

Committee: Children and Young People Overview and Scrutiny Panel

Date: 13th November 2012

Agenda item: 6

Wards: All Wards

Subject: Safeguarding, Looked After Children, national and local updates including progress on Permanency and the SLAC inspection action plan

Lead officer: Yvette Stanley

Lead member: Councillor Maxi Martin,

Forward Plan reference number: N/A

Contact officer: Theresa Leavy, Head of Social Care and Youth Inclusion

Paul Ballatt, Head of Commissioning, Strategy and Performance

Recommendations:

That CYP Scrutiny:

- 1 Comment on the transformations proposed in CSF's Children's Social Care (CSC) and Early Intervention (EIS) services and endorse the overall approach.
2. Note the progress on the improvement actions required following Merton's S&LAC inspection 2012 through the MSCB multi –agency action plan reporting system and make any comments for reporting to the MSCB
3. Note progress made in relation to the adoption and permanency improvement plan and comment on the outcome indicators

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide C& YP Scrutiny Panel with an update on the transformation of children's social care and wider early intervention services in Merton as part of our Merton 2015 agenda to achieve quality and value, deliver our Medium Term Financial Strategy (MTFS) and in the context of a range of additional specific national and local drivers for change.
- 1.2 To update panel and seek comments and views in relation to specific improvement action plans including the Safeguarding & Looked After Children (SLAC) post inspection multi-agency action plan which is overseen by the statutory Merton Safeguarding Children Board (MSCB) and CSF's Adoption and Permanency Improvement Plan

2 TRANSFORMING CHILDREN'S SOCIAL CARE AND EARLY INTERVENTION SERVICES IN MERTON – BACKGROUND

- 2.1 Since 2009 C&YP Scrutiny Panel has received a series of reports on Merton's Children's Social Care including safeguarding and looked after children outlining the service's challenges in the context of rising demographics and the changes required in response to national and local drivers for change, such as: revised and more onerous inspection regimes; new statutory duties; and responding to the initial Munro findings. The Panel also regularly monitors safeguarding and LAC indicators as part of its routine work.
- 2.2 The social and demographic pressure on Children Social Care and our Early Intervention Services remain. Nationally numbers of children in care and on a plan have risen considerably (13% since 2009). This has been attributed to an increased general awareness of child protection and safeguarding issues combined with an extended universal offer in early years as well as pressures on families due to the financial context of the country are resulting in higher numbers of children coming to the attention of CSC services across the country.
- 2.3 In addition we have had a range of public policy initiatives from the coalition government which have expressly impacted on our emerging proposals these include: MASH; Troubled (Transforming) Families; The Family Justice Review; Children and Families Bill as well as a new Safeguarding and Looked After Children's inspection regime which has a very strong focus on EIS services as well as CSC services.
- 2.4 A third key influencer has been the financial context and the Council's MTFS and key to developing our proposals has been the need to create capacity to deal with the larger volume of activity in a nil growth situation and to deliver our MTFS savings.
- 2.5 Two separate but joined pieces of work have been undertaken redesigning our CSC and EIS services with Theresa Leavy leading on the CSC strand and Paul Ballatt on the EIS strand. These combine to enable us to deliver safe and effective CSC and preventative services building in the specific requirements of the MASH and Transforming (Troubled) Families models as well as securing the structures and roles to deliver the Munro agenda, the robust quality assurance approach that is needed to deliver this agenda and also to secure stability and permanency for children in a more timely way.

3. The Merton approach to CSC and EIS

- 3.1 Merton has had a longstanding approach to preventing children becoming looked after involving purposeful work with families to build capacity and resilience. Our Child and YP Well Being Model is well used and understood by partners and our recent SLAC inspection endorsed our preventative model and our self awareness and drive for continuous improvement. Our services have improved significantly and our positive impact is reflected in our continued low rates of looked after children. However overall our services are under severe volume pressures and this has, at peak times, impacted on timeliness and caseloads.
- 3.2 Key volume factors over and above the above mentioned national factors include our 30% increase in the child population (27% across the capital) working its way through the system as well as changes in the composition of the local community. As an example we also are seeing increasing numbers of

families with 3, 4, 5 or more children on a child protection plan. Key PIs evidencing this include:

- Common assessments have risen from c500 in 2010 to c 900 per annum In 2011.
- Initial contacts have risen from 3594 in 2006-7 to 4694 in 2011-12 (30%)
- Section 47 (urgent child protection investigations) have increased from 192 in 2006-7 to 261 in 2011-12 (35%)
- Our number of children on a child protection plan has continued to rise from an average of 120 in 2008-9 to a peak of 180 in 2012.

3.3 National research undertaken by the association of Director of Children's services (which Merton contributed to) also reflects this pattern and in summary:

- There have been significant national increases in initial contacts; referrals; children subject to a child protection plan and children looked after;
- A national increase in 16 and 17 year olds looked after as a result of the Southwark Judgement;
- Increasing numbers of LAs are reporting a significant overspend in CSC (5.9% overspend forecasted across 43 authorities);
- An estimation that the placement costs of the additional YP in care would cost an additional £173m per year from the 2008/9 base.

3.4 Within Merton we have implemented a more robust audit and QA system which shows that the increased volume is appropriate activity and this has been externally tested through our inspection. Ongoing audits of CPP cases show that they do meet Merton's robust thresholds for intervention. During this period we have also stabilised our workforce and significantly improved timeliness and quality of our work through our work to enhance the skills of our social workers and through our LEAN work we have improved productivity.

3.5 Given these sustained volume changes as well as the need to implement:

- The ongoing Munro recommendations;
- Transforming Families and the MASH;
- Children & Families Bill and the Family Justice Review and new statutory requirements for adoption and permanency; and take on; and
- new statutory ex-Youth Justice Board historic functions and support children in custody as looked after young people

3.6 We need to manage and deliver these changes in a highly constrained financial context and so a new structure for CSC is proposed which:

- Redesigns our entry point to incorporate the MASH and its wider responsibilities.
- Configures a range of services into our Transforming Families service which will operate at both a statutory and preventative level for older children and young people.

- Redesigns our looked after children and permanency services to deliver permanency more quickly and accommodate the Family Justice Review and Children and Families Bill requirements.
 - Strengthens our quality assurance and develops systems to ensure purposeful, timely and appropriate intervention following the move away from initial and core assessments to a single assessment process with key milestones and to incorporate the QA and risk management needs of our EIS services given the focus and nature of their work with higher risk cases.
 - Provides safe and appropriate managerial and supervision structures proportionate to the risks managed in teams and services and to support and develop our staff, including newly qualified social workers for whom there are specific new legal requirements.
- 3.7 This structure is currently out for formal consultation with staff although the development of the proposals has involved extensive engagement with CSC&YI SLT, managers and a cross section of staff. C&YP panel are welcome to consider and comment on the consultation questions which are attached as an appendix.
- 3.8 As part of the proposal, part of the Youth Inclusion portfolio will transfer into Education to deliver the new requirements for commissioning and quality assuring alternative education as well as the education inclusion aspects of the role. The post holder also has a key strategic partnership role with schools
- 3.9 Slides summarizing the proposals regarding the CSC&I restructure are attached as **appendix 1**.

4. Strengthening EIS services

- 4.1 Alongside this restructure to effectively address the pressure on CSC we need to strengthen our EIS services to prevent more families escalating up the hierarchy of risk and need and to work purposely with them to secure sustainable change. EIS services also need to act as a “step down service” to children exiting a plan so that we can test the change and resilience.
- 4.2 Currently we have a range of in house services working with families just below the CPP threshold - the most significant being the Vulnerable Children’s Team based in CSC and the Supporting Families Team based in Early Years. We have also been commissioning what we have broadly called EIS services from the voluntary sector.
- 4.3 Commissioned services were re-commissioned in 2009 giving a sharper focus on impact and outcomes but still working across several levels of the C&YP Well Being Model. Staff and providers were involved in reviewing our early intervention and prevention strategy during 2011. This work involved examining the effectiveness of the current CYP Wellbeing model, the Common Assessment framework and both in house and commissioned services in supporting early identification and intervention with children and families. A revised EIS Strategy was developed in Jan 2012 and subsequently endorsed by the Children’s Trust Board and DMT. For 2012/13 services were commissioned on a short term basis on the understanding future commissioning was likely to be reduced and refocused on a higher level of risk/need interventions.

- 4.4 Work has continued since then to develop the strategy into operational structures and revised commissioning plans but we have subsequently had to build in the emerging implications of the MASH and the emerging role of the Transforming Families function. The business case for establishing new EIS structures is currently subject to consultation with staff and is attached at **appendix 2**
- 4.5 Evidence and inspection findings suggest that key to delivering effective EIS services will be:
- A strong and consistent assessment process including assessment and appropriate management of risk;
 - Moving from remedial work to effecting change in families;
 - Ensuring there is adequate challenge re risk/change in the system – purposeful planning;
 - Robust and challenging supervision of casework staff to ensure an appropriate focus on issues eg of neglect; impact of adult mental health; domestic violence etc
 - Early support needs to be delivered by trained and experienced staff and model of supervision appropriate to level of risk being held within the community;
 - Impact of early support needs to be evidenced in plans including on CIN/ CPP; and
 - Plans must be regularly reviewed and actions changed in light of current assessment and risk levels.
- 4.6 Our EIS services will be a key part of our next safeguarding inspection with inspectors and will have to be firmly part of the QA process pre and post statutory intervention. With that in mind the delivery model we are working towards will:
- Simplify our C&YP Well Being Model with 3 rather than 5 levels of need: universal; enhanced and specialist;
 - Refine our existing common assessment to achieve a stronger “whole family focus” and accommodate requirements from Munro;
 - Enable an appropriate response to children in different age groups through the Supporting Families (0-5), Vulnerable Children’s Team 5-16 and Transforming Families;
 - Refocus resources from lower level needs – closer to universal – to an enhanced offer at CIN and just below this threshold.
 - Co-ordinate the multi-agency response including allocating lead practitioners/caseworkers;
 - Adopt a more robust assessment and case management approach;
 - Access support from specific disciplines from across CSF and partners;
 - Provide advice and support to practitioners working at the universal level;

- Provide step down services and support to families leaving specialist services but still requiring intervention; and
 - Be able to access commissioned EIS services.
- 4.7 In order to fund the enhanced prevention services, all service and commissioning budgets have been reviewed and aligned to the appropriate service needs. The changes proposed to CSC and EIS are affordable and take into account the proposed £90k saving from EIS for 2013-14. Should this saving be agreed this would leave c £255,600 for specific commissioning of EIS services from the local VCS.
- 4.8 Commissioned services would have to meet our commissioning intentions and specifications which are under development but are likely to be focussed on the following areas:
- Parental Mental Health and/or alcohol or substance misuse
 - Parental relationships and domestic violence
 - Learning disabilities – both of parent and child or young person.
 - Housing support specifically in relation to those living in poverty, in the context of the current recession
 - Young Carers
 - Refugees and Asylum Seekers
 - Young runaways
- 4.9 These funds are in addition to commissioning budgets for support for children with disabilities, youth provision and other parenting and family support programmes. CSF's overall commissioning budgets will be in the region of c£1.3m although further commissioning savings may be required within the MTFs.
- 4.10 In conclusion the CSC and EIS restructures in combination are intended to deliver robust intervention and prevention services and to sustain our longstanding approach to preventing care and criminal justice interventions within a dynamic national agenda for change and in the context of the national and local financial pressures.

5. SAFEGUARDING AND LAC INSPECTION ACTION PLAN UPDATE

- 5.1 The MSCB considered Ofsted's S&LAC report of February 2012 and agreed lead agencies for each action point as appropriate. Agencies completed the template indicating actions to address the areas for improvement and progress has been monitored at each subsequent MSCB. The most up-to-date action plan indicating progress is attached as **appendix 3**

6. ADOPTION & PERMANENCY IMPROVEMENT PLAN UPDATE

- 6.1 The Government is developing and implementing an ambitious reform programme to ensure that more children, for whom adoption is the best option, can be placed more quickly with permanent families to ensure they have the best possible chances in life.

- 6.2 We are placing our social workers at the heart of implementing this reform programme and have taken significant steps to improve the quality and timeliness of the services we offer. We are working to reduce the time it takes between children first entering care and being adopted – seeing children moving into stable homes as early as possible; to improve the quality of associated decision making; and to increase the numbers of adopters being recruited and approved (including the impact of effective adoption support).
- 6.3 Our present position within the national Adoption Scorecard which relates to historical practice shows variable performance across the piece although the trajectory is one of improvement. As outlined previously the scorecards do not take account of contextual factors such as our very low numbers of children eligible for adoption and the higher than average proportion of those eligible having complex needs. With very small numbers the timescales for one or two complex cases increase the average time significantly.
- 6.4 Despite low numbers of children and a high proportion of children with complex needs over the last 4 years we have moved our average time taken from 1300 days to 659 – close to the current national average.
- 6.5 We have fully recognized that we can improve further and supported with independent challenge and support from BAAF our adoption and permanency improvement plan is gaining traction in a range of areas. We have:
- Restructured our adoption and permanency service and strengthened the quality assurance and tracking of children’s progress through the courts
 - Worked to minimise court delays by working closely with our partners who also use the Croydon courts and the Court representatives
 - Launched our Merton Adopters Charter to strengthen our partnership working with prospective adoptive parents and ease the adoption process.
 - Redesigned our adoption and fostering panels to ensure efficiency and effectiveness of decision making.
- 6.6 We are all passionate about making the most difference we can to the lives of each and every one of our looked after children and to achieving the best possible permanency options as swiftly as possible. To that end we need to ensure we rise to this challenge and continue to deliver our improvement plan with pace and determination whilst keeping the child’s needs at the core of any decision making - the action plan is attached at **appendix 4**

7. ALTERNATIVE OPTIONS

- 7.1 The CSC consultation paper has been developed mindful of good and best practice and through exploring alternative models and the consultation includes a range of issues which will influence final structures and roles.
- 7.2 As part of the EIS development a range of options have been developed and considered at key stages and the formal consultation process with staff affected will influence final structures.

7.3 The council could continue with its existing arrangements but they are likely to become financially unsustainable as the numbers of children on a CP plan continue to rise.

8. CONSULTATION UNDERTAKEN OR PROPOSED

8.1 Formal consultation is ongoing with staff affected by the CSC and YI restructure and staff have been involved in consultation during their development. Partners were involved in the EIS strategy development and specific consultations on MASH and TF.

9. TIMETABLE

9.1 We have commenced the 30 day consultation concerning children social care and youth inclusion structures and on the revised Supporting Families and BVCT structures. Commissioning – likely to be for one year only at this stage with permissible extension - will commence in November 2012.

10. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

10.1 The implementation of the transformation strategies has already delivered £200k of savings in EIS and £529k of savings in children's social care in 11/12. In 12/13 we have delivered a further £ 257k of savings in children's social care (including placements which are budgeted for in CSP), but protected EIS services which were under review.

10.2 £222k of savings have been agreed for CSC in 13/14 and £90k of savings are proposed for EIS services in the CSF 13/14 proposals. This combined with redirection of resources into VCT and SF to effectively manage current volumes will leave £250k for commissioning of EIS including services to specific vulnerable groups, £90k for commissioning of services to children with disabilities and will leave additional commissioning pots for family support, parenting and youth commissioning of c£0.750m

11. LEGAL AND STATUTORY IMPLICATIONS

11.1 The proposed changes to operational structures outlined in this paper enable the department to continue to fulfil statutory responsibilities and best practice principles and to deliver our MTFS savings.

12. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

12.1 Sound and effective CSC and EIS services are essential in delivering children's rights under the UN convention and our work strongly contributes to improving equality and promoting community cohesion.

13. CRIME AND DISORDER IMPLICATIONS

13.1 Youth Justice Services will be incorporated into Transforming Families enabling the council's and partners' work – including to prevent young people escalating into the Criminal Justice system - to continue to be robust despite a growing population. Concerns have been expressed nationally about the effective transition of key Youth Justice Board responsibilities to local authorities without sufficient resources and this will be a key consideration going forward.

14. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

14.1 Risk management will continue to be embedded effectively into all our work and the new arrangements will strengthen the management of risk in preventative services.

15. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- APPENDIX 1: CSC &YI PROPOSED RESTRUCTURE – slides + consultation questions
- APPENDIX 2: EIS BUSINESS CASE
- APPENDIX 4: MSCB S&LAC INSPECTION ACTION PLAN
- APPENDIX 5: ADOPTION + PERMANENCY IMPROVEMENT ACTION PLAN

16. BACKGROUND PAPERS

16.1 None



88 Presentation to Staff

Change Programme Children's
Social Care & Youth Inclusion

Challenges and Opportunities

- As always in the field of children's services, and especially within the field of working with vulnerable children and young people, we face a range of challenges that require us to ensure our services are secure, robust and fit for purpose.

- **The children, young people and their families we are responsible for, and accountable to, require that we drive forward with maximum energy on our journey towards providing only excellent services.**
- **We will do this by ensuring we support our staff through managed workloads and supervision and training and development that ensures their success.**
- **We must capitalize on every efficiency, maximize every synergy and ensure every pound spent is used in the most effective way.**

Local National Global

- Some of the challenges are global; economic pressures building in families and communities;
- Some of the challenges are local; demographic changes, ever changing partnership frameworks;
- Others reflect the National drivers of revised and more onerous inspection regimes: new statutory guidance, changes to legislation and opportunities presented in the Munro findings and the Family Justice Review.

- **The Merton Wellbeing model and the services provided have been assessed as Good and we share an ambition to build upon that foundation to deliver outstanding services.**
- **Services that are provided earlier, from an evidence based approach and by staff whose workload is managed, are well trained and managed within a values framework of support and challenge in equal measure.**

A range of proposals from the coalition government have shaped this change programme these include:

- **Graham Allen Review on Early Help**
- **Revised Working Together 2012,**
- **The sharp focus on improving adoption outcomes**
- **MASH**
- **Troubled (Transforming) Families**
- **The Family Justice Review**
- **Children and Families Bill**
- **Raising Participation Age**
- **New Safeguarding and Looked After Children’s inspection regime which has a very strong focus on Early Help as well as Children’s Social Care services.**

And yet... As before

- We need to manage and deliver these changes in a highly constrained financial context.
- ♀

....and so a new structure for CSC & YI is proposed which:

....ensures an effective multi agency
entry point

- Our entry point for children of concern incorporates the MASH and its wider responsibilities - in doing so we can achieve better information sharing, avoid duplication and provide a surer system for undertaking multi agency child protection investigations.

....Enhances our services to the most troubled and troubling families

- The new structure configures a range of services into our Transforming Families service which will operate at both a statutory and preventative level for older children, young people and their families.

....Ensures all our children are secured a permanent family in a timely manner

- The structure redesigns our looked after children and permanency services to deliver permanency more quickly and accommodate the requirements of the Family Justice Review and Children and Families Bill.
- We build on the strengths of the services provided to young people aged 16+ and ensure that our 14 year olds are in a settled service provision that remains with them through their academic life.

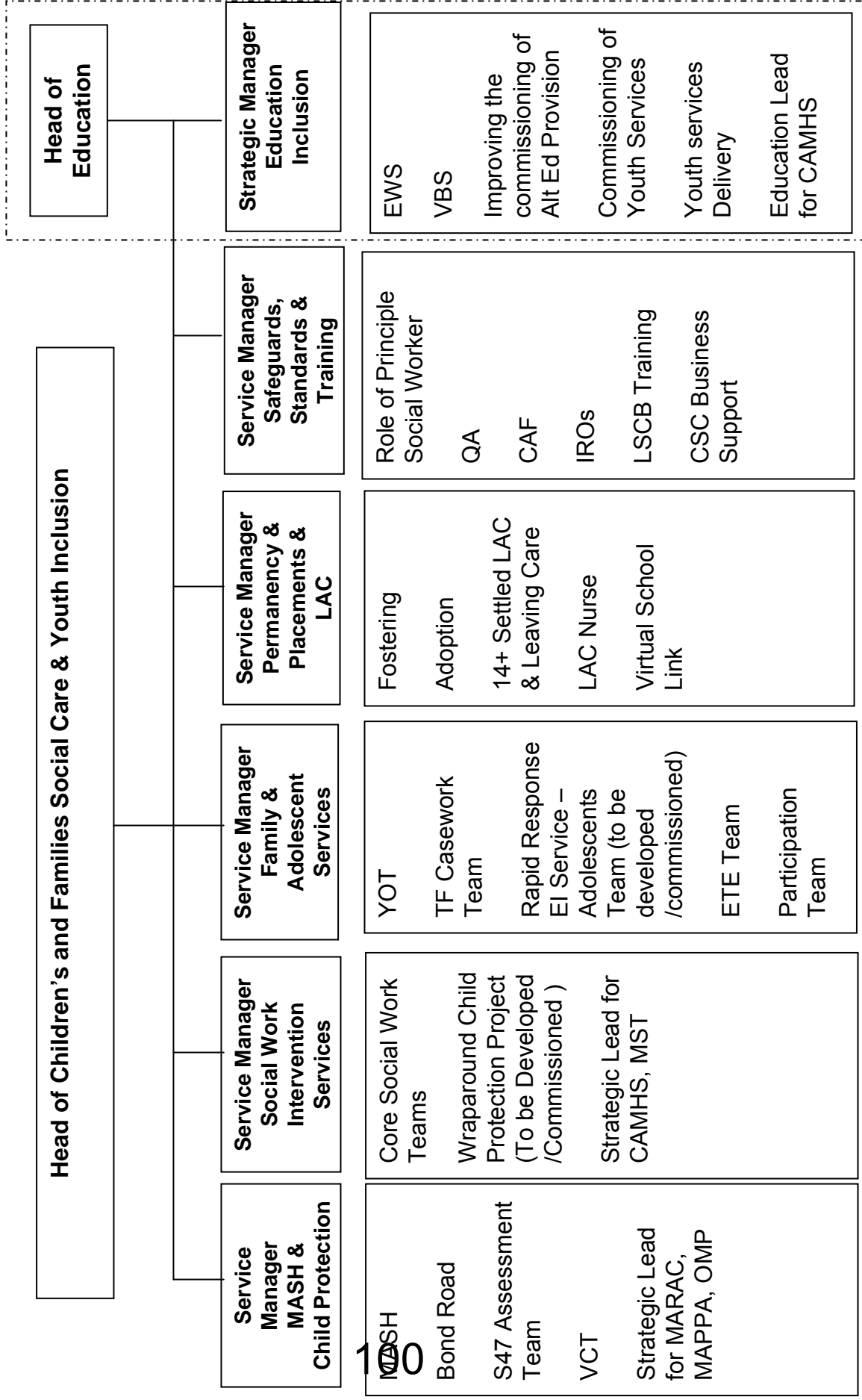
.... Know when we are getting it right
and when we're not

- The structure strengthens our quality assurance and develops systems to ensure purposeful, timely and appropriate intervention following the move away from cores and initial assessments to a single assessment process with key milestones and to incorporate the QA and risk management needs of our EIS services given the focus and nature of their work with higher risk cases.

....Ensure we look after our most important resource of all... ..you

- Provide safe and appropriate managerial and supervision structures proportionate to the risks
- ⌘ managed in teams and services and to support and develop our staff, including newly qualified social workers for whom there are specific new legal requirements.

CHILDREN, SCHOOLS AND FAMILIES DEPARTMENT



Head of Children's and Families Social Care & Youth Inclusion

Head of Education

Service Manager MASH & Child Protection

Service Manager Social Work Intervention Services

Service Manager Family & Adolescent Services

Service Manager Permanency & Placements & LAC

Service Manager Safeguards, Standards & Training

Strategic Manager Education Inclusion

MASH Bond Road
S47 Assessment Team
VCT
Strategic Lead for MARAC, MAPPA, OMP

Core Social Work Teams
Wraparound Child Protection Project (To be Developed /Commissioned)
Strategic Lead for CAMHS, MST

YOT
TF Casework Team
Rapid Response EI Service – Adolescents Team (to be developed /commissioned)
ETE Team
Participation Team

Fostering
Adoption
14+ Settled LAC & Leaving Care
LAC Nurse
Virtual School Link

Role of Principle Social Worker
QA
CAF
IROs
LSCB Training
CSC Business Support

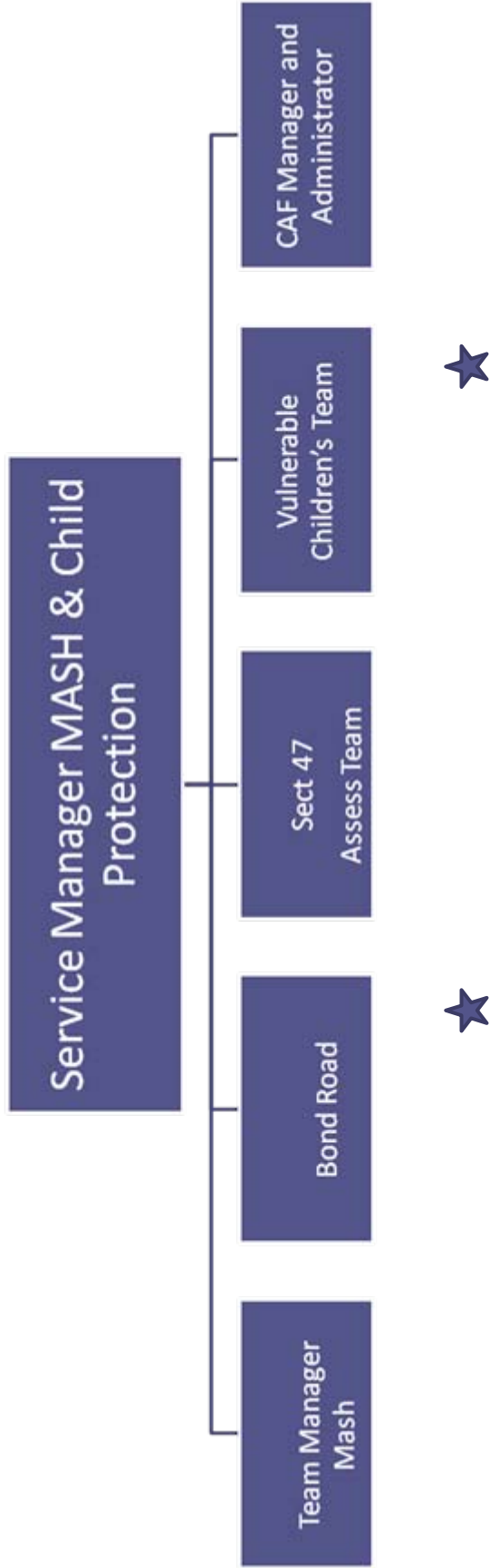
EWS
VBS
Improving the commissioning of Alt Ed Provision
Commissioning of Youth Services
Youth services Delivery
Education Lead for CAMHS

Funding

- This change programme is not intended to deliver cashable savings. Over time it is intended to deliver profit of improved outcomes.
- Any increase in the range of service delivery and expert/supervisory enhancements will be funded from some new income streams secured through the TF programme, a redistribution of the phoenix project funding and some small amount of funding from central government to target key improvements.

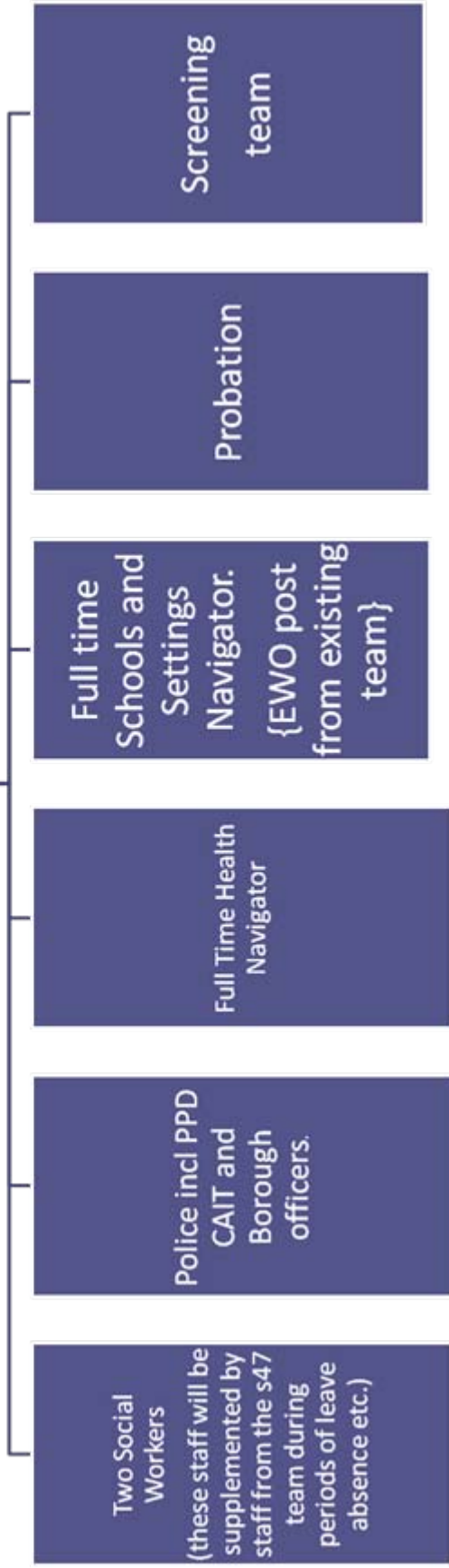
SERVICE MANAGER MASH & CHILD PROTECTION

- This Service Stream will lead on partnership working and the transition of all new work where children are in need of services to ensure their wellbeing or in need of protection. The service manager (New Post) will be the lead link for MARAC and MAPPA and the interface with schools and other settings in relation to Early Help.

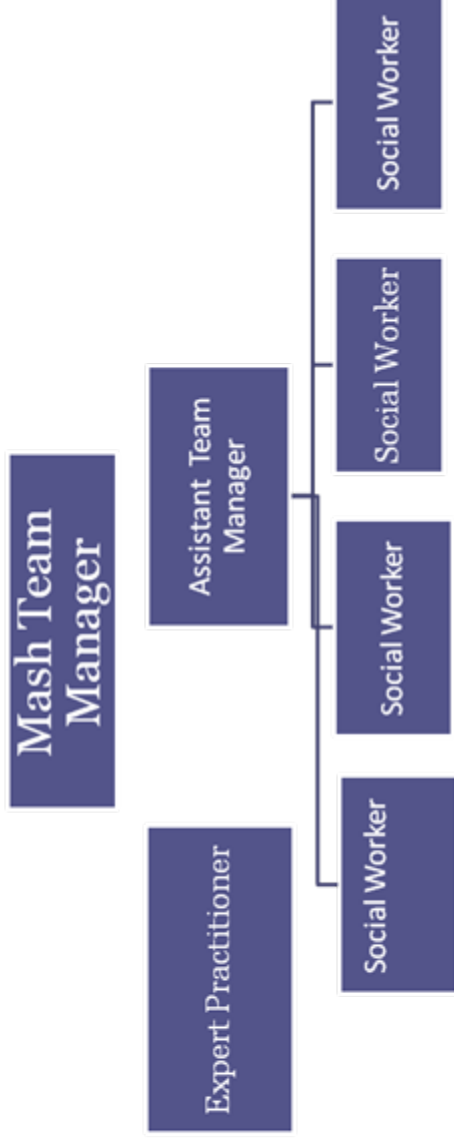


MASH

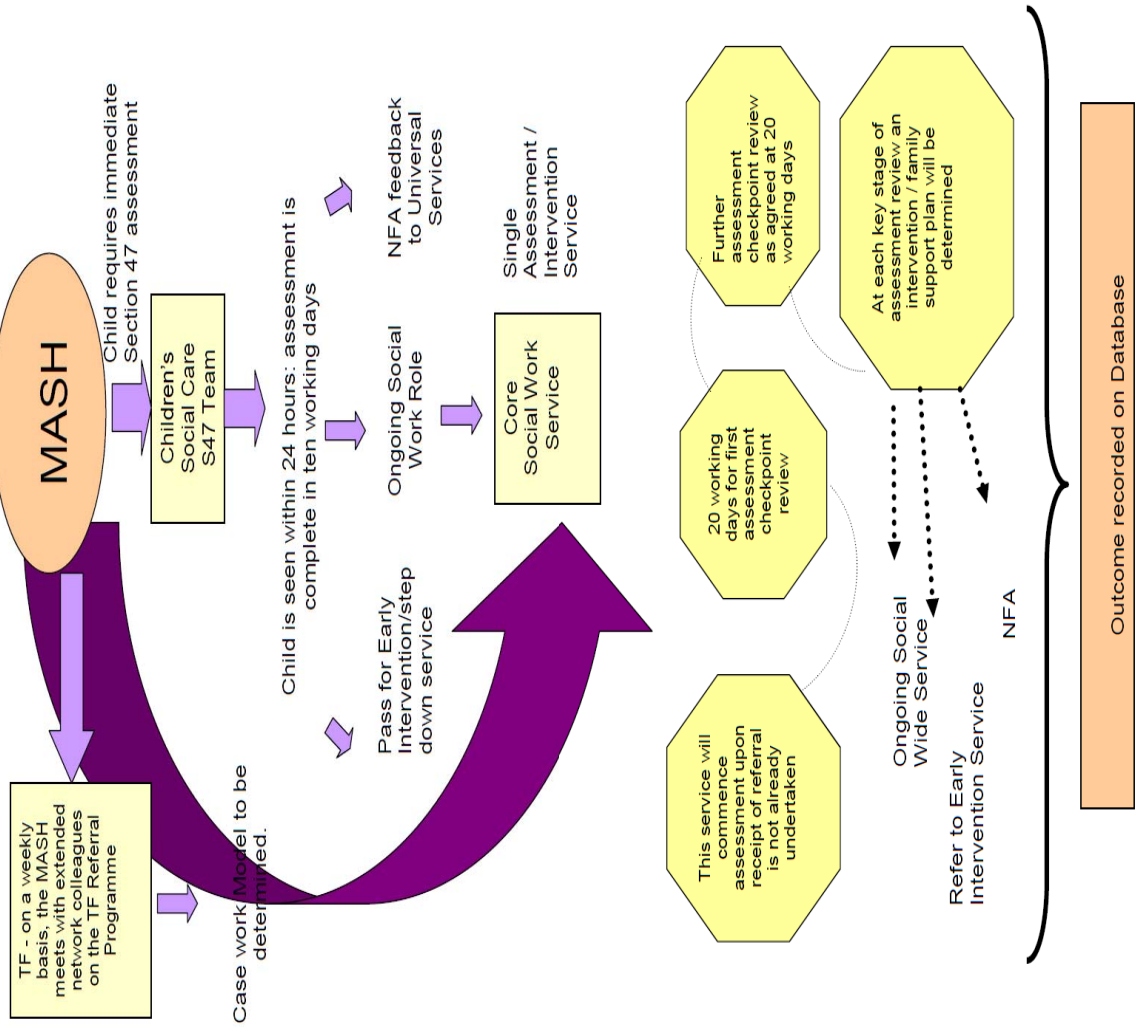
MASH Team
Manager



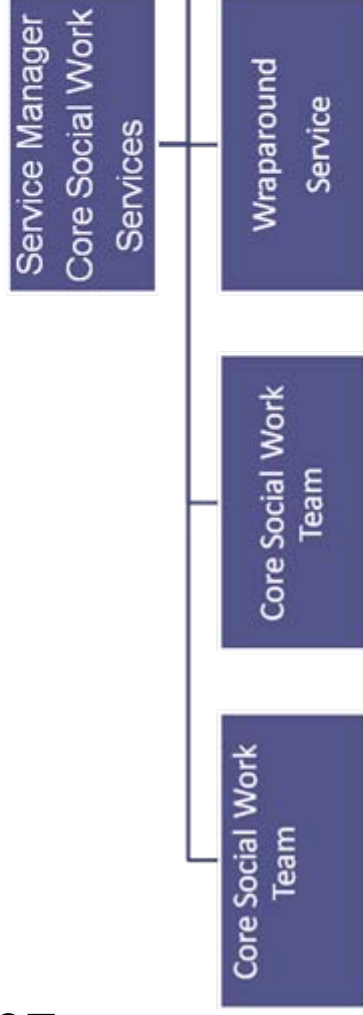
Child Protection Assessment Team



The Social Care Service Route (including Transforming Families)



Service Stream Core Social Work Services



Core Social Work Teams

- It is proposed to have two core social work teams with each team having two sub teams of social workers led by both an ATM and an Expert Practitioner.
- The model will maximise the strengths of the Hackney Model including closer working with CAMHS colleagues and other commissioned services across a range of cases .

Wraparound Service

- The wraparound service will be developed/commissioned to provide out of hours and additional support service to families with high risk presentation.
- A good deal of this activity is presently spot purchased and some of the present function of the Phoenix service is intended to meet this need.
- This is seen as a key function in assisting families in providing good enough care for their children and avoiding the need for children to become looked after.

Family and Adolescent Services

Service Manager
Family &
Adolescent Services

Rapid Response EI Service
- (to be developed/
commissioned)

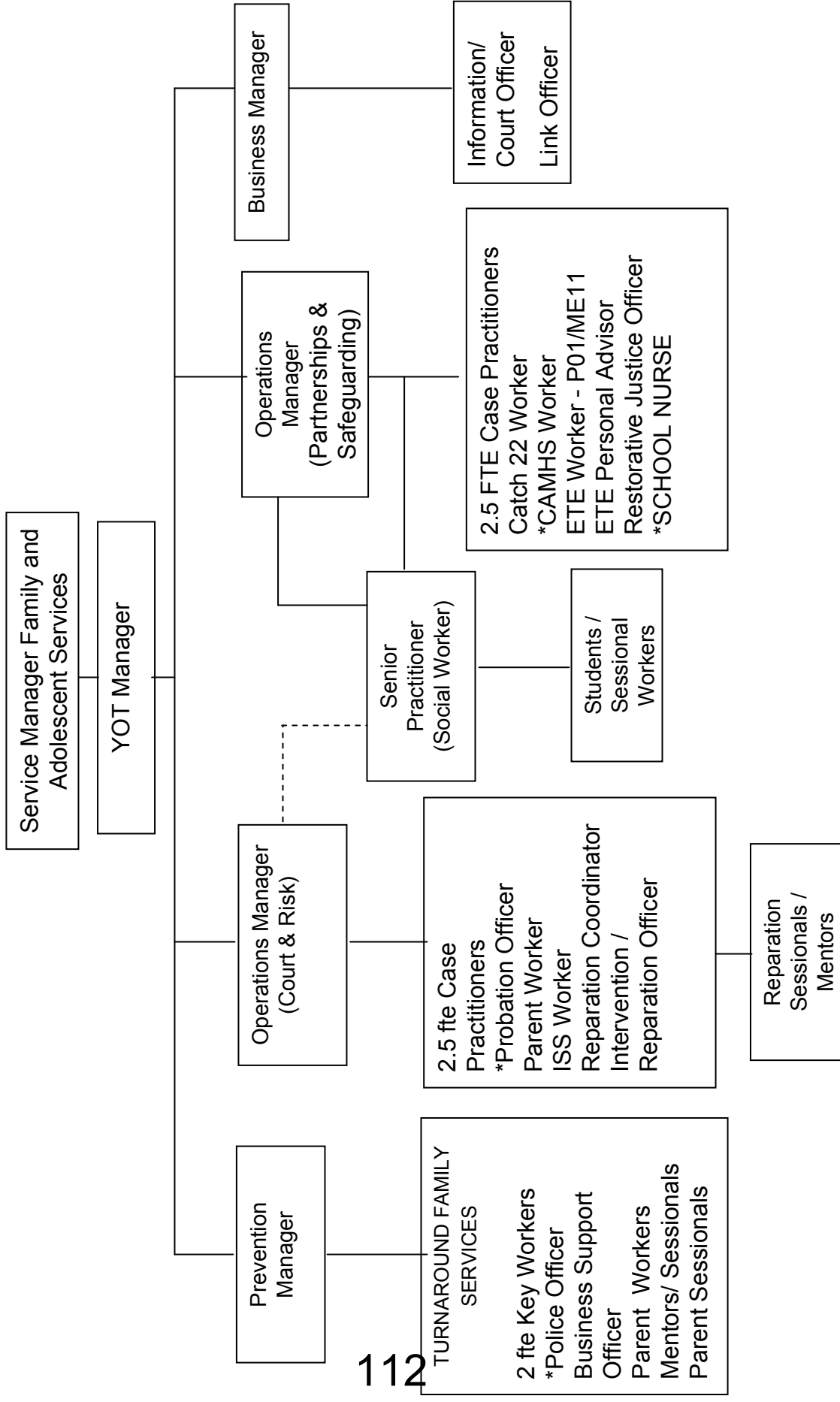
Transforming Families
Casework Team

YOT

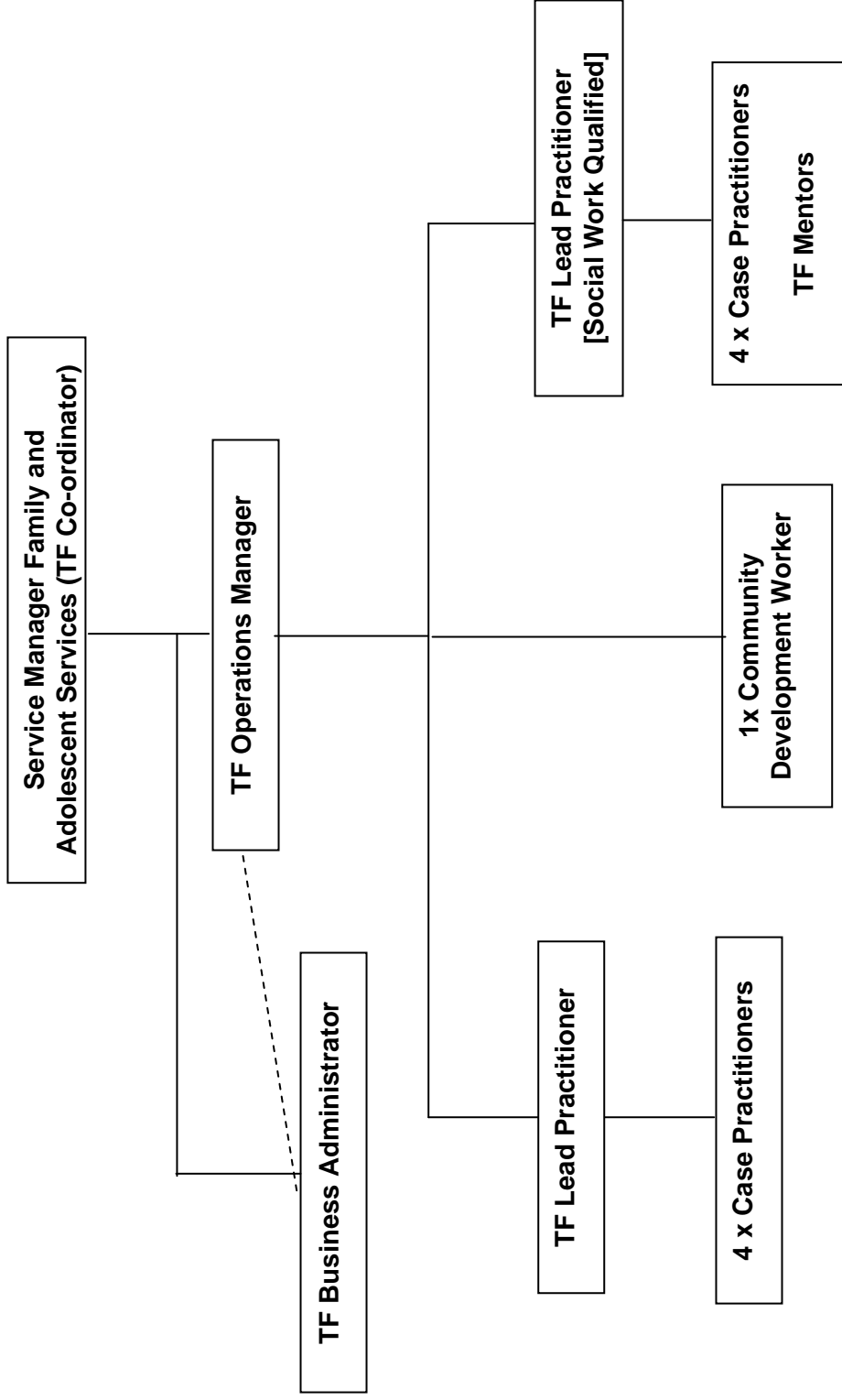
ETE Service

Participation Team

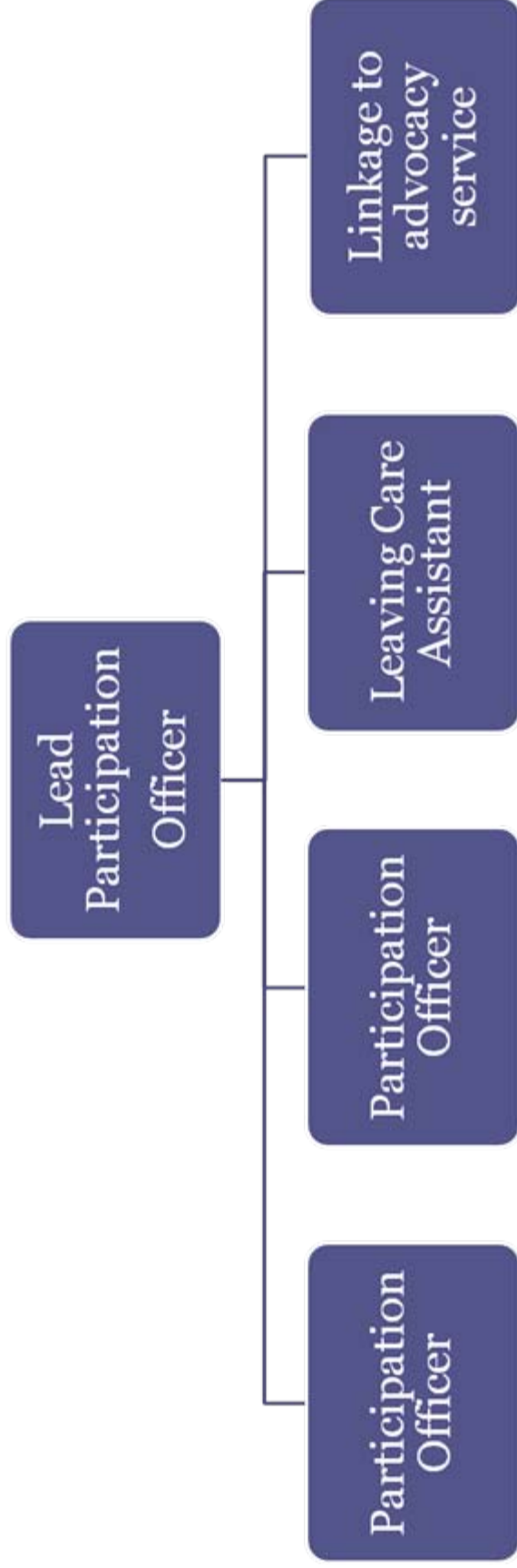
YOT Structure



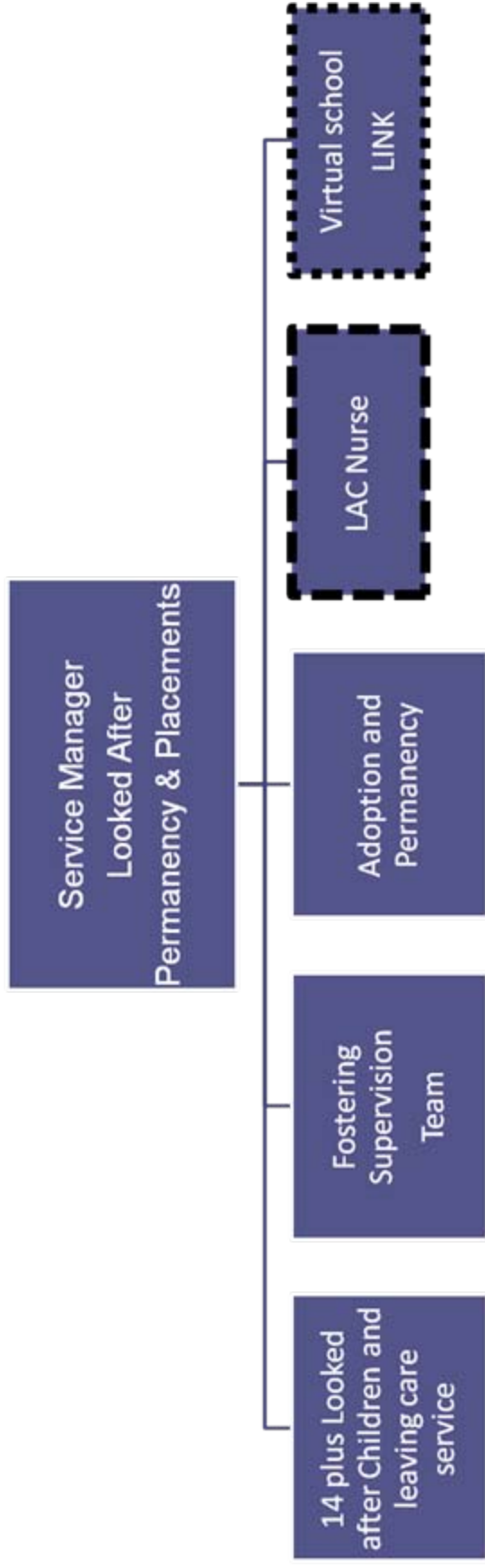
Transforming Families Structure



Participation and Engagement Team



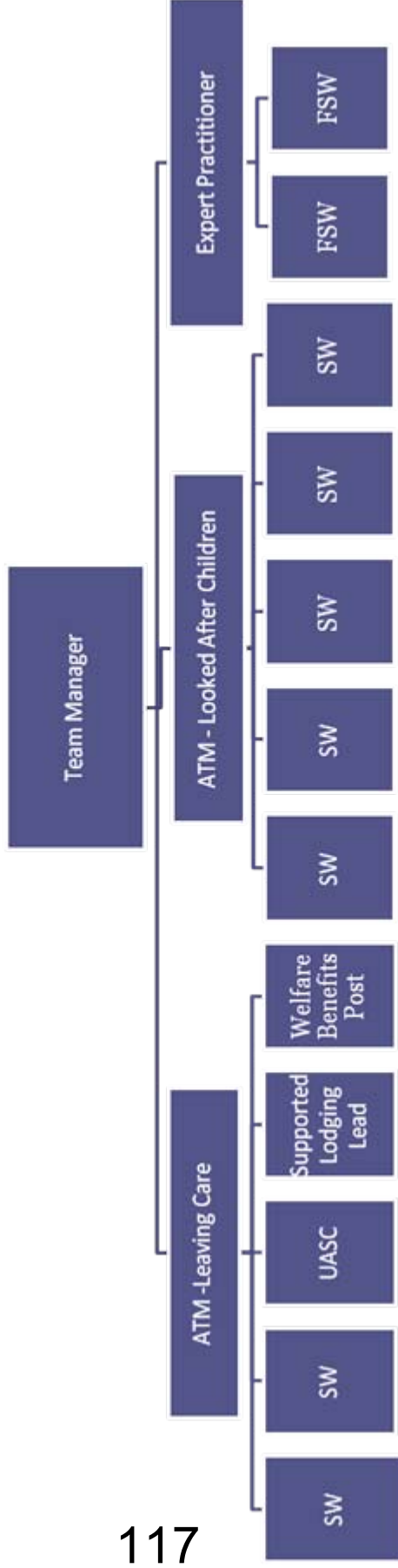
SERVICE MANAGER PERMANENCY & PLACEMENTS & OLDER LAC



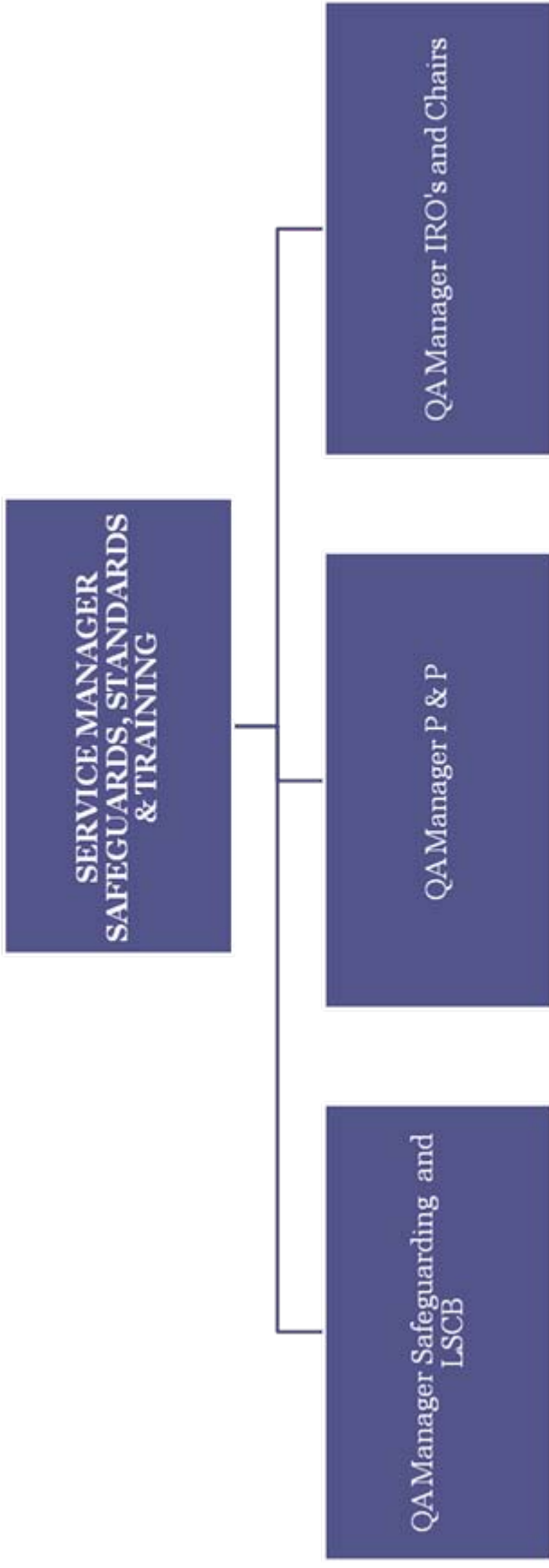
Enhanced Early Intervention services

- 0-5 years – Supporting families
- 5-16 years Vulnerable Children’s Team
- 8-18 Adolescents services Transforming Families

14+ Service



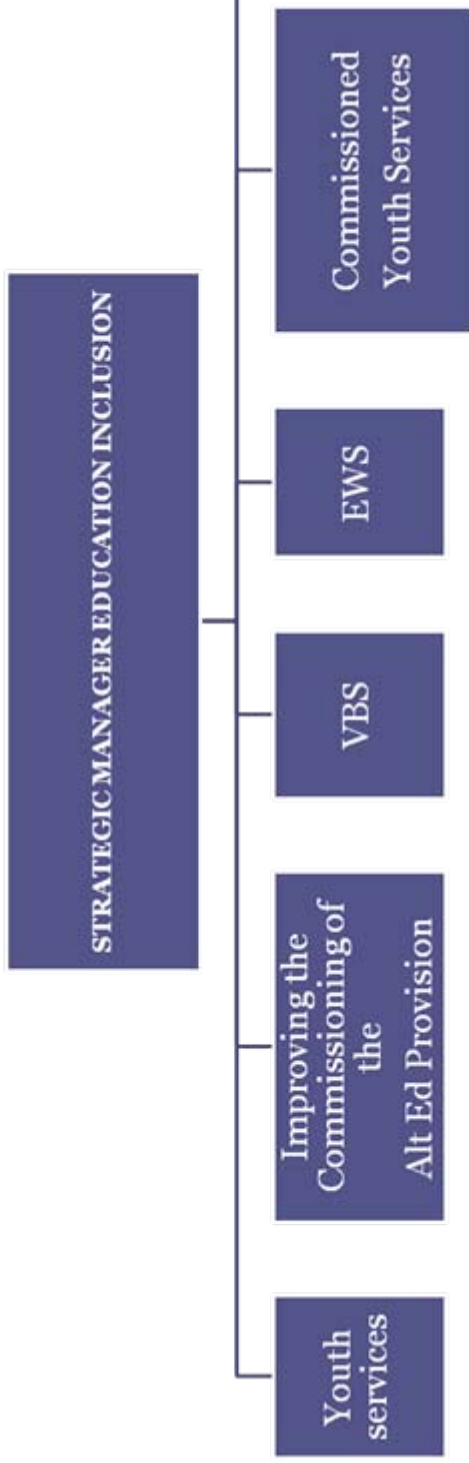
SERVICE MANAGER SAFEGUARDS, STANDARDS & TRAINING



STRATEGIC MANAGER EDUCATION INCLUSION

INCLUSION

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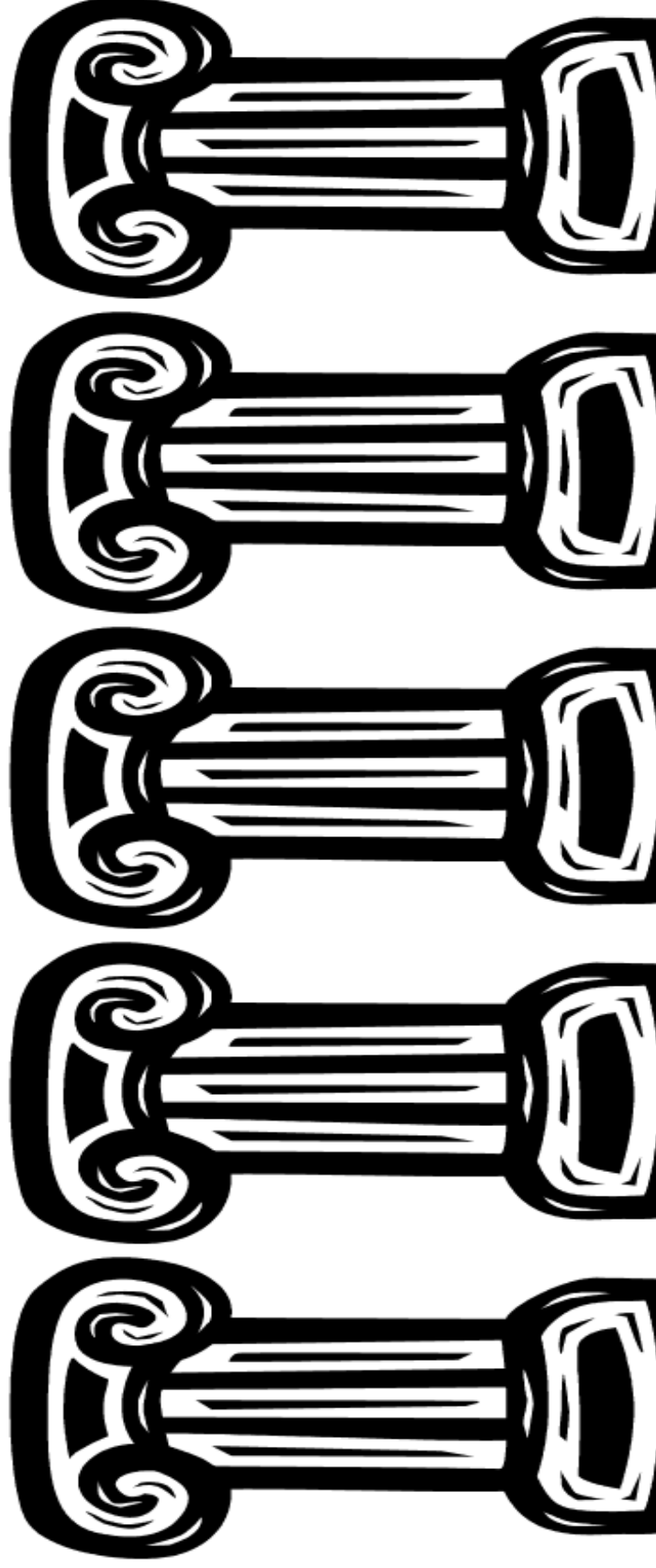
* VBS Unchanged

LEARNING AND DEVELOPMENT AND SUPPORT TO PRACTITIONERS

- There is a substantial amount of work underway in relation to the support elements and the training and development requirements for staff to support the new ways of working.
- In addition to securing the role of Principle Social Worker within this structure we are investing further in expert practitioners whom remain case holders and work collegiately with less experienced workers.
- We are commissioning coaching programmes for a range of staff both to receive coaching for personal and professional development and to train as internal coaches for other staff.
- We will establish a peer audit programme and will be supporting this with reflective group supervision arrangements.
- The new Social Worker job description is under this consultation, and reflects the new PCF and the new roles and responsibilities required to support this system change.
- The ASYE programme has commenced for the NQSW's and we are committed to delivering the requirements of the ASYE.

The Five Pillars of Success

A Child Focussed System	A Variety of provision of early help	Clear, shared accountabilities focussed on outcomes	Improved learning and expertise	Support for effective social work practise
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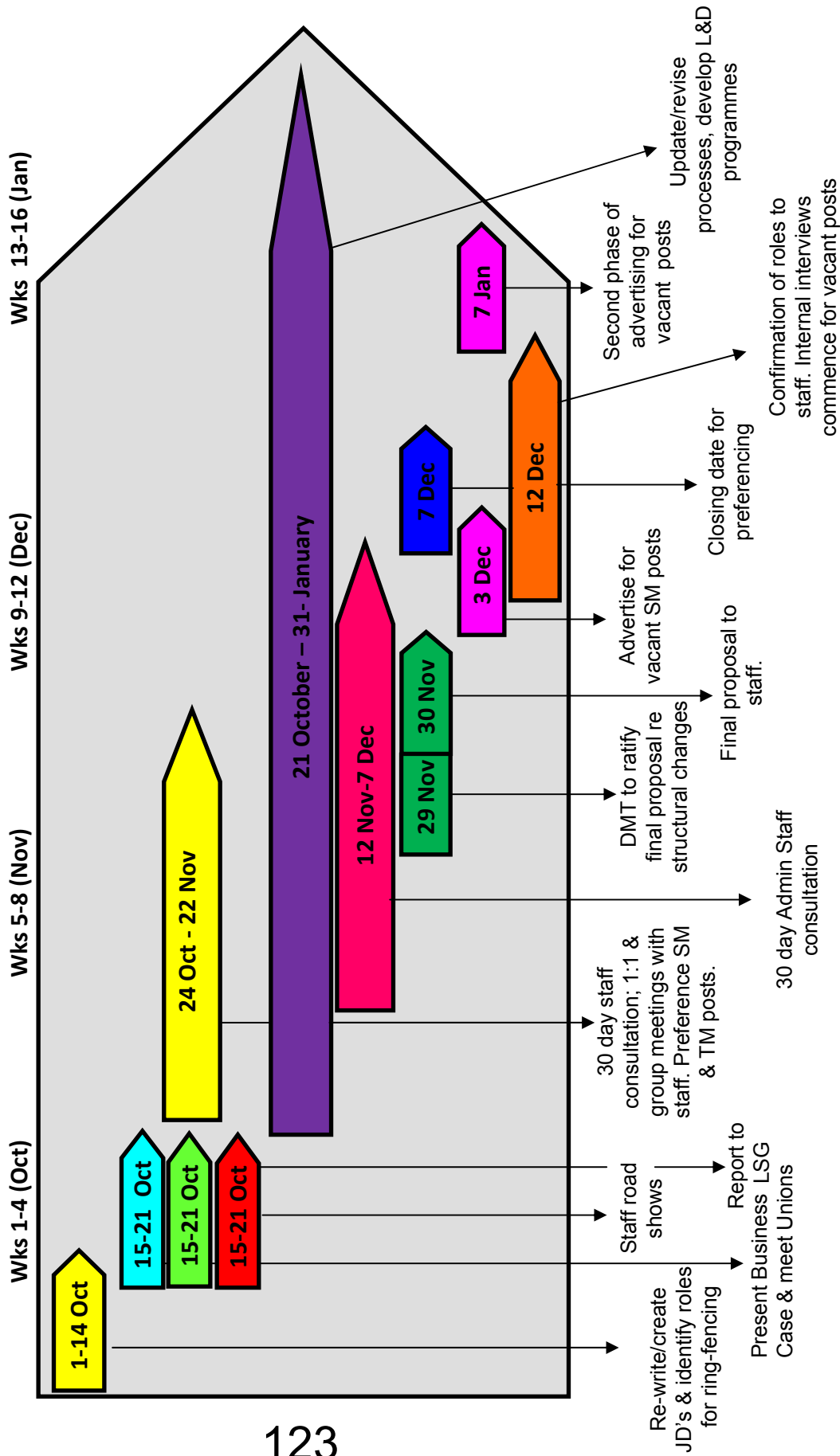


What Next ?

- Formal consultation letters and documents will be sent to all staff on Monday 22nd October when a formal 30 day consultation programme begins.
- There will be an exclusive email established for feedback and a weekly communication to all staff to reflect the feedback received to date
- All staff will be notified if they are to be assimilated directly or to be part of a preferencing exercise.
- Once the consultation period has closed and feedback has been assimilated we will continue wherever possible with the evolutionary approach to delivering the change programme ensuring that the change does not impact on our children's best interests

CSC & YI Reorganisation Timeline

1st October 2012 – 31st January 2013



Consultation Questions on CSC & YI Restructure

New Structure & Services

Does the new structure adequately address Dr Eileen Munro's recommendations to ensure that the child is at the centre of social work practice and allow for a continuous relationship with the child and their family?
Does the new structure fulfil the new statutory guidance from the government on safeguarding children?

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Working Together to Safeguard Children (2012)* pending outcome of recent consultation

Managing Individual Cases framework: for assessment of children in need

Learning & Improvement: proposed new arrangements for serious case reviews and child death reviews

*More streamlined, less prescriptive, increased capacity and support to social workers and integrated, multi-agency front doors

Does the new structure have the right balance of managers to staff?

Is the service configuration right and are the teams structured to deal with the current and predicted workloads?

Is a caseload of 16-20 manageable and what processes do we need to put in place to ensure caseloads are equitable?

25

Are the staffing levels right for each team?

In addition to supporting the professional development of social work staff and practice, what other areas could 'Expert Practitioners' support?

Does the title 'Expert Practitioner' accurately describe the role of an advanced practitioner or is there another title we should be considering?

Does the service structure support the development of NQSW on their ASYE?

Will the new structure create more opportunities for our teams to improve partnership working?

Would it be beneficial to have specialist practice areas in the core social work teams?

Will it enable us to improve our performance by responding more quickly to our most vulnerable clients and improve life outcomes for those that need ongoing support?

Does the structure create an environment where evidence based practice can be integrated into service delivery?

Will the new service areas adequately utilise our staff's skills, knowledge and expertise?

What benefits are envisaged from moving Education, Training & Employment service moved out of Youth Inclusion to Family & Adolescent Services?

What was the rationale behind moving the Youth Commissioning function to Education Services?

Is the 'Front Door' the best place to locate our CAF team? What are the advantages and disadvantages?

What experience should the MASH Health and Education Navigators have to ensure they are best equipped to make decisions and support the MASH process?

Does the new structure promote a culture of diversity and fulfil our commitment as an Equal Opportunities employer?

Does the name Children's Social Care & Youth Inclusion accurately represent the services we provide?

Do you think commissioning a Wraparound service is the right thing to do or should we be developing a service in-house?

Which voluntary providers do you believe have the expertise to provide a Wraparound service?

Impact on staff

- Will the merger of some services present any cultural challenges and if so, how can we best work to address them early on?
- What are the benefits and risks of creating a generic social worker role?
- What are the advantages and disadvantages of a transfer/secondment/placement system where social work staff can move between different service areas after a qualifying period?
- How long should a social worker practice in a particular service area before being eligible to move?
- Should transfer be only voluntary?
- Should staff be able to transfer between all service areas or should some be ring-fenced due to their specialist nature?

Transition from old to new

We will be operating a job preference process for all staff to select the team they would wish to be located in – are there any other considerations that should be made in relation to team allocation?

We are intending for the MASH to be operational early 2013 in line with the new Working Together 2012 guidance and our own performance frameworks.

We are recommending the following business processes and performance targets :

All Section 47 referrals require the child(ren) to be seen within 24 hours and a single assessment of risk and need to be completed on each child within 10 working days

All other referrals of concern will be graded by the MASH as either meeting the threshold for children's social care or requiring the services of a range of Early Intervention Services (to be described elsewhere)

In the instance of cases being referred into any CSC and YI service the child will be the subject of a single assessment – the nature of that assessment e.g. the elements to be prioritised, will be agreed by the supervisor and the member of staff

As a quality standard we will expect, and monitor, that each child is seen within 10 working days of the referral for service. Further, each single assessment will have checkpoints at 20, and if still open, 40 working days to track progress

We will maintain targets and monitoring in relation to visiting schedules for children subject of a Protection Plan and Looked After.

Are there other areas we should focus upon?

Learning & Development

Does the new structure facilitate an environment where our social workers have a single framework for skills and professional development?

What processes should we put in place to allow for a culture of constructive criticism and feedback to be encouraged?

What formal and informal initiatives should we engage to ensure best practice is shared and that staff are supported to develop on and off the job?

The new structure is intended to retain and reward our more experienced, qualified staff and develop those coming up through the ranks – is there anything else we need to think of in this matter?

Business Case: Proposal for the Development of Enhanced Level Early Intervention Services.
Version 3 – October 18th 2012

Introduction:

This outline business case, written in discussion with the Service Managers for Early Years Child Care and Children's Centres and Community Support follows the remodelling briefing note dated October 1st 2012 and discussions of the Children Schools and Families DMT on Thursday 4th October 2012. The business case is predicated on the early intervention delivery model originally agreed by DMT, but rather than undertake whole system re-structure at this time, the pragmatic option is to expand existing in-house teams – making use of existing commissioning monies – and adapt their functioning in line with the principles agreed. This would require a less complex process with a lower level of risk during a period of considerable change across the department. This paper provides an overview of the budget required and proposals for the structures and functions required from an enhanced level service.

Drivers:

The key drivers for the Early Intervention Strategy were:

- Building on the good and best elements of practice in Merton and elsewhere
- Rising numbers of children appropriately on a child protection plan
- Increasing evidence base of the impact of specific intervention models
- Need to retain a focus on outcomes but increase impact of interventions through improved targeting of service delivery
- Deliver CSFs MTFS savings 13/14 and beyond
- Meet our own quality assurance expectations.

These drivers remain pertinent today, as we need to:

- Demonstrate effectiveness and value for money
- Find £90,000 savings from EIP budgets for 2013/14, and possibly more in future years.
- Manage increasing population and demand for early help in Merton, and therefore the need to better target services to those at greatest need.
- Manage increasing diversity and complexity of issues

Alongside these, there are changes to the OFSTED Framework for the Inspection of local authority arrangements for the protection of children, which will now give more comprehensive consideration of the effectiveness of early intervention services in identifying children and young people at risk, and providing them with early help, that prevents the escalation of need.

Budget:

The funding for the development of the enhanced level services (in-house and commissioned) will be sourced from the following:

Vulnerable Children Team	£143,500
Supporting Families Team	£189,500
EY Parenting	£ 95,000
Commissioning EIP	£586,000 ¹
Commissioning (from Phoenix)	£120,000
Sub Total	£1,079,000
Less Savings for 2013-14	- £ 90,000
TOTAL	£1,044,000

Structure:

The proposed structure of the enhanced level teams is as follows:

Supporting Families Enhanced Service (0-5yrs) [See Appendix 1]

Team Manager (PO6)
 3 Social Workers (PO2-3)
 3 Family Support Workers (SO1)
 Parenting Lead (PO3)
 Primary Mental Health Worker (NHS Band 7 – Health Funded)
 Administrator

This would be a change to the skill mix of the existing Supporting Families Team: an addition of 3 Social Worker posts and a reduction of 1x 0.8FTE Family Support Worker post. This proposed structure additionally includes the Parenting Lead, who currently sits outside the current Supporting Families Team. An Administration post is costed into the model as current.

A further alternative for the 0-5yrs services would be to replace one of the Social Work posts with a Health Visiting post. Consideration would need to be given to the cost-benefits of this, the type of caseload and work this role would undertake and how this could dovetail with the existing Health Visiting Service.

¹ Original EIP Budget April 2009	£1116,000
Savings for 2011/12	-£226,000
Youth Transformation Locality commissioning 2013/14	-£275,000
'Ring Fence' Commissioning for CwD 2013/14	-£84,000
EY Commissioning (Housing & Fam Support) outside EIP 'pot'	£55,000
Actual Available EIP Budget 2013/14	£586,000

Vulnerable Children Enhanced Service (5-16yrs) [See Appendix 2]

Team Manager (PO6)
Expert Practitioner Social Worker (PO5)
4 Social Workers (PO2)
Family Support Workers/Commissioned Family Support Service
Administrator

This would build on the current team establishment of three qualified Social Workers and a Team manager; increasing the number of Level 2-3 Social Work posts from 3 to 4, and enhancing the ability to provide a range of family support through additional family support workers or externally commissioned family support interventions. An additional Expert Practitioner Social Worker post would provide line management and supervision for the Family Support function, and would deputise for the Team Manager. An administration post is costed into the model.

[NB. Business support changes may result in the additional admin support not being required.]

Costs:

Costs have been calculated using midpoint as an average, and 20% has been added for oncosts. Additional costs (travel, mobile phones etc) will need to be added. Corporate re-charge will need to be unpicked and re-assigned

Supporting Families Enhanced Service (0-5yrs)

Post	Number	Grade	Salary (with oncosts)	Actual Cost LBM
Team Manager	1	PO6	£54,000	£54,000
Parenting Lead	1	PO3	£46,000	£46,000
Social Worker	3	PO2-PO3	£44,000	£132,000
Family Support Worker	3	SO1	£32,400	£97,200
PMHW	1	Band 7	NHS Funded	£00,000
Admin	1	ME8	£30,000	£30,000
Parenting Delivery (Resources and Training)				£25,000
TOTAL				£381,200

Vulnerable Children Enhanced Service (5-16yrs)

Post	Number	Grade	Salary (with oncosts)	Actual Cost LBM
Team Manager	1	PO6	£54,000	£54,000
Expert Practitioner Social Worker	1	PO5	£50,000	£50,000
Social Worker	4	PO2-PO3	£44,000	£176,000
Family Support Workers/commissioned service* ²	3	SO1	£32,400	£97,200
Admin	1	ME8	£30,000	£30,000
TOTAL				£407,200

Affordability:

Proposed Supporting Families Enhanced Service (0-5yrs)	£381,200
Proposed Vulnerable Children Enhanced Service (5-16yrs)	£407,200

Total **£788,400**

Available Funding £1,044,000
Residual (retained for commissioning in 2013-14) £255,600

[NB Both teams could be scaled down dependant on the need to make more savings or to change the balance between in-house delivery and externally commissioned services.]

Context:

The enhanced level services would be developed and would work within the context of a revised and simplified Merton Child Well Being Model (MCWBM) that reduces the number of levels (currently 5) to 3 – Universal, Enhanced and Specialist. [See Appendix 3].

It is essential that the universal, enhanced and specialist levels of the model are seen as being parts of a continuum of support available to meet assessed need, at any particular point in time. Children, young people and their families have different levels of need and their needs often change over time

² Family Support could be provided in-house, or externally commissioned.

depending on their circumstances. Most children are able to go through their childhood needing only the support of their family, their community, their school and other universal services to which all children are entitled.

Some children and families with emerging issues will require 'early help', tailored to their identified needs, to prevent escalation. Within the new model, it is anticipated that some of these children and families will have their needs addressed within the universal level. It is further anticipated that practitioners working within the universal level will continue to undertake CAF/Common and Shared Assessment (see below). This will be either to identify and address emerging concerns with families within the universal level, or to refer via Pre-MASH Screening or MASH to higher level services. Practitioners working at the universal level will be supported by the enhanced level services to safely prevent or delay children young people and families requiring interventions at a higher level. This support will help to ensure:

- Early identification and timeliness of assessment for those children young people and families requiring early help services.
- Risk management, keeping children and young people safe.
- Partnership evaluation of effectiveness of interventions, and escalation for those families that require more intensive support or child protection.

For those families whose children's needs will not be met within the universal level, there will be escalation via Pre MASH Screening/MASH to enhanced/specialist level services.

Families escalated to the enhanced level services would have needs met through a more robust casework approach, with interventions focused on effectively meeting needs, building parenting capacity and resilience, thus preventing the need for escalation to more intrusive, high cost specialist services.

When enhanced level interventions are successful, families would return to the universal level, but if necessary families would be escalated to specialist services. To provide seamless 'step down', enhanced level services would also work closely with practitioners within specialist services to ensure families are still supported even though they may not continue to need specialist interventions. For example, those children and young people who have been assessed as no longer needing a child protection plan, but may have continuing needs for help and support.

Children, young people and families will not necessarily move systematically between the three levels, occasionally a presenting concern or issue raised by a professional within the universal level will be so serious that it requires statutory or complex specialist assessment/intervention at the specialist level of the model.

The pathways described above can be viewed diagrammatically (see Appendix 4).

Specific Functions of the Enhanced Level Services:

Supporting Families Enhanced Service (0-5yrs)

- Coordination of the enhanced level response for families referred via MASH/Pre-MASH Screening/Step Down from frontline Social Care Services.
 - Safeguarding and promoting the welfare of children and young people.
 - Comprehensive/holistic assessment and casework (15- 20 individual cases per social worker).
 - Lead Professional role, including the coordination and chairing of multi-agency 'Team around the Child/Family' meetings as required.
 - Direct provision of time-limited Family Support that focuses on improved child and family resilience in areas such as:
 - Bonding and Attachment
 - Early Language and Communication
 - Play
 - Positive Parenting
 - School Readiness
 - Safeguarding
- Family support will enhance the children's Centre offer to families.
- Coordination and delivery of Evidence-Based Parenting Programmes (Incredible Years), as part of the continuum of parenting support offered through Early Years settings and services.
 - Brokerage to commissioned services (dependant on affordability/savings).
 - Advice and support to practitioners working at the Universal level in Children's Centres, supporting them to safely 'hold' families with lower level needs, within the universal offer.
 - Safeguarding advice guidance and challenge to Children's Centres, and Early Years Settings, including support and training for designated leads (child protection)
 - Provision of seamless 'step down'.
 - Monitor quality of commissioned EIP services.
 - Signposting families to resources such as welfare benefits advice and funded childcare provision

Vulnerable Children Enhanced Service (5-16yrs)

- Coordination of the enhanced level response for families referred via MASH/Pre-MASH Screening/Step Down from frontline Social Care Services/Transforming Families.
- Safeguarding and promoting the welfare of children and young people.
- Comprehensive/holistic family assessment and casework (15-20 individual cases per social worker).
- Lead Professional role, including the coordination and chairing of multi-agency 'Team around the Family' meetings as required.
- Direct provision of time-limited Family Support that focuses on improved child and family resilience through solution-focused interventions in areas such as:

Relationships
Boundary setting
Positive Parenting
School Attendance
Safeguarding

- Brokerage to Evidence-Based Parenting Programmes (Strengthening Families Strengthening Communities, or specialist programme).
- Brokerage to commissioned services (dependant on affordability/savings)
- Advice and support to practitioners working in Merton Schools, supporting them to safely 'hold' families with lower level needs, within the universal offer.
- Safeguarding advice guidance and challenge to schools
- Signposting families to resources such as welfare benefits advice, CAB, employability.
- Provision of seamless 'step down'

Assessment

An Assessment Framework will be developed, that will be common across the enhanced and specialist levels of the MCWBM.

The development of the Common and Shared Assessment (CASA), to be used by universal services, will be informed by previous evaluation of our current Common Assessment Framework (CAF), taking note of the elements of CAF that are working well, but addressing those issues that have become barriers to completion of assessment with families.

Guidance for the development of the CASA has not yet been issued, but it must support the practitioner and family to identify those children and young people at risk, alongside the assessment of need.

Organisational Change

The initial proposals for EIS remodelling involved a complex organisational change process, with risk to destabilising direct service provision, complicated by dependencies on other key change programmes being planned or implemented.

Although the staffing structure outlined is reduced in complexity, involves less than 20 staff, and redundancy is likely to be minimal or not at all, this paper still proposes structural change and it will be necessary to seek and consider the views of staff through a 30- day consultation period. Recruitment to new posts would need to commence promptly following consultation to enable posts to be filled by April 1st 2013.

Necessary processes can be completed within the available time, for commencement of the Enhanced Level Services by April 2013. Services cannot commence prior to that date as the funding is currently 'locked in' to current commissioning of Community and Voluntary Sector (CVS) Services.

Residual Monies

There are a number of potential options and limitations for the £255,600 residual Early Intervention Grant money (see Affordability, Page 5).

This sum could be increased if a decision to externalise the family support function in the Vulnerable Children Enhanced Service is taken.

The current CVS services have been commissioned up to 31st March 2013, through exemption from Contract Standing Orders for one year only. Even if we want to re-commission current services, we would have to follow a tendering process. We do not have an option to rollover current contracts again. Given that a higher savings target may be required for 2014/15 it would seem prudent that any commissioning undertaken should be for one year, with a potential roll-over clause for up to a further 2 years.

Options

DMT may wish to consider short term commissioning and if so there are possible options.

1. Through the evaluation process undertaken as part of the development of the new Early Intervention Strategy, a range of needs were consistently identified as major contributing factors for families requiring additional support. These were:
 - Parental Mental Health and/or alcohol or substance misuse
 - Parental relationships and domestic violence
 - Learning disabilities – both of parent and child or young person.
 - Housing support specifically in relation to those living in poverty, in the context of the current recession.
2. Additional support to groups of children and young people, disadvantaged by their specific circumstances, for example:
 - Young Carers
 - Refugees and Asylum Seekers
3. The plethora of available evidence and the increased knowledge and understanding of child development suggests that early intervention clearly works and that what a child experiences during the early years lays down a foundation for the whole of their life. When resources are limited it is even more vital that we ensure value for money and maximum impact, and this may be achieved by commissioning additional services to improve:
 - Early Language and Communication
 - Attachment, bonding and parenting capacity

We already have a model of delivery for this in our Children's Centres that could be built on, commissioning at a locality level, based on local needs. There is a potential that this might attract interest to provide a Family Nurse Partnership programme, and might be plausible if the contract arrangements included match funding from health.

4. This year we have agreed in-year funding to continue a Young Runaways project that in part enables the local authority to meet guidelines to provide independent de-brief to young people that have been missing from home. Consideration needs to be given to how this function is fulfilled in future, whether through commissioning or in-house provision, and how this is funded.
5. DMT might consider using some of the monies to commission additional rapid response, 24hr wrap-around support for families requiring intensive, time-limited intervention in order to safely maintain children at home.

These options are not exhaustive or mutually exclusive. DMT may prefer to request a fuller briefing on these and other options that can include a wider view and additional detail, to aid this decision.

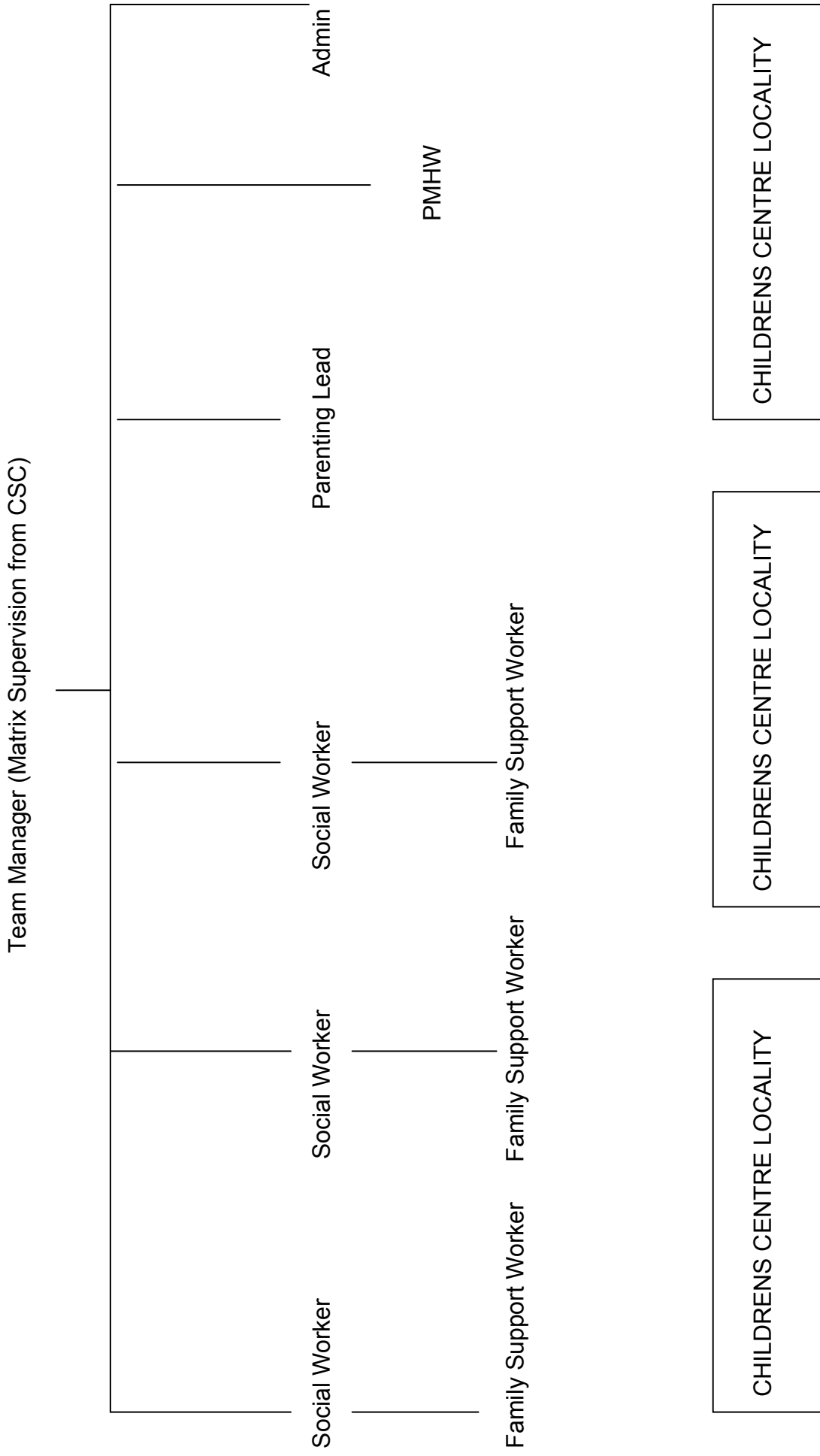
Commissioning Timescales:

It would be possible to procure services to commence delivery in April 2013. Contract Standing Orders requires a tendering process for services valued at or above £100,000. This would require us to prepare either a prospectus of commissioning intentions or specifications ahead of a publishing a public advertisement in order to maximise the number of tender responses received. We would need to give a minimum of 28days for bids to be submitted, so advertisement would need to go out by the end of November 2012. The timeline would be:

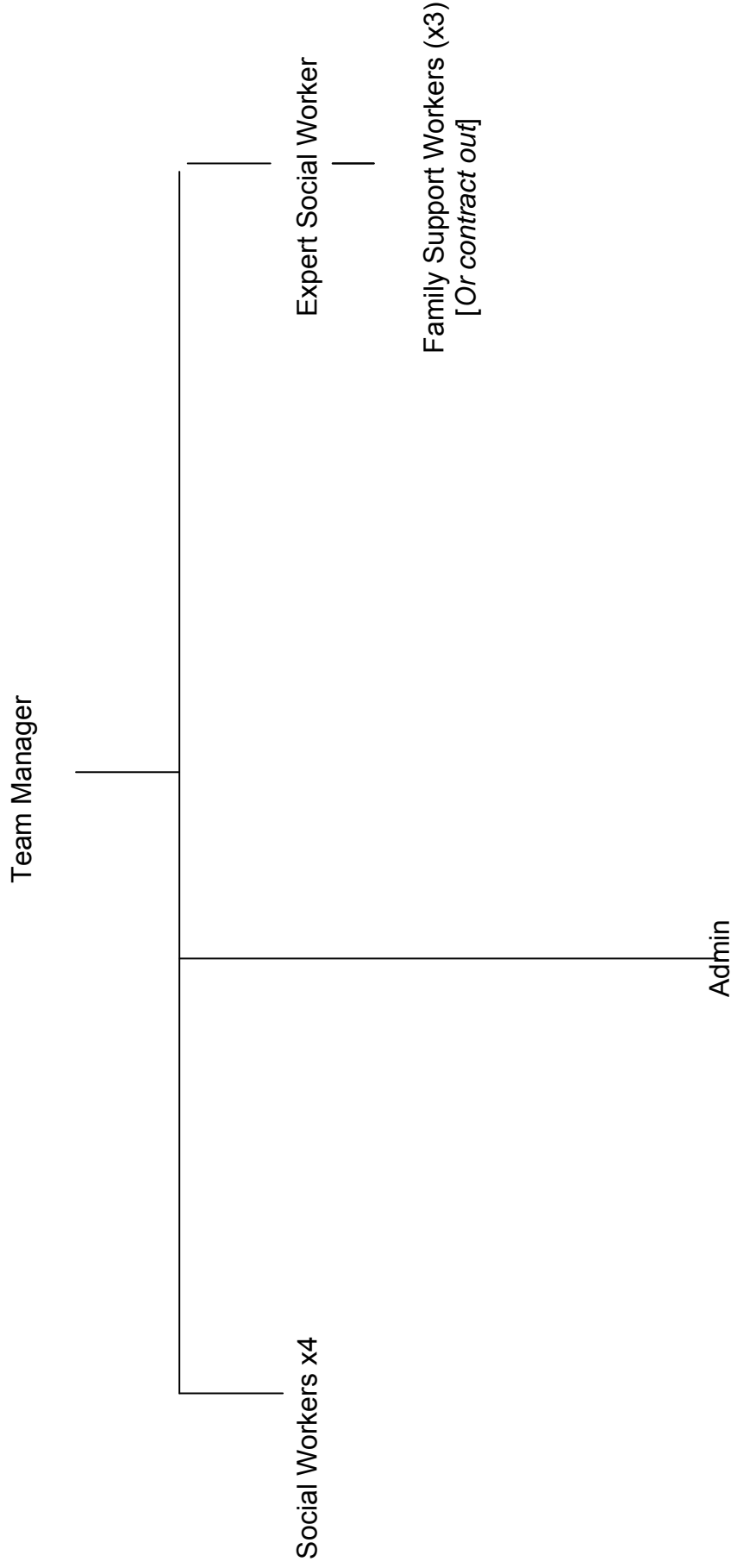
Specification development during November 2012
Advertisement by 30th November 2012
Application closing date 31st December 2012
Decisions by 31st January 2013
Contract agreement/signature by 31st March 2013

A smaller scale process, seeking quotations would be required for contract values below £100,000, which would allow compression of the timescales given above.

Appendix 1 – Structure Chart, Supporting Families Enhanced Service (0-5yrs)

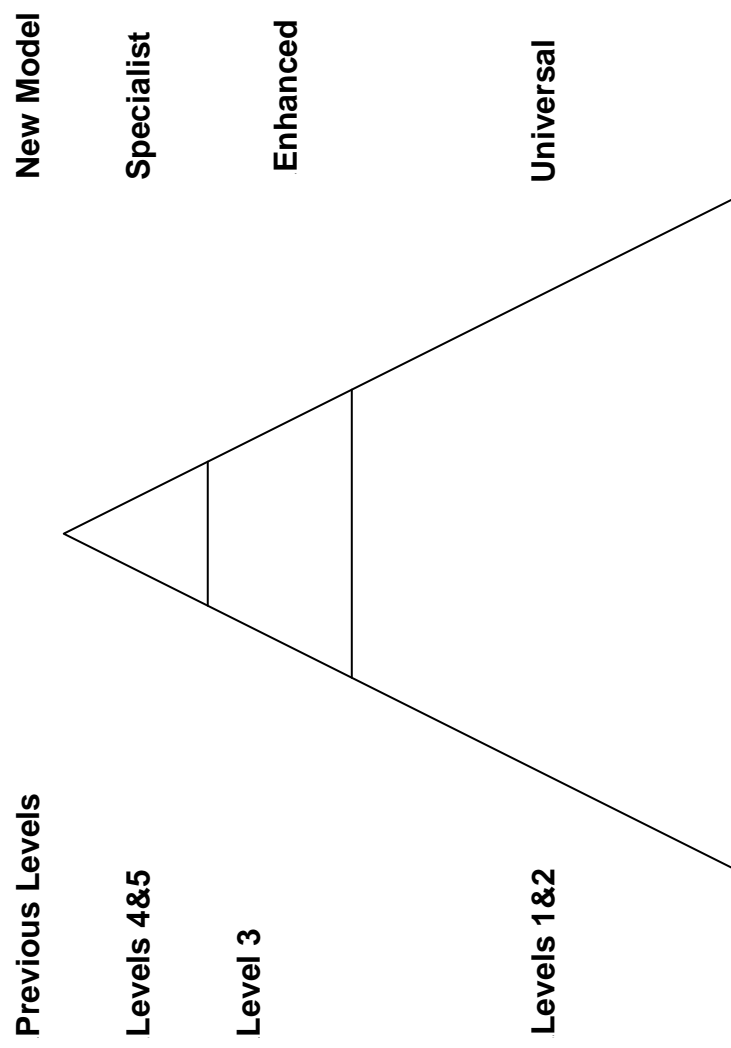


Appendix 2 – Structure Chart Vulnerable Children Enhanced Service (5-16yrs)



PRIMARY	SCHOOLS	SECONDARY
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Appendix 3 - Diagrammatic representation, showing New Model in relation to old levels of the Merton Child Well Being Model.





Action Plan

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
1.	Ensure that referrers to children's social care services are consistently informed of the outcome of their referrals.	<ul style="list-style-type: none"> All CSC Teams to devise and implement written confirmations that evidence referrers are informed of the outcome of their referrals, including at point of case allocation, transfer or closure. Managers to send copies of sample letters, brief explanation of process to MWS/KM. Managers to ensure case records are periodically checked as part of monthly case file auditing, ensuring outcomes are recorded on CareFirst and non-compliance reported to Team/Service Manager. MWS/NP to undertake a dip sample of case records to evidence an improvement in practice. 	LBM CSF - MWS	<ul style="list-style-type: none"> April 2012 April 2012 April 2012 May 2012 	CSF DMT	<p>Copies of the template letter used by A&A to notify referrers of case allocation & referral response have been circulated for to all LAC, CIN, 16+, VCT team managers to adapt for their teams.</p> <p>In respect of referrals on open cases (for example when a Section 47 referral is received not all teams are routinely recording these as new referrals or formally notifying the referrer in writing of outcomes- this is a practice issue for further development by the teams)</p>	Amber
2.	Improve monitoring arrangements for Section 47 investigations so that the timeframe from the strategy discussion to the initial child protection conference is clear, and any reasons for delay are explored.	<ul style="list-style-type: none"> Outcomes of meeting Thresholds or not to be confirmed day of request to Safeguarding team. Recording is to be improved as part of the Carefirst project 	LBM CSF – MWS	<ul style="list-style-type: none"> April 2012 	CSF DMT	<p>Each team undertaking Section 47's now notifies colleagues is safeguards when these are initiated. The Safeguards Team have also initiated a new method of monitoring decision and will now use the date a decision is made to hold a case conference as the measure of strategy discussion to conference within 15 days.</p> <p>Care First Systems have been altered to streamline decision making processes- requests for conferences are now made via care first. Decisions regarding case conferences being held are not being made within a 24 hour time frame.</p>	Amber
3.	Strengthen the management oversight of child protection work in the integrated team for special educational needs and children with disabilities, to ensure that safeguarding arrangements for children with disabilities are	<ul style="list-style-type: none"> Immediate actions to further strengthen child protection arrangements including Social Work Team Manager of SEND Integrated Service in post (JM). Supervision arrangements for Social Work Team (SENDIS). Re-visited & strengthened (JM) & (LH/KB) 	LBM CSF- LH/KB Partners: RMCHS - AH E& St	<ul style="list-style-type: none"> April 2012 	CSF DMT	<ul style="list-style-type: none"> April 2012 In Place 	Amber

* NHS Organisations - All actions to be monitored by PCT commissioning

† All NHS progress reported to LSCB via the SEG

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
	secure and that child protection plans are progressed effectively.	<ul style="list-style-type: none"> • Refresher CP training for Social Work Team to be implemented (JM) • Staff to be required to take part in post qualification training. • Establish front line management liaison group to include TM and Senior SW (Int Service); Manager (Brightwell) and TM/ATM A&A • Undertake targeted audit of CIN cases in Int Service to QA thresholds. • Provide specialist shadowing opportunities to improve risk and process/system awareness for SW's in Integrated Service. • Ensure Integrated Service is fully incorporated into the Signs of Safety approach to Child Protection conferencing and planning. • Develop 'Macie' style training event for Integrated Service and multi-agency partners. • Ensure Child protection arrangements for CYP with complex needs are appropriately built into MASH. 	H/Comm Paeds - BO	<ul style="list-style-type: none"> • May 2012 • April 2013 • May 2012 • May/June 2012 • Summer 2012- • April-June 2012 • Sept-Oct 2012 • TBC 		<ul style="list-style-type: none"> • May 2012 In Progress • April 2013 <p>May 2012 Underway (JM)</p> <ul style="list-style-type: none"> • May/June 2012 • Summer 2012- • April-June 2012 • Sept-Oct 2012 <p>TBC</p>	
4.	Improve the transition arrangements for children with disabilities (whether living at home or looked after) to ensure that the information held by all agencies is integrated into a plan that provides a comprehensive understanding of the child's needs and the actions to be taken.	<ul style="list-style-type: none"> • CSF and Community and Housing to work in partnership to review transition arrangements and processes • SENDIS to adapt Transition Tool (NATSIP) and review Transition Strategy for SENDIS • Transition arrangements and referring current protocols. JM, VP (Transition Team) • Looking at IT systems in order to establish common access database. 	LBM C & H - HC +LBM CSF - JM Partners RMCHS- AH E& St H/Comm Paeds - BO Schools	<ul style="list-style-type: none"> • May 2012 • SMCS are reviewing all children with disability transition health care processes • LAC nurse reviewing transition summaries health reports for all LAC September 2012 	CSF and CH DMTs	<p>To be achieved by September 2012</p> <p>There will be a full update at the autumn MSCB</p>	Amber

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
5 and 14	<p>Improve the timeliness and quality of communication between parents of children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to.</p>	<ul style="list-style-type: none"> Families fully involved in the development roll out and review of signs of safety initiative. Review the findings of the Survey of parent's experiences within the access and assessment service and implement action plan. Develop and publish and implement a leaflet for Birth Parents of LAC that clearly explains the contact details and availability of CSC staff relevant to their children's care planning. All care and placement planning for LAC to include how communication with birth parents will be facilitated and the expected frequency. Conduct a survey of Birth Parents views as to the nature and methods of communication they would prefer. Establish a consultative group of Birth Parents to monitor and develop the timeliness and quality of communication with CSC. 	LBM CSF - TL	<ul style="list-style-type: none"> May 2012 June 2012 June 2012 July 2012 Sept 2012 July 2012 		<p>All actions are on target – there have been a number of engagement sessions undertaken with parents and carers in the development of the signs of safety project.</p>	Green
6 and 15	<p>Ensure that case recording and chronologies on case files are timely and of consistent quality.</p>	<ul style="list-style-type: none"> Review/replace case recording system to ensure it is fit for purpose Ensure Quality Assurance processes are consistent Strengthen Child Protection plans to ensure they are there is a greater focus on outcomes for CYP. Ensure all new CSC staff have access to ESCR recording training and are aware of quality standards in first 6 weeks of employment. Review and revise guidance for staff in the completion of Case Chronologies and to include a Quality Standard and Improved use of the "Life Events" capture. Ensure Case Chronology Format and Quality Standard is Embedded in Recording Training. Evidence of the Standard of Case Recording and Chronologies through Case Work Audit and random sampling. <p>SENDIS</p> <ul style="list-style-type: none"> More use of CareFirst observations as sign posting to other parts of system such as Smart and Total view. 	LBM CSF - TW	<ul style="list-style-type: none"> May 2012 May 2012 May 2012 May 2012 May 2012 May 2012 May 2012 May 2012 Ongoing April 2012 	CSF DMT	<p>All IRO's and key multi-agency colleagues have attended 'Signs of Safety' training to broaden awareness of this strengths based approach and to support a 'smart' focus on outcomes.</p> <p>A new QA Manager post job description has been drafted and is under evaluation before advertising and recruitment in June/July 2012.</p> <p>A corporate review of the current ESCR system is underway and in the interim better use of current functionality is being made e.g. by fully incorporating suggestions from Lean processes and revision to the LAC processes within the existing system.</p> <p>All staff have access to recording training, which incorporates the standardised approach and appropriate use of observations, Care Assess forms and the SMART/Total View functions.</p> <p>The Case Audit process is monitored by the Safeguards Standards and Training service to ensure QA and ensure performance issues are addressed. The use of case chronologies and summaries is improving and as training rolls out expected to improve further.</p>	Amber

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
7.	Put a plan in place to ensure the systematic reviewing of the progress of children aged between 2½ and 3½ years old, so that their health and developmental needs are identified before they start school	Ensure this is included in the review of HV services and reflected in contract and service specification for 2012/13	SMCS (RMH) to action under contract from PCT AH	Community Contract -Service Spec for HVs specifies adherence to Child Health Programme. CQUIN agreed specific to this review in 2012/13 contract. Programme manager appointed June 2012 SMCS have been awarded a national award of Early Implementer Site for Health Visiting and part of this is to review all children between 2 and 2 1/2 years	PCT Safeguarding Executive Group SMCS Clinical Quality Review Group(CQR G) Contract monitoring by PCT MSCB	Community Contract -Service Spec for HVs specifies adherence to Child Health Programme. CQUIN agreed specific to this review in 2012/13 contract. Programme manager appointed June 2012 SMCS have been awarded a national award of Early Implementer Site for Health Visiting and part of this is to review all children between 2 and 2 1/2 years	Green
8.	Revise the process for arranging appointments later in pregnancy to ensure all cases are tracked and emerging needs are identified promptly by midwifery services	Maternity services at ESH to provide assurance that the new appointment system is robust and that vulnerable women are receiving adequate care	Epsom and St. Helier University Hospitals NHS Trust – Maternity Services	Revised following the administrative changes under the 'Taking Stock Project' and robust systems are now in place again.	PCT Safeguarding Executive Group ESH Clinical Quality Review Group / Trust Safeguarding Committee	Revised following the administrative changes under the 'Taking Stock Project' and robust systems are now in place again.	Green
9.	South West London and St. George's Mental Health NHS Trust to identify any staff who have yet to receive safeguarding children training and ensure that appropriate training is delivered	Training Action plan to developed by SWLStG	South West London and St. George's Mental Health NHS Trust	Ensure contracts to specify this requirement <ul style="list-style-type: none"> Quarterly monitoring introduced Promotion of local courses To include in PDPs in next round of appraisals 	PCT Safeguarding Executive Group Safeguarding Annual reports Contract monitoring	Complete <ul style="list-style-type: none"> Dashboard system in place to monitor individual staff attending mandatory training, including safeguarding. Trust Safeguarding Board leading on training programme to ensure all staff are up to date in accessing the right level of training on an ongoing basis. 	Green

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
10.	South West London and St. George's Mental Health NHS Trust and Epsom and St. Helier University Hospitals NHS Trust to ensure that staff working with families where there are child protection plans or child in need plans access supervision by appropriately trained staff on a regular basis, and that robust monitoring mechanisms are in place.	Robust Supervision Framework to be established including monitoring mechanisms	South West London and St. George's Mental Health NHS Trust Epsom and St. Helier University Hospitals NHS Trust		PCT Safeguarding Executive Group Safeguarding Annual reports CQRGs Safeguarding Annual reports	SWL&StG Complete – Safeguarding supervision structure agreed and operational i) ESTH has a Safeguarding Children Supervision Policy in place. Relevant midwives and paediatric staff have been trained to provide safeguarding supervision and monitoring mechanisms are being put in place.	Green
11.	Ensure that all children and young people who are looked after are aware of the Children in Care Council and the Merton Pledge at an early stage.	<ul style="list-style-type: none"> Achieve completion of key tasks in the Child In Care Council (CICC) Action Plan Publicise the Activity of the CICC to all LAC through newsletters and Flyers The Corporate Parenting Board to review and relaunch the LBM Pledge All IROs and Foster Carers have access to publicity material regarding the CICC and the Merton Pledge 	LBM CSF TW	<ul style="list-style-type: none"> June 2012 June 2012 June 2012 June 2012 	CSF DMT	<p>Developments within the CICC are well underway and Key activity has included Celebrating Success events, M Drive and Teenagers to work planning.</p> <p>An offer of appointment has been made to fill the new full time role of Participation Co-ordinator CICC and it is anticipated a full transition to the new role will be made by September 2012.</p> <p>The Corporate Parenting Board is now well established is monitoring progress of the current developments. The interface with the CICC has yet to be fully formed and once established a full revision of the Pledge will be undertaken</p> <p>Wider awareness of the CICC and Corporate Parenting responsibilities is being delivered through teams and through initiatives such as Corporate Parenting Week.</p>	Green

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
12.	Ensure that the framework for the ongoing assessment of looked after children and young people is clear to social workers and managers.	<ul style="list-style-type: none"> Review overall arrangements to ensure timely permanency for LAC All CSC key staff have completed Revised LAC Process Care First training. Ensure the monitoring of key performance indicators is linked to the assessment and decision making process by tracking review recommendations and outcomes. Monitor care planning and timescale concerns through the IRO Stakeholder Group 	LBM - CSF TW	<ul style="list-style-type: none"> May 2012 June 2012 June 2012 and then Quarterly 		<p>There has been a review of all permanency plans for children which is now linked to the plans to tackle delay and the o publication of the Adoption Scorecard in May 2012.</p> <p>Substantial improvements have been identified and an action plan prepared to take these forward.</p> <p>The revisions to the LAC Process on Carefirst have been completed and the new format launched in May 2012. All key staff within CSC have completed the relevant training and it is an expectation that the new material is used without exception.</p> <p>A new Care Planning and concern escalation process has been formulated for use by IROs to ensure timely raising of issues with CSC Managers and improve the interface for LAC Permanence and Placements Service with the IRO Service</p> <p>An IRO will sit on the Care Planning Tracking and Monitoring Group from June 2012 and the IRO Stakeholder group will monitor alerts and escalation issues on a quarterly basis to track trends and performance.</p>	Green
13.	Ensure that the outcomes of planning meetings and reviews are followed through promptly, to avoid drift.	<ul style="list-style-type: none"> Implement National reporting mechanism for IRO service with full consultation with CICC Establish formal system of IRO alerts to managers for all significant issues in LAC and CP planning Report on 3 monthly basis to CSMT all outstanding Alert issues Establish IRO representation in the Care Planning and Permanency Tracking group. 	LBM - CSF LH	<ul style="list-style-type: none"> June 2012 May 2012 July 2012 May 2012 	CSF DMT	<p>The IRO service has adopted the national reporting schedule to the regional co-ordinating bodies and the DfE. The report for 2011-12 is scheduled to be completed by the end of June 2012.</p> <p>The IRO service has a dispute resolution process in place and alerts are now being formally captured and tracked.</p> <p>A dedicated IRO has been identified as the link and representative on the Care Planning and Permanency Tracking Group.</p>	Amber
14.	Improve the timeliness and quality of communication between parents of looked after children and young people, and children's social care staff, to ensure that parents feel that their concerns are listened to.	See action point 5					
15.	Ensure that case recording and chronologies on case files are timely and of consistent quality.	See action point 6					

No.	Areas for improvement identified in the report to be addressed within 3 months (by 18 th May 2012)	Action	Accountable Agency, lead & key partners*	Evidence/ Reporting (inc progress to date)	Monitoring mechanism†	Progress August 2012	RAG
16.	Review the arrangements for initial health assessments to ensure that they are carried out within 20 working days of a child or young person becoming looked after.	Designated Doctor for LAC to work with LAC nurse to establish mechanism in partnership with social care colleagues and community paediatricians to agree pathway.	Epsom and St. Helier University Hospitals NHS Trust – Community Paediatrics BO Partner SMCS (RMH)	Service Spec and KPIs for designated Doctor for LAC in place	Corporate Parenting Group (LBM) Corporate Parenting Group (LBM)	Designated doctor has had dialogue with Children's Social Care and will agree a pathway launch in September 2012. An audit process is in place to share monthly rather than annually.	Green
17.	Ensure that looked after children and young people are provided with a comprehensive summary of their health history when they leave care.	Designated Nurse for LAC to work with health colleagues and leaving care team to introduce robust system for providing this information.	SMCS (RMH) AH	Service Spec - Designated Nurse LAC in place	Corporate Parenting Group (LBM)	Service Spec - Designated Nurse LAC in place	Amber
18.	Ensure that a robust audit and review programme is in place for all initial health assessments, review health assessments and health plans, so as to promote improvement in their quality.	Designated Doctor and Nurse for LAC in Merton to work with Sutton colleagues to establish regular audit and peer review of initial health assessments	SMCS (RMH) AH Partner Epsom and St. Helier University Hospitals NHS Trust – Community Paediatrics BO	Service Spec - Designated Nurse LAC Audit in place currently within SMCS (RMH) will develop this further with Partners Completed by end of July 2012	Corporate Parenting Group (LBM)	Service Spec - Designated Nurse LAC Audit in place currently within SMCS (RMH) will develop this further with Partners Completed by end of July 2012	Amber

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Priority Number	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
1.	Ensure consistent and relentless corporate parenting governance and oversight by Elected Members and senior officers.	Maintain and continuously improve the oversight and strategic direction provided by the Corporate Parenting Executive – through a refresh of the performance data and agenda planning with a strong focus on permanency for LAC.	Director for Adult Services Chair of CPE	Review March 2013	The Ofsted inspection 2012 noted the Corporate Parenting Strategic Governance Group is clear about its priorities of achieving placement stability and permanence for children and young people and includes a range of agencies and cross party elected members.	An actively involved corporate parent that robustly scrutinizes the outcomes for all of its Looked After Children.
		Provide additional senior leadership support and oversight through the deployment of DMT champions for individual children for whom adoption is the plan.	Head of Service CSC and Y1	May 2012	Each member of DMT is undertaking to 'sponsor' children and the team around the child to ensure that the commitment to achieving permanency for children is displayed throughout the organization.	
		A scrutiny Task and Finish group will consider the field of stability and achieving permanency for LAC	Head of Service CSC and Y1	March 2013		

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		as part of its 2012/13 work plan	Head of Service CSC and Y1	September 2012	We presently have two elected members on the central list	
	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
2.	Ensure the structures and management personnel deployed within the service meet the needs of the continuous improvement programme and provide secure and effective leadership.	<p>Restructure the management roles and responsibilities across adoption and quality assurance.</p> <p>Review the job roles and caseload functions of all staff within the fostering and adoption teams and clarify both the location of the range of assessment and family finding functions and workloads parameters.</p>	Head of Service CSC and Y1	September 2012.	<p>See Restructure plan documentation.</p> <p>Interviews taking place in September for new Quality Assurance and permanency roles.</p>	A lean and responsive structure able to deliver a high quality timely service to Looked After Children.

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	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcomes		
3.	<p>Ensure all staff across the service teams are well trained with a sound grounding in the research base for adoption and permanency and have the necessary skill set to deliver effective parallel planning, work with birth parents and have sound assessment skills.</p>	<p>Work further with BAAF colleagues to deliver effective and well researched training and development programmes for all staff involved in permanency work.</p>	<p>Service Managers LAC and Quality Assurance</p>	<p>Work already underway complete December 2012</p>	<p>We have a range of effective training programmes already in place. Effective workforce planning has led to specific training for social workers in association with BAAF, and much improved training for foster carers, resulting in a more skilled and capable workforce.</p>	<p>All staff will be upskilled to effectively plan and deliver services to all Looked After Children.</p>		

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	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
5.	Maintain and further develop the effective working relationship within the South West London Adoption Consortium	As Chair of the SW London Adoption Consortium this year, we are leading discussions on the development of family finding "adoption activity days" attended by adopters and children. Greater prominence of shared information evenings of recruitment activity to promote better collaboration.	Team Manager Adoption	July 2012	We have good partnership relationships with other LA members of the South West London Adoption Consortium including exchanges of information on children and adopters and achieving inter agency adoption placements. We will build on these good relationships and further improve our partnership work with the voluntary adoption agency within the Consortium. The Consortium LA's are subscribing authorities to 'New Families Social' support agency for LGBT Adopters and Foster Carers.	A broader development of practice and family finding opportunities for Merton's children and adopters.
	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
6.	Ensure that our processes and procedures	The Adoption and Permanence team to be involved at the		October 2012		Timely permanence achieved for all Looked After

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	<p>achieve Prompt Plans for permanency through robust parallel planning and systematic case work with Looked after Children</p>	<p>earliest opportunity in the planning for a child through early notification being established from IRO service to Adoption Service in any case where adoption may be the plan and in all cases where any child is under 5 years of age.</p> <p>By the second review permanence must have been discussed and a plan agreed with the IRO and the Adoption and Permanence team to be present at the second review.</p> <p>Monthly Tracking meeting to continue to follow the permanence plan for all LAC and involve legal team, A&P and Child's LAC / CIN team and to be chaired by New QA post holder.</p>	<p>Service Manager Looked after Children</p>	<p>May 2012</p>	<p>Early notification needs to be established to reduce delay</p> <p>Invitation of permanence workers to second review to</p> <ul style="list-style-type: none"> ✓ ensure parallel planning ✓ support adoption support plan discussion ✓ agree work with birth family. <p>The additional capacity within the QA service will provide a substantially robust and offline QA function to the Tracking process.</p>	<p>Children</p>
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	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome		
7.	Ensure processes across the services support effective permanency work	<p>Permanency Planning meetings to be convened within a month of the LAC Review that identifies adoption as a possible permanency outcome.</p> <p>Enhance the level of service provision within the Family Group Conferencing service to ensure all children who are at the edge of care and those becoming looked after are considered for a FGC.</p> <p>Ensure that family finding profiles for children are regularly updated and not limiting in terms of culture or race but seek to identify</p>	<p>Service Manager Access and Assessment and CIN</p> <p>Service Manager Looked after Children</p>	<p>September 2012</p> <p>Implemented</p>	<p>Financial package of additional 50 k agreed in May 2012</p> <p>Reduces delay in identifying potential families and offers the most current full information about the child's characteristics, personality and attributes. This includes where possible the voice of</p>	<p>Timescales for permanency greatly improved.</p>		

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	<p>policies and procedures in light of the changes nationally and locally and ensure we have one clear permanency policy that incorporates the range and scope of placement opportunities with family and friends carers.</p>	<p>with staff on the implementation of the permanency policy and developing Merton specific procedures.</p> <p>Commission external provider to make available electronically and agree updating schedule.</p>	<p>LAC Permanency & Placements</p>		<p>2012 stated that the policies are largely sound and require some integration and embedding with staff.</p> <p>The outcome from BAAF's recent Adoption & Fostering Consultancy highlighted a number of gaps particularly in regards to our family and friends policy, Special Guardianship, Policy & Planning for Permanence Policy that requires updating, cross referencing and then embedding with staff in their practice.</p>	<p>and procedures in place that are embedded in the culture of the organisation and which staff know how to use and access regularly .</p>
	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
9.	Ensure our assessment processes and formats are effective and drive an increased pace in assessment activity	<p>Ensure the assessment capacity of the A&P Team is sufficient to produce PARs of a high quality and in a timely manner.</p>	<p>Service Manager LAC</p>	<p>December 2012</p>	<p>We will frontload the assessment process and will reduce timescale for overall assessment by information gathering at the earliest opportunity.</p>	<p>Timely assessments of prospective adopters and permanent carers</p>

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		<p>Ensure the assessment capacity to respond to all viability assessments of proposed SGO placements does not adversely impinge on the above activity.</p> <p>Written agreements with prospective adopters will include the Merton Adoption Charter.</p> <p>Applicants will receive the Merton Adopters Self-Assessment questionnaire at same time as the Adoption Application Form when the offer of assessment is made.</p> <p>Assign lead responsibility duties to individual adoption workers.</p> <p>Assessment activity for short term carers who want to offer permanence to be undertaken by ART.</p>		<p>By removing the responsibility for short timescale activity, the team can return to prioritising adopter assessments and activity. A decision will be needed as to how and where the expertise will be relocated.</p> <p>Promote accountability and expertise in the Family Finding and information and preparation of Adopters domains.</p> <p>We already use the BAAF guidance on making good adoption assessments to create a self-assessment questionnaire for the adopters' use during assessment, which we will use pending the government's development of a national model for this.</p>	
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	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome
10.	Ensure the supply of prospective adopters is maximised and in a pace that meets the needs of children whilst maintaining a high quality assessment outcome	<p>We will promote new foster carers adopting, including supporting their use of non-urgency routes to avoid delay and the creative use of support plans, thereby reducing the number of moves a child has where possible.</p> <p>Facilitate the assessment of second time adopters by updating the original PAR thus reducing delay in the process.</p> <p>Encourage and support foster carers who wish to adopt to apply directly to the court if the child has been with them for more than a year.</p>	<p>Service Manager LAC Permanency & Placements</p> <p>Adoption Team Manager</p> <p>Adoption and Fostering Team Manager</p>	<p>September 2012</p> <p>Implemented</p> <p>Implemented</p>	<p>A number of processes and procedures have been improved in the past 18 months as part of both the LEAN review, Work of the consortium and the service response to the Adoption Action Plan.</p>	<p>Timely and appropriate placements of children using all our available resources whilst ensuring their needs are met.</p>

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			Adoption Team Manager	August 2012	Implemented	This will link to the development of the "Adopter's Passport" regarding guaranteed support.	
		Develop a system for prioritising applications in conjunction with recognising and predicting children coming through. Incorporate adopters specific support needs in the PAR, to enable applicants to apply in the knowledge of the support they are likely to require/receive.					
	Priority Area for Action	Activities	Lead Officer	Timescale	Commentary	Outcome	
11.	Ensure the recruitment of concurrent carers and prospective adoptive carers is efficient, of a high quality and sufficiently speedy.	Continue to embed closer working partnership with Communications Team recruitment officer as well as Information & Publicity Officer in the team and update recruitment strategy for 2012.	Service Manager (ART) and Service Manager LAC	September 2012	Positive use of media in family finding including our use of DVD's of children and profiles has received good feedback. We will develop and promote this to ensure a wider reflection of the views of the child wherever possible and in an age appropriate way.	A pool of prospective adopters and concurrent carers available to offer permanency to our children. Fewer placement moves for young children.	

