains committed to learning from particular cases where practice in relation to a number of agencies has been identified as lacking. To this end the LSCB have conducted two Internal Management Reviews (IMRs) – one in 2010 and one in 2011. Both these cases resulted in action plans which are monitored by the LSCB.

3.7.7 Supervision

Staff supervision is the building blocks to developing the workforce and progressing to the vision of a more autonomous professional outlined in Munro. Supervision is a systematic process to identify and understand how practice is being undertaken, its impact on outcomes for the child or young person and any wider issues involved. The audit activity around quality assuring supervision will include

- audits of supervision records,
- annual observations of supervision sessions for each supervisor,
- an annual review of supervision training and,
- feedback from supervisees

Children and Families Services revised and updated its Supervision Policy in 2011. As part of this policy each practitioner and manager directly responsible for cases receives regular fortnightly supervision from their manager. Those not directly responsible for cases receive supervision sessions each month.

In April 2011 the council wide appraisal process and guidance was adapted to reflect the emerging need across the organisation for more flexibility and to focus on the quality of the conversation between managers and their line reports. The change of emphasis to the council wide scheme to a large extent mirrored the existing practice of social work supervision (policy update in Jan' 2011) with managers focusing more on the 'quality of the discussion' to:

- Improve the quality of decision-making and interventions.
- Enable effective line management and organisational accountability.
- Identify and address issues related to caseloads and workload management.
- Help to identify and achieve personal learning, career and development opportunities.

There are plans to refresh the social work supervision policy to reflect not only the emerging standards for employers from the Social Work Task Force, but also recommendations from the recent pilot Ofsted inspection. This review aims to be completed by December 2012.

All social work managers are currently having their supervision practice further developed with a service wide coaching programme.

The impact of the coaching programme on supervision practice will be evaluated in a number of stages over the coming year.

The council's HR system allows all managers to record the supervision and appraisal meetings thereby providing assurance that supervision is happening and allowing scrutiny of the quality of these discussions on a targeted basis.

3.9 Taking action to improve performance

(i) Advice, Contact & Assessment Team

ACAS has a Quality standards Group which monitors both performance and the outcome of audits. We have also developed user feedback systems to include user views into this process. This leads to a number of actions to improve performance and these are listed within service improvement plans. There are also a variety of measures to raise the quality of practice. There is the Transformational Workforce Development Programme to embed analytic assessment and outcome focused practice. The Practice Manager grade has been taking part in coaching & mentoring programmes to improve the overall management and oversight of supervision.

(ii) Children in Need Team

Many of the measures to improve performance in the CIN team have been referred to in the sections above – but the priority areas of service improvement in our activity plan are in summary the following.

- Transformational Workforce Development Programme – (February 2012 to February 2013)
- Delivery of selected interventions – (1 from June 2012 & 3 from November 2012).
- Management coaching & mentoring training. (Ongoing 2012)
- Improving recording systems to ensure they are briefer, outcome focussed and family friendly. (March – July 2012).
- Improved and more timely risk assessments for each child protection family. (Training underway, implement Autumn 2012)
- Outcome-focussed plans, (complete August 2012)
- Improved service-user focus/Parents Charter, (action plan by end June 2012), learning from service users.
- Learning from practice, (learning logs for children who come into care) - July 2012
- New data set to help measuring outcomes. (July 2012)
- New more robust decision-making process regarding high cost interventions, (from end May 2012).

3.10 Service Improvement Summary

3.10.1 Early help

Provision of Early Help is critical in order to resolve children and families issues at an early stage and reduce the need for a referral to social work.

The 'Supporting Families' document outlines the process and thresholds adopted in Brighton & Hove for providing help across the age range and tiers of need.

In Brighton & Hove we use a family based approach: the Family Common Assessment Framework or Family CAF. The threshold for Family CAF is when a multi agency plan and intervention are required to address the needs of the child, young person or family. This is appropriate because we know from our data that in the majority of social work cases parental issues such as substance misuse, mental health and domestic violence are adversely affecting the child or children.

Based on the numbers of new referrals to social work we calculate that we should have a rate of about 60 Family CAF's initiated in a month across the city.

In 2011-12 we had an average of 43 CAF's per month initiated so we are currently underperforming.

This is despite significant investment. For example:

- Advice Team established in October 2011 attached to ACAS with 2 additional CAF mentors.
- Continuation of Family CAF modular training programme plus additional resources such as Practice Development sessions and bespoke Family CAF training offered on request.
- Redirect to CAF process set up in April 2011 within social work to facilitate the transition to preventative services for cases below the social work threshold or where social work intervention has lowered risk below the social work threshold.

Analysis has identified four strategic requirements that need to be in place for Family CAF to be used successfully in a school, team or service. These are:

- Senior Management support and priority given to Family CAF
- Family CAF embedded in service specific systems and processes
- A clear practice model for each service in relation to Family CAF and ensuring capacity to implement
- Skills and confidence of the workforce in talking to parents and carers

We are undertaking strategic work with the LSCB and leaders and partners in the city to make sure these components are in place.

In addition a number of other new initiatives have been put in place to increase and support Early Help:

- A pilot has been initiated to place social workers in two schools in areas of high deprivation: Fairlight and Moulsecooomb
- A conference is taking place in the city looking at the benefits of a public health approach to Parenting

- A Directory of Interventions has been produced outlining evidence based approaches offered by Children & Families to enable a Team around the Family to match need to service provision more effectively. All interventions have been costed.
- A Transformation Workforce Development Programme (TWDP) is taking place across the children's workforce training and equipping practitioners to deliver new evidenced based approaches

3.10.2 Improve Children's & Young People and families (resilience)

There is an increased emphasis in the current Transformation Workforce Development Programme (running from February 2012 to February 2013) on strengths based work with families and trying to shift to a more balanced strengths and risks paradigm in social work delivery, rather than the deficit/risk averse model which has existed nationally in much child protection work. Social work staff will be assisting with delivery of various interventions (e.g. Triple P Parenting Work, protective behaviours input, video interactive guidance and Community Programmes for Women and Children Experiencing Domestic Violence). The common thread for these interventions is in building parents' and children's confidence in making good decisions for themselves and their families and allowing families to contribute solutions to their own difficulties. Social work staff are also all being trained in 'motivational interviewing techniques' and 'solution focussed approach' in order to assist positive engagements and problem solving with families who are often anxious and resistant about social work involvement with their families. Family resilience is sometimes not improved when we do not get past a stage of positive engagement and trust building.

3.10.3 Improve children and families experience (customer focus)

Each of the Social Work Teams will be drawing up action plans incorporating a range of measures to improve parental involvement and to improve how we listen to parents views and then pulling the general goals and standards into a Parents' Charter. This will include issues such as

- Ability to contribute to decisions around what services they, (children & families), receive and assessments about their families.
- Collating and disseminating complaints learning.
- Considering how parents &/or young people could become involved in more consultative work around service development.
- Recruitment practices and possible service user involvement.
- Case closure questionnaires
- Management case audits which include discussion with family on how the service is working for them.
- Child in Need Plans which include option for families to make their own recommendations for how matters in their family could be improved/helped.

3.10.4 Improving capabilities of workforce to deliver effective service intervention

As has been covered, the overall strategy is to offer early and effective help to more families, in order that fewer children and families have a need to enter the child protection process, and/or, become looked after by the City Council.

The Transformational Workforce Development Programme as it relates to social work staff is designed to achieve three key areas:-

- to increase the range of skills social work staff can offer in both engagement and relationship building;
- having a core of staff who can deliver a group of relevant interventions to help families increase their safety and improve their functioning;
- to increase the confidence of staff to undertake risks, strengths and needs assessments at an early point in long-term support, to take a clear and balanced view of overall roles and strengths against interventions required to help achieve key outcomes and improvements sought. These assessments can be updated at regular points in light of new circumstances.

The aim, therefore, is for the Children in Need Service to increase its confidence in evaluating risks in a balanced way and in delivering more direct help to families, as opposed to referring out for all of these services. In turn, the outcome sought as a result of this is again to reduce the numbers of children needing to come into care, or to be in the child protection process. It is important to stress that these numbers cannot, and should not, decrease every single month, but that these would come down most months and overall over the next year or two.

It is also important to stress that capability and capacity cannot be entirely separated. There are, therefore, measures underway to both reduce the volume of recording for social work staff and also, over time, to reduce the overall numbers of children open to the Children in Need and Child in Care Teams. There will be a clear equation between the effectiveness and the quality and quantity of work. The ability to move stabilised and safer families back out of social work to CAF, or targeted support, is a key part of this and does, at times, need senior staff to help increase take up of CAF in some services.

Stage 2 of the document Directory of Interventions was completed in August 2011 and updated in April 2012. Stage 3 submissions, including from the Social Work Teams, are currently being submitted and Stage 3 should be completed by June/July 2012.

Overall the tool is designed to assist the effectiveness of our work with families and also to promote an awareness of the relative costs of the work we do as a Children and Families Service.

3.11 Directory of Interventions

The Children and Families Delivery Unit has taken the view that all of the services we directly deliver, or request, from partner agencies for families should be evidence-based and costed. There are three key reasons for this:-

- in order that the 'quality and effectiveness of help offered' (Eileen Munro) can be demonstrated;
- in order that in a restricted budgetary climate, we can demonstrate that the services we offer work for most families and that we do not waste resources by offering them either ineffective services, or the wrong services for the outcomes we are seeking;
- costed interventions allow a greater transparency as to the relative costs of our activity and, set alongside greater budgetary flexibility, can allow money to be made available for interventions to prevent higher cost expenditure to be funded accurately from a range of funding streams on a spend to save basis.

Consequently a complex staged process involving managers, service providers and finance colleagues has been employed, to allow submissions eventually from all directly employed, or commissioned, services for children and families. The submissions for each intervention are required to include evidence of validated, national and local research and evaluation and a link with:-

- what outcomes the intervention can achieve in relation to national standards (Every Child Matters);
- what tiers of need, based on our local tiered approach 'Supporting Families in Brighton and Hove', the intervention is suited and evidenced to be effective at;
- what general outcomes families can expect from this intervention fitting in with our local strategic priorities, to seek to offer early and effective help to as many local families as possible.

3.12 Workforce Development

The focus is moving from traditional training to belief in the appreciation of need to provide a range of learning opportunities

- Transformation Workforce Development Programme (TWDP)
- Core Skills and Knowledge (CSK)
- National Regulators and frameworks
- Professional autonomy standards required in Munro report

The Workforce Development Team work closely with service managers and the social work faculties of the two local universities (Sussex and Brighton) to meet the changing needs of the social work profession and more specifically those working for the Council. These universities provide a steady supply of quality Newly Qualified Social Workers (NQSW). 18 Newly Qualified Social Workers (NQSW's) completed the first module in the PQ Award in 2010-11 academic year (spans financial years 2010/11 and 2011/12). The module is accessed as part of the bespoke package of support and development offered to NQSW's in their NQSW Induction Year. The Induction Year will transition to become the Assessed & Supported Year in Employment (ASYE) in September 2012. All 18 NQSWs were retained in employment to develop their practice and become a more experienced social worker.

Learning and education for more experienced social workers is also provided by the local universities. 72 Social Work staff and managers (in addition to the 18 NQSW's) were supported to access a further 106 PQ module places in 2010-11 academic year.

In addition to this extensive range of professional qualifications, more recently the Transformational Workforce Development Programme (TWDP) was developed. The TWDP is an intensive 12 month programme of skills, intervention and practice development to support specialist ways of working in intervention and prevention in Children's Services. This programme supports the council wide value for money (VFM) programme being commissioned in November 2011 with delivery starting in February 2012. The programme offers a range of training in key, underpinning skills in assessment, communication, motivational interviewing and solution focused approaches together with initial training in a number of direct interventions:

- Video Enhanced Reflective Practice (VERP)
- Video Interactive Guidance (VIG)
- Triple P
- Protective Behaviours
- Safety Planning
- Living without Violence

The initial scope of the TWDP targeted a total of 240 staff across a range of services including Health Visitors, Early Years Visitors, Family Intervention Project Workers and social work qualified and non-social work qualified staff in ACAS and CIN services. As the Transformation agenda gathers pace the scope is widening to support the transformation of other services including Integrated Children Development and Disability Service, Youth Offending Service, and Contact Service.

Some courses in the TWDP were drawn from the existing Core Skills & Knowledge (CSK) learning and development programme and the Local Safeguarding Children Board (LSCB) multi-agency training programme. Both programmes are commissioned on an annual basis and between them meet the ongoing development needs of staff working in all roles across Children's Services, PVI, Schools, Police, Health etc. Opportunities to mainstream TWDP interventions training in the CSK programme are being explored.

Increasingly, the focus of workforce development will shift to reflect a range of responsive, reflective and evidence-based opportunities for learning, for example:

- Accessing latest research into evidence-based practice on Community Care Inform
- Direct observations of social workers practice
- Experienced practitioners co-working cases and/or mentoring less experienced practitioners
- Job shadowing
- Coaching
- Action learning sets (ALS) etc.

Coaching & Mentoring programmes for Practice Managers and Team Managers in Children's Services are seen as fundamental in the performance management of social work practitioners. The programmes combine group coaching skills and practice development with one-to-one coaching and observation of supervision practice. Following completion of the programme, managers will be invited to join Action Learning Sets to facilitate ongoing peer group learning. The programmes are delivered by an experienced and social work qualified Lead Coach. Early indications from feedback is

that these programmes are making a recognisable difference to performance of managers and those they supervise; a full evaluation of the programmes and impact assessment will be undertaken later in 2012.

The wholesale reform of the social work profession in response to 'Building a safe and confident future' (Social Work Reform Board, 2010) and 'Munro review of Child Protection' (Eileen Munro, 2011), the upcoming change in regulator on the 1st August 2012 and the launch of the College of Social Work is resulting in a move towards a professional autonomy position. We will seek to learn from other local authorities as we develop a coherent model of continuing professional development (CPD) and professional progression that supports professional autonomy and blends the Health & Care Professions Council (HCPC) standards of proficiency, conduct, performance and ethics, the Professional Capabilities Framework (PCF) and the new National career structure/National Joint Council (NJC) job profiles.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

This report is an introduction to the social work case management task in Brighton and Hove and as such has no direct financial implications as all the current tasks can be met from within existing resources. However as each of the eight key areas are reported on in the future, any recommendations arising from these reports will need to be fully costed.

Finance Officer Consulted: Name: Louise Hoten Date: 21/05/12

Legal Implications:

The report sets out the context in which eight key standards of social work practice have been identified. This is also against the backdrop of significant reform of the family justice system confirmed in the Queen's speech, which will include the introduction of a statutory time limit of the length of care proceedings to 26 weeks and a reduction in the number of independent experts being commissioned. High quality credible social work and confidence in social work expertise and assessments will be essential to achieve both this, and the government agenda to improve delays in achieving permanent outcomes for children whom cannot safely live with their birth family.

Lawyer Consulted: Natasha Watson Date: 29.5.12

SUPPORTING DOCUMENTATION

Appendices:

1. **Appendix 1** – Social Work Reform Board Briefing
2. **Appendix 2** – Summary of the Munro Review of Child Protection
3. **Appendix 3** – Structure charts for Advice, Contact & Assessment, Children in Need and Integrated Child Development and Disability Service

