

# Somerset County Council

## Cabinet

– 17<sup>th</sup> October 2018

“Call in” of CAF 14-a “Proposals for the alteration and/or reduction of early help services provided to children and their families – getset”

Cabinet Member(s): Cllr Frances Nicholson, Cabinet Member for Children and Families Division and Local Member(s): Countywide

Lead Officer: Julian Wooster, Director of Children’s Services

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	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	County Solicitor	Tom Woodhams	09/10/18
	Monitoring Officer	Scott Wooldridge	11/10/18
	Corporate Finance	Lizzie Watkins	09/10/18
	Human Resources	Chris Squires	09/10/18
	Property / Procurement	Simon Clifford	
	Senior Manager	Julian Wooster	11/10/18
	Cabinet Member	Frances Nicholson	09/10/18
<b>Summary:</b>	<p>On the 12<sup>th</sup> September 2018 Cabinet approved CAF-14a “Proposals for the alteration and / or reduction of early help services provided to children and their families – getset”. The Chair of the Scrutiny Committee for Policies, Children and Families called in the cabinet decision. The Scrutiny Committee met on the 8<sup>th</sup> October 2018 to consider further information provided by officers in response to the call-in.</p> <p><b>The recommendation of the Scrutiny Committee was:</b></p> <p><b>“that the Cabinet receive a report based on that presented today (08/10/18) from the Director of Children’s Services at their next meeting and review the decision for CAF-14a that was taken on 12th September with the aim of deferring the implementation pending the completion of the consultation on CAF-14b with staff, partners and service users in order to allow for a comprehensive proposal to come back to Cabinet for decision in February 2019.”</b></p>		
<b>Recommendations:</b>	<p>The recommendation of the Director of Children’s Services is that the Cabinet confirm its decision of 12 September 2018 to implement the recommendations made in proposal CAF-14a.</p>		
<b>Reasons for Recommendations:</b>	<p>The additional information presented to Scrutiny Committee and outlined in this paper provides further evidence and an assurance from the Director of Children’s Services that</p>		

	<p>staffing reductions can be made safely and without significant adverse impact on the families with whom the service works.</p> <p>Delaying the implementation of CAF-14a to link with the presentation of CAF-14b at Cabinet in February 2019, will mean that the savings earmarked for 18/19 within CAF-14a will not be achieved in their entirety and will need to be found from other Council budgets.</p>												
<p><b>Links to Priorities and Impact on Service Plans:</b></p>	<p>Additional information submitted to the Scrutiny Committee is referenced within the Early Help Strategy and Charter (on page 9 of strategy)  <a href="http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?alld=117929">http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?alld=117929</a></p>												
<p><b>Consultations undertaken:</b></p>	<p>HR consultation processes including trade unions and staff started in August 2018, prior to the publication of CAF 14-a. The staff consultation process is ongoing.</p> <p>A public consultation to support proposal CAF-14b, has a planned start date of the end of October 2018.</p>												
<p><b>Financial Implications:</b></p>	<p>Delaying the implementation of CAF 14-a until April 2019 will result in the following reprofiled achievement of savings. The overall total saving remains £2,012,900 and will still be achieved across 3 years.</p> <table border="1" data-bbox="528 1137 1410 1243"> <thead> <tr> <th></th> <th>2018/19</th> <th>2019/20</th> <th>2020/21</th> </tr> </thead> <tbody> <tr> <td>Original</td> <td>£327,100</td> <td>£1,685,800</td> <td>£0</td> </tr> <tr> <td>Revised</td> <td>£36,300</td> <td>£1,852,600</td> <td>£124,000</td> </tr> </tbody> </table> <p>Original non-staffing based savings are not affected by a potential delay in implementing service restructure. Any new vacancies that arise during 2018/19 will remain unfilled and this position will be reflected in budget monitoring forecasts.</p> <p>Should the savings set out in CAF 14-a not be agreed other savings will need to be identified from within the Council.</p>		2018/19	2019/20	2020/21	Original	£327,100	£1,685,800	£0	Revised	£36,300	£1,852,600	£124,000
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<p><b>Legal Implications:</b></p>	<p>Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate with a view to improving the wellbeing of children in the authority's area.</p> <p>Under section 11 of the 2004 Act the local authority must also make arrangements to ensure that it discharges its functions having regard to the need to safeguard and promote the welfare of all children. In other words, any decision of the local authority in respect of Early Help services must include adequate arrangements to ensure that every child's welfare is</p>												

	<p>safeguarded.</p> <p>Local authorities also have a general duty under the Children Act 1989 to promote and safeguard the welfare of children in need in their area by providing a range and level of services appropriate to those children's needs. The local authority may make arrangements with others in order to provide services to discharge this duty.</p> <p>Cabinet must therefore be satisfied that should it accept the recommendations in this report the framework for identifying and providing early help which will remain in place after the implementation of the recommendations will be sufficient to safeguard the welfare of children generally and to identify children in need having regard to:</p> <ul style="list-style-type: none"> <li>• the availability of resources provided both by Somerset County Council and its relevant local partners through the multi-agency approach and other relevant local arrangements; and</li> <li>• the need for Early Help services in the county.</li> </ul>
<p><b>HR Implications:</b></p>	<p>The implementation of CAF 14-a will result in a significant number of staff redundancies. As well as the impact on those leaving the organisation, staff who remain may experience increased caseloads which will require robust management oversight.</p> <p>The process to restructure the service will involve considerable input from the HR team, in terms of consultation, advice on selection of staff for new roles and processes for managing redeployment and redundancies.</p>
<p><b>Risk Implications:</b></p>	<p>There is a risk that there may be an increase in demand for support for families at levels 2 and level 3. Work with partners to ensure a coherent early help offer across all agencies will continue via the Somerset Safeguarding Children Board, the Early Help Commissioning Group and the Early Help Advice Hub to ensure that families are able to access a range of early help services.</p> <p>Referrals and caseloads getset services will be monitored weekly, as is current practice, to ensure that services are delivered to the right families, by the most appropriate service so that needs are reduced.</p>
<p><b>Other Implications (including due regard implications):</b></p>	<p>There are no other implications.</p>
<p><b>Scrutiny comments / recommendation (if any):</b></p>	<p><b>The recommendation of the Scrutiny Committee held on 8<sup>th</sup> October 2018 was that the Cabinet receive a report from the Director of Children's Services at their next meeting and review the decision for CAF-14a that was taken on 12th September 2018. Scrutiny Committee</b></p>

	<b>recommended that Cabinet defer the implementation of the CAF 14-a decision pending consultation on CAF-14b with staff, partners and service users to enable Cabinet to consider CAF 14-a and CAF-b jointly for decision in February 2019.</b>
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## **1. Background**

- 1.1** The CAF-14a proposal represents a significant reduction in staffing in the getset service at Level 2 (reduction of 36 FTE from 47 FTE) and a smaller reduction at Level 3 (reduction of 23.78 FTE from 59 FTE). Minimal impact on service users will be achieved through both a decline in cases requiring intervention by the getset service and a planned and manageable increase in practitioners' caseloads.

As part of good management practice the capacity of all casework teams across Children's Services is regularly reviewed and adjusted to address demand. The staffing proposals in relation to getset, given the scale, were presented as part of the savings programme considered at Scrutiny Place and Cabinet on 11 and 12 September respectively.

### **1.2 Demand for Level 2 getset interventions**

Over the last 12 months, the average number of level 2 open referrals (by family) has reduced to an average of 276 – the latest data for September 2018 continues to support this reducing trend.

At the Scrutiny Committee for Children and Families call-in review meeting on 8 October, the committee were concerned to understand why there has been a decline in families open to getset. There are a number of developments which have contributed to this decline:

- Early Help Module case management system (linked to children's social care LCS system) went live in getset in April 2017 and in the Early Help Advice Hub, replacing paper-based systems. This allowed for more efficient management of caseloads and a more consistent application of thresholds for a workforce based across a number of sites.
- Improved solution focussed model of family practice based on research which states that a focussed approach leads to the most sustainable outcomes for families – a review led to a closure of a number families open for over a year.
- An improved multi-agency service request process, the Early Help Assessment (EHA) launched in 2016 and overseen by Somerset Safeguarding Children Board supported partner agencies to consider their role in early help and to identify where they can lead early help support for families.
- Developments in the Council's support offer to partner agencies' understanding of their role in delivering early help support: - the Early help Advice hub established to triage all EHAs and ensure consistency of threshold for early help services across the partnership - the Early help Consultation Line established to provide advice on early help to all practitioners; - the Team Around the School (TAS) approach launched to provide early help multi-agency network support, overseen by multi-agency meetings hosted by secondary schools and their feeder primary schools at level 2. Agencies that participate regularly

include schools, health, police, getset, One teams, CAMHS and housing providers. <http://professionalchoices.org.uk/early-help/tas/>

Based on the proposed revised level 2 workforce -11 family support workers and 8 apprentices (full-time equivalents (FTE)) an average caseload will be 14.5 families per FTE worker (276 average cases divided by 19 FTE). This is below the safe minimum level set out below and therefore allows substantial capacity to respond to an increase in demand should that arise in the future.

Current caseloads, based on workforce FTE establishment of 30 Family Support Workers and 8 Apprentices, equates to an average caseload of 7.3 families per full time equivalent (FTE) worker (276 divided by 38). Currently it is expected that a worker holds an average caseload of 14 families.

### **1.3 Planned Caseloads for Practitioners providing Level 2 interventions**

It is planned to move to a maximum caseload of 20 families to every FTE Level 2 practitioner.

There is no national guidance on the appropriate level of caseloads for early help practitioners, and practice varies across Local Authorities depending on service focus.

There is an established supervision policy in getset. Core to this is assessing the quality of interventions by practitioners based on an assessment of family needs and outcomes of intervention. The supervision programme is supported by an audit framework which provides an opportunity for learning about how to maximise the effectiveness of interventions. The supervising manager is required to ensure that the practitioner has capacity to undertake the work and take action should there be evidence that the practice is not to the high standard expected. This typically includes providing additional training and support and reallocating work if necessary.

### **1.4 Demand for Level 3 Getset Interventions**

Over the last 12 months the average number of level 3 open cases per month has been around 203 families (this is an average across the last 12 months of open cases from figure 5 in appendix 1). Currently a full time Level 3 Family Intervention Worker (FIW) is expected to hold a case load of 10-12 families. If they are responsible for running groups case load is reduced proportionately. Based on workforce FTE establishment of 48 Family Intervention Workers this equates to an average caseload of 4.2 cases per full time equivalent (FTE) worker (203 divided by 48)

Based on the proposed revised level 3 workforce there will be 28 family intervention workers (full-time equivalents (FTE)). This would equate to an average caseload of 7.25 families per FTE worker (203 average cases divided by 28).

Considering the more recent increase in cases in level 3 which is continuing to rise, would mean the proposed average caseload for a level 3 worker across August 2018 would be 13.7 cases per FTE worker. This is below the safe minimum level set out below and therefore allows capacity to respond to an increase in demand should that arise in the future.

## **Planned Caseloads for Practitioners providing Level 3 interventions**

### **1.5**

It is planned to move to a maximum caseload of 15 families to every FTE Level 3 practitioner.

There is no national guidance on the appropriate level of caseloads for early help practitioners, and practice varies across Local Authorities depending on service focus.

There is an established supervision policy in getset. Core to this is assessing the quality of interventions by practitioners based on an assessment of family needs and outcomes of intervention. The supervision programme is supported by an audit framework which provides an opportunity for learning about how to maximise the effectiveness of interventions. The supervising manager is required to ensure that the practitioner has capacity to undertake the work and take action should there be evidence that the practice is not to the high standard expected. This typically includes providing additional training and support and reallocating work if necessary.

### **Data Sources**

- 1.6** The Cabinet report and specifically CAF 14-a quoted numbers of open cases but incorrectly referred to these as referrals into the getset service. Open cases are a better measure of the actual work undertaken in the service, as referrals may not be accepted by getset for a number of reasons (see glossary of terms below).

All the data in the CAF 14-a proposals presented to Scrutiny and Cabinet and included within this report at appendix 1 is drawn from the early help case management system which was implemented in April 2017. Data used covers the longest period available and goes back to the implementation of the electronic case management system; using data over such a long timeframe goes some way to mitigating the impacts on trend lines of seasonal variations and spikes in data.

Practitioner caseload information is calculated manually by using the numbers of open cases (families) from the case management system and the Full Time Equivalent (FTE) staff numbers in post; this provides an accurate picture for managers to understand how both full- and part-time staff, and those providing group activities are meeting the caseload expectations that the getset service has set.

The referrals into the getset service come via completed Early Help Assessments undertaken by practitioners where a need has been identified for a child or family. For the last three years if anyone has telephoned a Children's Centre, visited 'on-spec' to a children's centre or a getset led outreach provision, and is asking for additional support a family support worker will visit them at home to initiate the same assessment of need if other professionals have not already identified this need during their contact with the family.

## **Glossary of Terms**

- 1.7 A glossary has been produced to explain some of the language used in the supporting papers.

<b>Term</b>	<b>Explanation</b>
Consent	Informed agreement must be given by the parent (s) to enable the sharing of information to obtain the perspective or engagement of another agency professional.
Early Help Assessment (EHA)	A consent-led, evidence-based assessment to gather information and form a holistic overview of needs of the child(ren) and family and the plan / activity to improve the outcomes for the child/family. The aim is for the EHA to be a living document meaning families tell their story once and receive the right help at the right time. If appropriate the EHA can act as a request for involvement for other targeted and specialist services to become involved, usually to provide support additional to that already provided by the professional completing the EHA.
Referral to getset	Request for getset involvement for a child or family via an EHA. Not all referrals are accepted by the service e.g. lack of parental consent, family withdrawing consent, referrer not being clear on what outcome is required or work required from getset or where another early help service is better placed to provide the service required by the family.
Open Case	Active case that has an allocated worker who will be actively supporting the child/family. In terms of the electronic case management system a casefile is created.
Caseload	The number of open cases (by family) that a worker carries at a point in time, overseen by managers through regular supervision.
Closed Case	Outcomes for the family have been achieved and the work is considered complete, or the case has been transferred to another agency/service and getset are no longer involved. In terms of the electronic case management system the casefile is marked as closed.

## Levels of need

### 1.8

The following table explains the 4 levels of need as set out in the Somerset Safeguarding Children Board (SSCB) 'Effective Support for Children and Families in Somerset' guidance (launched in February 2016).

Level 1 Universal	Anyone can access universal services. These are services such as GPs, school, hospital, health visitors, midwives.  The majority of young people and families require support from universal services alone and have no additional needs.
Level 2 Additional	Children, young people and their families who require some extra support to help them reach their potential.  This may be short term, and likely to require a single agency input. It may require further agency input and a targeted service to support them.
Level 3 Complex	Children, young people and their families who require significant, personalised support, often from several agencies working together to help them reach their potential. These children will continue to need the support of Universal services.
Level 4 Acute	These children are suffering or are likely to suffer significant harm. This is where child protection procedures may need to be put in place and a social worker gets involved. These are families in crisis and require statutory services to become involved. This level can also include health services which include day patient or outpatient settings for children and adolescents with severe and/or complex health problems.

### **1.9 Early Help Assessment (EHA) including the multi-agency request for involvement form**

The EHA was launched in September 2016; no new form has been implemented since. It is reviewed regularly with partners and minor changes made. The changing level of level 3 referrals over 2017 and 2018, shown in the graphs in this report, do not correlate with the implementation of the EHA in 2016.

The EHA launched in 2016 merged over 50 different referral forms into one which ultimately has improved both the process and reduced paperwork for practitioners. The EHA is an active document allowing practitioners to recording and updating information about the child(ren) and family they are working with and encourages multi-agency collaboration.

## **2. Options considered and reasons for rejecting them**

- 2.1.** The recommendation of Scrutiny Committee for Children and Families to delay implementation of the Cabinet decision CAF-14a will delay the achievement of full in



year savings for this proposal. Further savings proposals will need to be put forward by Children's Services to replace the £290,800 not achieved in 2018/19.

### **3. Background papers**

- 3.1.** "Call-in" of CAF-14a "Proposals for the alteration and / or reduction of early help services provided to children and their families – getset" – Scrutiny for Policies, Children and Families Committee 8 October 2018  
<http://democracy.somerset.gov.uk/ieListDocuments.aspx?CId=132&MId=765&Ver=4>
- 3.2.** CAF-14a "Proposals for the alteration and/or reduction of early help services provided to children and their families – getset" – Part of the cabinet papers on 12<sup>th</sup> September 2018 (pages 130 – 134).  
<http://democracy.somerset.gov.uk/documents/s7981/Appendix%20C2a.03.pdf>
- 3.3.** CAF-14b - part of the papers considered at Cabinet on 12 September 2018  
<http://democracy.somerset.gov.uk/documents/s7993/Appendix%20C2b.01.pdf>

## APPENDIX 1

Figure 1 below shows the number of families open to level 2 and 3 getset service since May 2017. Lines have been added to the graph to indicate the trend in open cases over the period covered and this shows increasing open cases at Level 3 and reducing cases at Level 2. Data used covers the longest period available and goes back to the implementation of the electronic case management system; using data over a longer timeframe goes some way to mitigating the impacts of seasonal variations and spikes in data may have on trend lines.

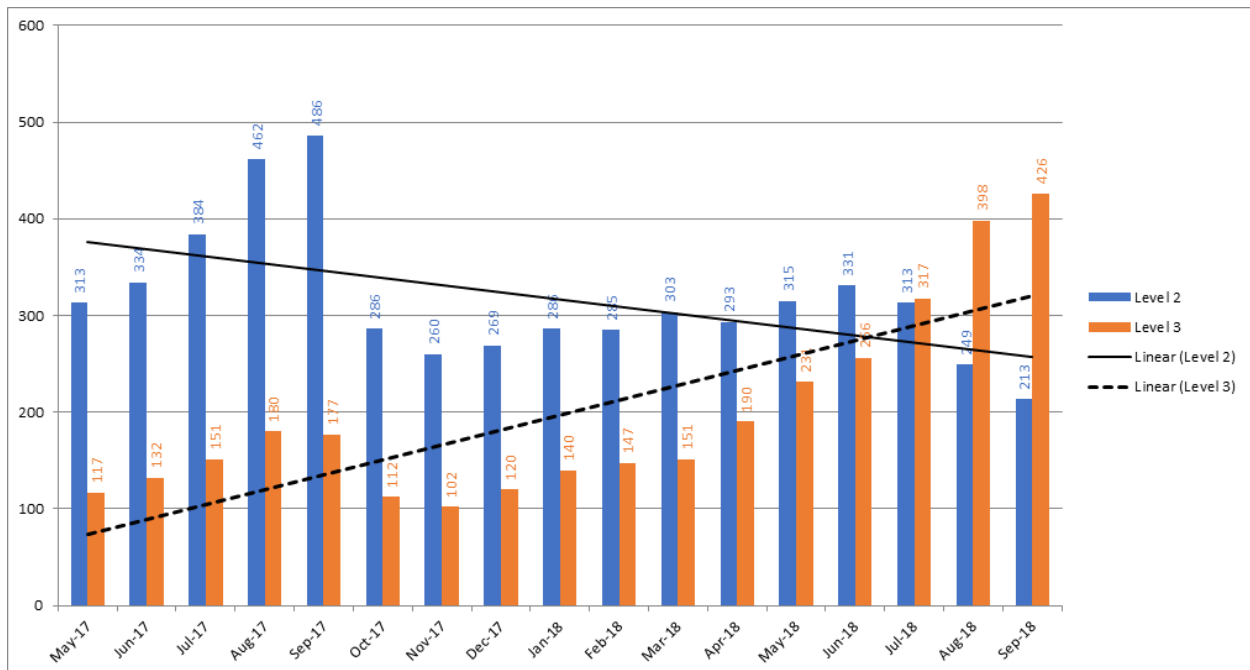


Figure 1 - number of families open to level 2 and 3 getset service since May 2017

Figure 2 and 3 below show the number of open cases where the original referring agency is one of the six which have submitted the highest number of Level 2 and Level 3 EHAs from July 2017 to September 2018. For Level 2 it should be noted that where referrals are received from school/PFSAs they are working with a school age child who has a younger sibling aged 0-4 who requires a service from getset. It should also be noted that these graphs do not show the number of referrals each month from each of these agencies. For example, cases that were originally referred by schools (during term time) where the case remains open during the holidays make up the figures for schools during holiday times in the graph below.

Figure 2 - Level 2 Top 6 Sources

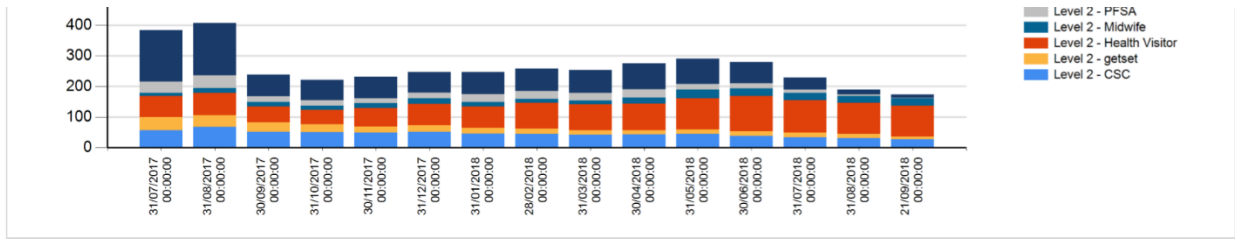


Figure 3 - Level 3 Top 6 Sources

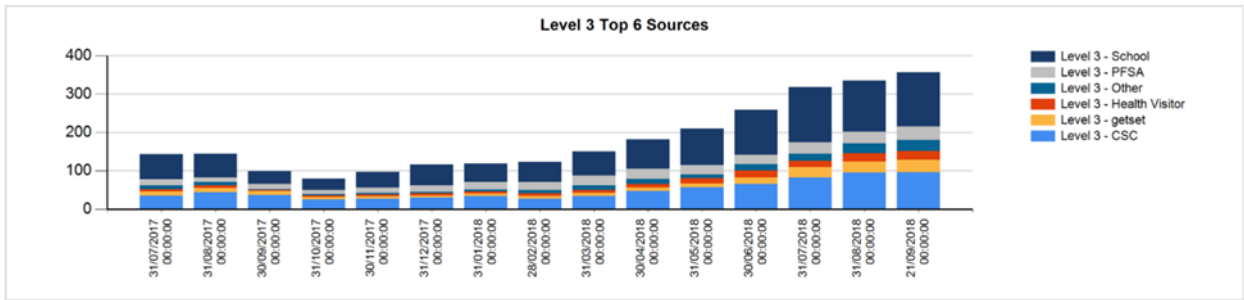


Figure 2 and Figure 3 below show the Level 2 open cases, by child and by families over the past year.

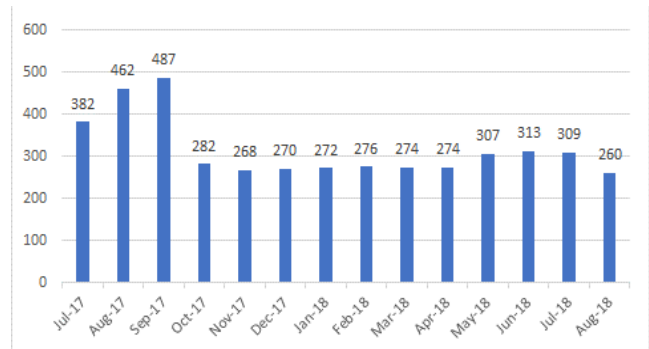
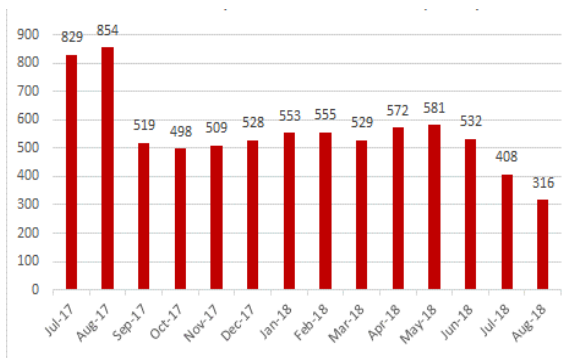


Figure 2 - Open Cases for Level 2 (Children)

Figure 3 - Open Cases for Level 2 (Families)

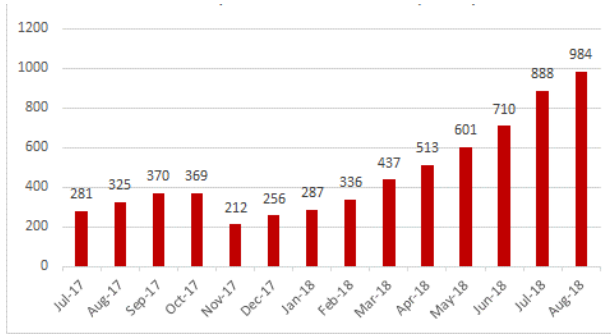


Figure 6 - Open Cases at Level 3 (Children)

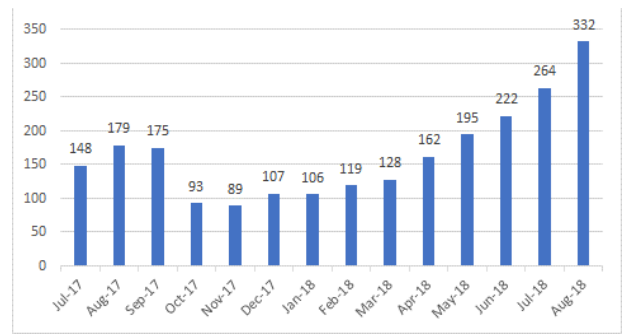


Figure 7 - Open Cases at Level 3 (Families)

Figures 6 and 7 above show the Level 3 open cases, by child and by families over the past year.

### Inter-relationship between Levels 1 to Level 4

Figure 4 below shows the number of level 4 (Children in need) cases reducing which have been stepped down to level 3 getset.

Figure 5 and 10 below show the increase in Level 3 getset cases and the decrease in Level 4 Children in need (CiN) /child protection (CP) cases.

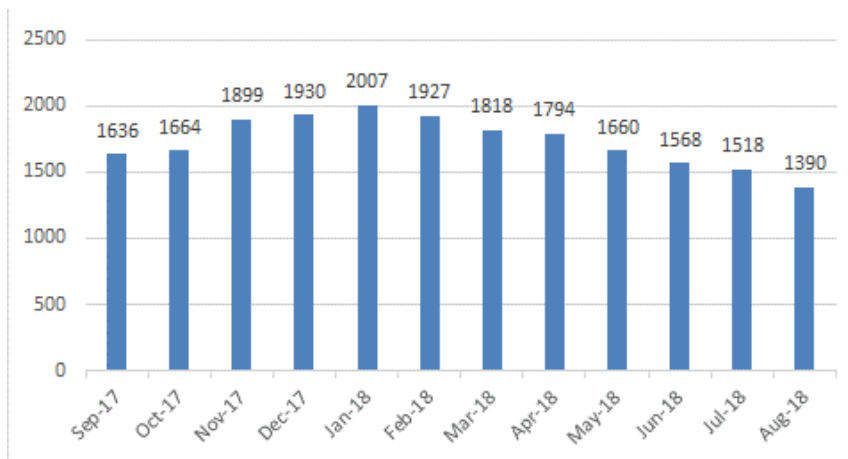


Figure 4 - Children In Need Cases

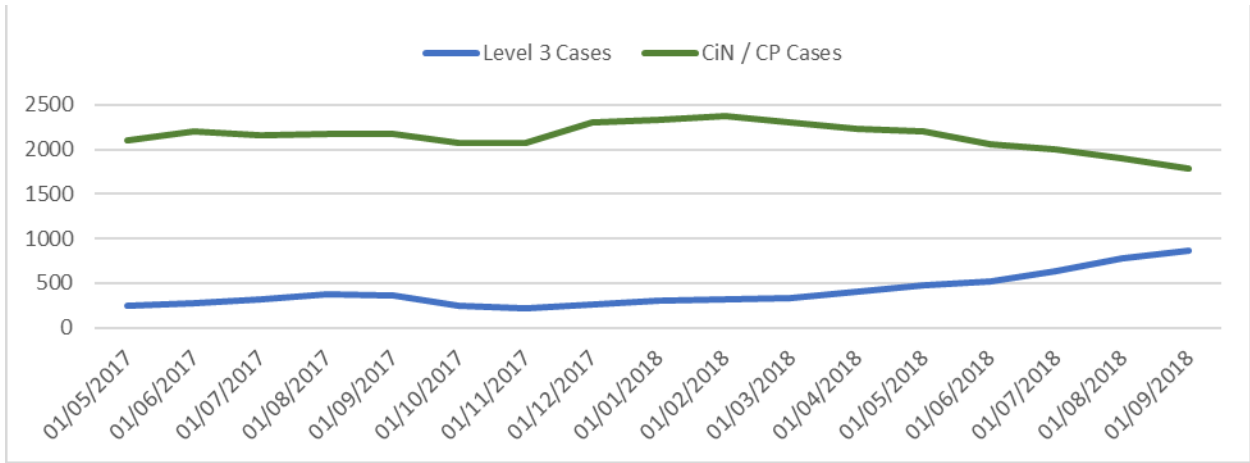


Figure 5 - Case Numbers at Levels 3 and 4

	01/05/2017	01/06/2017	01/07/2017	01/08/2017	01/09/2017	01/10/2017	01/11/2017	01/12/2017	01/01/2018	01/02/2018	01/03/2018	01/04/2018	01/05/2018	01/06/2018	01/07/2018	01/08/2018	01/09/2018
<b>Level 3 Cases</b>	241	278	317	370	363	241	220	259	310	318	340	410	473	524	642	779	864
<b>CiN / CP Cases</b>	2107	2206	2167	2174	2170	2070	2069	2298	2331	2371	2310	2232	2202	2067	1997	1897	1782

Figure 6 - Case Numbers at Level 3 and 4