Gloucestershire County Council

Review of Children Services

January 2019

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## Contents

1. Executive Summary ........................................................................................................... 3
2. Introduction ....................................................................................................................... 5
3. Key Findings and Recommendations .................................................................................. 6
   3.1 Demographic Overview .............................................................................................. 6
   3.2 Demand Analysis ....................................................................................................... 7
   3.3 Spend Analysis ......................................................................................................... 10
   3.4 Benchmarking of Gloucestershire Spend with Statistical Neighbours ......................... 15
   3.5 Front Door Arrangements, incorporating Referral and Assessment .................................. 18
   3.6 Assessment .............................................................................................................. 24
   3.7 Early Help and Family Support .................................................................................. 28
   3.8 Services for Children with Disabilities ....................................................................... 36
   3.9 Children in Care and Placement Management ............................................................ 42
   3.10 High Level Analysis of High Needs ........................................................................... 50
   3.11 Workforce Analysis ................................................................................................. 52
4. Financial Improvement Plan ............................................................................................... 55
5. Implementation Plan – Appendix 1 .................................................................................... 56
6. Implementation Plan Timeline and Milestones – Appendix 2 .............................................. 56
7. Key Risks and Dependencies – Appendix 3 ..................................................................... 56
1. **Executive Summary**

This review acknowledges that Gloucestershire County Council (GCC) is undergoing a fundamental improvement journey in its Children’s Services and that significant progress is being made towards this, due in part to changes to its senior management team. Whilst performance is improving expenditure continues to rise with the Service projecting an overspend of £8.3m in October 2018, despite significant growth added to the budget.

Demand for Children’s Social Care in Gloucestershire has been rising since 2013/14, with all the key indicators being higher at the end of 2017/18 than any of the four previous years. They are also all higher than their statistical neighbours, significantly so in respect of referrals, re-referrals and children subject to a Child Protection Plan.

It was stated by various sources during this review that demand had been rising in most cases because of the legacy of safeguarding decisions made or not made in recent years. Meaning that children were now receiving a higher level of intervention because their needs were not acknowledged appropriately before. This perception is consistent with the findings of the Ofsted inspection in 2017, which made observations about the assessment, decision making and planning of cases. It is also supported by the high rate of referrals and re-referrals which suggests that cases that should have been accepted previously are still coming back in.

This in turn has resulted in significant pressure against the Children in Care Budget, if we consider that Looked After Children (LAC) numbers have increased from 480 in 2013/14 to 657 in 2017/18. For the purposes of this review we have only tracked financial data back to 2015/16, but this identified expenditure of £11.4m against a budget of £7.8m in 2015/16, with forecast expenditure of £23.4m against a budget of £17.2m in 2018/19.

To some extent, GCC must work through this peak and is not able at this stage to safely work to reduce these numbers in a largescale way, as the children new to the system are there for a reason, especially those who should arguably have had their needs met sooner. However, what can be ensured is a strong early help offer that prevents more children needing social care in future, an effective “front door” that signposts families to the right service at the first time of asking, and a cost effective way of managing their needs if they do ultimately need a social care intervention.

Taking these in turn, we understand that the approach to the “front door” of children’s social care has undergone and continues to undergo rationalisation, and this review supports this within its recommendations.
The approach to Early Help in Gloucestershire has many positive elements including a defined in-house delivery model alongside an approach that supports partners to hold risk at a lower level, a targeted Children’s Centre offer and a commissioned Youth Support Team that offers a targeted service for young people aged 11+. However, whilst there are a range of elements within all of these services that indicate an “Edge of Care” approach, there is no clearly defined approach to “Edge of Care”, and what there is appears in some respects to be duplicative. Like many local authorities, Early Help in Gloucestershire also faces a reduction of £1.3m in 2020 when the Troubled Families grant comes to an end. This review identifies an opportunity to remodel Early Help in Gloucestershire to address both of these issues whilst maintaining its best practice.

In respect of managing cost when a child or young person is in care, there are opportunities for GCC to better manage costs particularly in relation to Independent Fostering Agencies, supported accommodation and residential placements, the latter of which GCC is a considerable outlier in comparison to its statistical neighbours. Evidence from this review would appear to suggest that the Council’s involvement in the South West Framework is not working for them in reducing costs. Furthermore, there would appear to be a number of additional services being added to the standard cost of placements which have not historically been rigorously scrutinised or reviewed. Both of these areas give potential for financial efficiencies without impacting on the outcomes for children.

The review also identifies that not uncommon to a number of local authorities, funding contributions to high cost placements by Health are low. This review makes some clear recommendations based on our work elsewhere in the Country. The aim to agree criteria for identification of cases that warrant tripartite funding, along with the apportionment of funding for these cases moving forward, avoiding often lengthy and difficult negotiations.

Linked to the demand for SEND placements, this review building on work by the Service to date, identifies opportunities to deliver further financial efficiencies within SEND Home to School Transport. Analysis of the data provided identifies that GCC spend per head for SEN home to school transport is significantly higher than national benchmarking data, even taking into account the rurality of the County. This in part will be driven by the high number of single passenger journeys.

Finally, one of the most significant challenges faced by GCC’s Children’s Services is in developing a stable and cost effective workforce. At levels of 44.3% agency staffing within Children’s Social Care is significantly above regional, national and statistical neighbour comparisons. This is not only prohibitively expensive but brings with it a risk of stability, which threatens progress against the improvement journey and the ability to implement a number of the recommendations in this review.
As stated, this review recognises the considerable effort being made in Gloucestershire to improvement, and, empathetic to this, this report should be read objectively as an analysis at a point in time when many of these efforts are in their infancy. The financial efficiencies identified and agreed by Finance have also been given realistic timescales so as not to cause any further unnecessary disruption. In total, this review concludes that with the right capacity and skills it is possible to safely deliver efficiencies in the region of £8.2m over a period of 3 years, bringing expenditure back in line with the current budget.

Peopletoo would like to thank all who have been involved in this review. All our interactions with those involved have been very informative and helpful, whilst also making it very clear that GCC has a full understanding of its challenges and a desire to address them.

2. INTRODUCTION

Peopletoo were commissioned by Gloucestershire County Council (GCC) to undertake a review of Children’s Services between September and December 2018.

There were two primary objectives to this work:

- Firstly, to ascertain if the current budget is appropriate to meet current and future demand.
- Secondly if there was evidence that would indicate that there is opportunity to change any part of the delivery model in order to manage within the current financial envelope available (reducing the current overspend), and in future years contribute towards the Councils medium term financial plans.

The following key areas were in scope of this review:

- Baseline current expenditure across the pathway.
- Identify areas of expenditure where GCC are an outlier (positive and negative), and analyse the reasons for this.
- Identify the key drivers of demand and assess the impact of existing services in managing this.
- Linked to the above undertake an assessment of current contracts in order to ascertain impact and value for money.
- Assess the current commissioning process for placements, including the effectiveness of current framework agreements and a high level review of partner contributions to high cost placements, and whether there is opportunity for a more joined and transparent approach.
- Identify areas where changes to the current delivery pathway may have a positive impact on demand and outcomes, building on evidenced best practice both within the Service and elsewhere in the UK.
The agreed outputs from this review were:

- **A Financial Improvement Plan (FIP)** which identifies, models and profiles opportunities for efficiency savings as outlined in the recommendations, worked through with Finance colleagues to prevent ‘double counting’ of savings with existing medium term financial plans.
- **Key Milestones**, detailing the key actions/activities and associated timelines required to take place in order to achieve the financial efficiencies identified in the FIP. This will also account for key dependencies such as consultation, cabinet decision making etc.
- **Key Risks and Dependencies**, detailing the key risks associated with the delivery of the recommendations along with appropriate mitigating action.

### 3. KEY FINDINGS AND RECOMMENDATIONS

#### 3.1 Demographic Overview

Gloucestershire has a lower proportion of 0-19 year olds when compared to the national figure. However, there is considerable variation at district level, for example at 25% Gloucester has the highest proportion of children and young people (aged 0-19) and exceeds the County and national figure.

Gloucestershire’s population has increased by approximately 42,400 people or 7.3% since 2006. However, the percentage increase is less than the increase experienced by both the South West (7.7%) and England (8.4%). During this period the number of children and young people in Gloucestershire increased by 2,526 people or 1.8%; this compares with an increase in England in this age group of 5.5%. However, again there is considerable variation at district level, with Gloucester and Tewkesbury having a faster growth rate in the children/young people age group (8.3% and 7.4% respectively) compared with the England figure.

On current trends, the latest ONS 2014-based interim projections suggest that Gloucestershire’s population will increase by 102,700 people or 16.8% to about 714,000 in 2039. This compares to a projected national increase of 16.5%.

Gloucestershire’s 65+ population is projected to experience the greatest growth, increasing by almost 82,500 people or 66.6% by 2039. Gloucestershire’s 0-19 year old population is also projected to increase, but at a slower rate of 11% or 15,200 people by 2039.
Gloucestershire is characterised by a comparatively small Black and Minority Ethnic population but is becoming increasingly diverse. The Black and Minority Ethnic population increased by 70% between 2001 and 2011. The number of people classed as “White Other”, which includes migrants from Europe, increased by 51.4% during the same period, from 1.6% of the population in 2001 to 3.1% of the population in 2011.

According to the Index of Multiple Deprivation 2015 (IMD 2015), in general, Gloucestershire is not a particularly deprived County. An average IMD rank for each of the six districts in Gloucestershire shows that even the most deprived districts (Gloucester City, and Forest of Dean) fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile. Looking at the 152 upper-tier authorities, Gloucestershire has a rank of 124, putting it in the least deprived quintile for overall deprivation. Hence, while there are certainly areas of deprivation in the County in comparison to the rest of England, overall Gloucestershire is not a deprived County.

### 3.2 Demand Analysis

We have analysed Gloucestershire’s children’s social care statistics over a five-year period, and compared this with regional, national and statistical neighbour comparators. DfE statistics have been used for this analysis in years up to and including 2016/17, with local figures provided by GCC used for 2017/18.

**Table 1 – Gloucestershire’s Children’s Social Care Statistics 2013/14 – 2017/18**

<table>
<thead>
<tr>
<th>Category</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Need per 10,000</td>
<td>242.9</td>
<td>261</td>
<td>273.6</td>
<td>301.4</td>
<td>304.2</td>
</tr>
<tr>
<td>Children subject to a Child Protection Plan per 10,000</td>
<td>36.5</td>
<td>34.7</td>
<td>45.5</td>
<td>35.9</td>
<td>51.4</td>
</tr>
<tr>
<td>Children in Care per 10,000</td>
<td>39</td>
<td>42</td>
<td>45</td>
<td>48</td>
<td>51.7</td>
</tr>
</tbody>
</table>
The following table shows how Gloucestershire’s social care rates compare with regional, national and statistical neighbour averages.

### Table 2 - Benchmarking Gloucestershire against Regional, National and Statistical Neighbour Data

<table>
<thead>
<tr>
<th>Category</th>
<th>Gloucestershire 2017/18</th>
<th>Regional Average 2016/17</th>
<th>National Average 2016/17</th>
<th>Statistical Neighbour Average 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Need per 10,000</td>
<td>304.2</td>
<td>305.9</td>
<td>331.4</td>
<td>276.7</td>
</tr>
<tr>
<td>Children Subject to a Child Protection Plan per 10,000</td>
<td>51.4</td>
<td>40.6</td>
<td>43.3</td>
<td>39.4</td>
</tr>
<tr>
<td>Children in Care per 10,000</td>
<td>51.7</td>
<td>53</td>
<td>62</td>
<td>48.6</td>
</tr>
<tr>
<td>Referrals per 10,000</td>
<td>649.8</td>
<td>472.2</td>
<td>548.2</td>
<td>435.7</td>
</tr>
<tr>
<td>Percentage Re-Referrals</td>
<td>29%</td>
<td>23.2%</td>
<td>21.9%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>
Key Findings

- Demand for Children’s Social Care in Gloucestershire has been rising since 2013/14. Rates of Children in Need, Children subject to a Child Protection Plan and Children in Care, the rate of referrals and the percentage of re-referrals are all higher at the end of 2017/18 than any of the four previous years. They are also all higher than their statistical neighbours, significantly so in respect of referrals, re-referrals and children subject to a Child Protection Plan. Gloucestershire is also significantly above regional averages in these three indicators.
- It was stated by various sources that demand had been rising in most cases because of the legacy of safeguarding decisions made or not made in recent years, meaning that children were now receiving a higher level of intervention because their needs were not acknowledged appropriately previously.
- This perception is consistent with the findings of the Ofsted inspection in 2017, which made observations about the assessment, decision making and planning of cases. It is also supported by the high rate of referrals and re-referrals which suggests that cases that should have been accepted previously are still coming back in. This is likely to mean that the focus is currently more on addressing immediate, acute needs (for example addressing the significant rise in Child Protection cases), than being able to de-escalate lower risk cases such as Children in Need cases where appropriate. However, over time, if the rise in demand levels out once improved decision making and social work practice begins to have an impact, it should be reasonably expected that demand may return to that of statistical neighbour comparisons by around 2020/21.
- To do this, two things are critical. Firstly, the social care workforce needs to stabilise. Section 3.11 of this report shows that there is a high level of agency usage and turnover at present. It is acknowledged that there are plans to reduce the use of and turnover of agency staff, which will in turn promote consistency of practice whilst also reducing the cost of agency staffing. It is possible, however, with caution so as not to destabilise the workforce further during a time of improvement, to project financial savings over a period of three years that could be achieved through the reduction of agency usage.
- Secondly, an effective Early Help offer is critical. As will be seen in section 3.7, the approach to Early Help in Gloucestershire within its in-house services is, in theory, a good model, with an appropriate emphasis on supporting partners to manage cases at a lower level alongside a more targeted approach taken by the Council. However, like many local authorities, it currently relies on Troubled Families funding which ends in 2020, and hence it is not affordable in its current form beyond this point, and this will need to be addressed. Furthermore, the links between the Council’s in-house services and the commissioned Youth Support Team appears disjointed, with also some confusion over what constitutes the Council’s approach to “Edge of Care” cases.
Key Recommendations

- By continuing to improve social work practice in line with Ofsted recommendations, achieving a more stable workforce, remodelling Early Help to be affordable on a sustainable basis whilst articulating more clearly the authority’s “Edge of Care” approach, it should be possible over time to prioritise the de-escalation of some lower level Children in Need cases to Early Help services where appropriate. This will enable social care to focus more on the rising number of acute cases and help stabilise and gradually reduce its rates of Children subject to a Child Protection Plan, and stabilise its rates of Children in Care where appropriate.

- Given that the rate of Children in Care is currently inflated by the legacy of poor decision making, resulting in a slightly higher rate of Children in Care than its statistical neighbour comparators, care must be taken in prescribing how this number may be reduced safely. In reality it is likely that there will be opportunities to reduce numbers through a variety of permanence options. In this respect, the key opportunity that presents itself is described in Section 3.4, which shows that Gloucestershire is not achieving as many adoptions as comparators.

3.3 Spend Analysis

3.3.1 Reported verses Predicted Spend per head of 0-25 population

Key Findings

A recent report commissioned by the Local Government Association (LGA) and undertaken by Newton Europe in June 2018 (“Making Sense: Understanding the drivers of variation in spend on Children’s Services”) indicates variation in spend on Children’s Social Care (CSC) services is largely influenced by 5 economic and geographic factors which are beyond the Local Authority (LA) control. Recent research suggests that this may be primarily due to the following factors which have been found to collectively account for approximately 51% of the CSC spend variance per 0-25 between LAs:

- Income Deprivation Affecting Children Index (higher deprivation = higher CSC spend).
- Size of population aged 0-25 (larger pop = lower CSC spend).
- Disposable household income (higher disposable income = higher CSC spend).
- Levels of unemployment (higher unemployment levels = higher CSC spend).
- Levels of crime (higher crime levels = higher CSC spend).
• IDACI (income deprivation affective children index) measure, alone accounting for 31% of the Childrens Social Care spend variance per head 0-25 population per LA.

The report compares Reported Spend against Predicted Spend for each LAs CSC Service. **Reported Spend** is based on revenue outturn returns for 2016/17 and the size of the local population aged 0-25, (size of population aged 0-25 sourced from predicted populations, Office of National Statistics). **Predicted Spend** is based on the impact of the five key factors linked to 50.1% of variation on actual spend as referred to above. The source of the data for these 5 factors is identified below and is the latest available, as of March 2018:

• Spending data from the financial year 2016 to 2017 in the revenue outturn reports.
• The GDHI and the deprivation index data from 2015.
• Area of each local authority taken from Census data from 2011.
• Population data – Office for National Statistics (ONS) estimates for mid-2016.

The difference between the Reported and Predicted spend values has been attributed by the authors Newton Europe to:

• How an authority completes its financial reporting – evidence this could create variation up to 12%.
• Studying spend on Children in Care and safeguarding children showed 13% of spend variation comes from differences in practice and processes within control of councils. The changes required to achieve this consistently, whilst more in the control of councils than other local partners, are nonetheless complex, potentially costly and challenging to achieve, with no ‘one size fits all’ solution across authorities.
• The way an authority funds and runs it services which includes local factors, the impact of partners, as well the use of early help and preventative services. Findings showed spend on these areas varied significantly, from 22% of total children’s budget in one authority to 56% in another.

**Gloucestershire’s Reported Spend per head of 0-25 population is £416, slightly lower than its Predicted Spend of £427.**

3.3.2 Budget and Spend Analysis 2016/17 to 2018/19

**Children and Families and Education and Skills**
**Table 3 – Children and Families and Education and Skills Budget**

<table>
<thead>
<tr>
<th></th>
<th>2016-17 £000</th>
<th>2017-18 £000</th>
<th>2018-19 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Budget</td>
<td>98,727</td>
<td>96,752</td>
<td>106,088</td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>98,018</td>
<td>100,252</td>
<td>114,456      (Projected Oct ’18)</td>
</tr>
</tbody>
</table>

- The Children and Families budget continues to be under significant pressure despite growth of £16.2m in 2018/19, one off growth of £2.9m and recurring growth of £3.9m in 2017/18, and one off growth of £2m and recurring £7.5m in 2016/17.
- There are no MTFP savings to this budget in 2018/19, however there were savings net off grants and “one offs”, amounting to £2.1m in 2016/17 and £4.3m in 2017/18.

**Key Pressure Areas 2018/19**

**Children and Families Lead Commissioner Families**

**SLA Safeguarding:**

*Table 4 – SLA Safeguarding*

<table>
<thead>
<tr>
<th></th>
<th>2016-17 £000</th>
<th>2017-18 £000</th>
<th>2018-19 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Budget</td>
<td>11,134</td>
<td>13,500</td>
<td>14,844</td>
</tr>
</tbody>
</table>
The key pressure in 2018/19 is SLA Staffing:

Table 5 – SLA Staffing

<table>
<thead>
<tr>
<th></th>
<th>2016-17 £000</th>
<th>2017-18 £000</th>
<th>2018-19 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Budget</td>
<td>9,064</td>
<td>10,000</td>
<td>13,211</td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>9,328</td>
<td>10,689</td>
<td>15,442</td>
</tr>
</tbody>
</table>

Children in Care:

Table 6 – Children in Care

<table>
<thead>
<tr>
<th></th>
<th>2016-17 £000</th>
<th>2017-18 £000</th>
<th>2018-19 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Budget</td>
<td>10,963</td>
<td>12,974</td>
<td>20,302</td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>15,527</td>
<td>21,348</td>
<td>26,669</td>
</tr>
</tbody>
</table>

The key pressure continues to be Children in Care Placements:
Table 7 – Children in Care Placements

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Budget £000</th>
<th>Net Expenditure £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>7,854</td>
<td>11,415</td>
</tr>
<tr>
<td>2016-17</td>
<td>9,354</td>
<td>13,837</td>
</tr>
<tr>
<td>2017-18</td>
<td>9,654</td>
<td>17,464</td>
</tr>
<tr>
<td>2018-19</td>
<td>17,254</td>
<td>23,485</td>
</tr>
</tbody>
</table>

- Children in Care Placements are forecasting an overspend of £6.2m in 2018/19 despite £7.6m growth (part of the £16.2m) awarded in 2018/19 to support increase external placement activity.
- It is apparent from the above that the Children in Care Placement budget has continued to be under pressure going back as far as 2015/16. This reflects the increasing LAC numbers 480 2013/14 to 657 in 2017/18. In real terms expenditure on Children in Care Placements has increased by £12m since 2016.

Children and Families Lead Commissioner Childrens Health

SLA Young People Support:

Table 8 – SLA Young People Support

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Budget £000</th>
<th>Net Expenditure £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>8,731</td>
<td>8,607</td>
</tr>
<tr>
<td>2017-18</td>
<td>7,929</td>
<td>8,556</td>
</tr>
<tr>
<td>2018-19</td>
<td>8,850</td>
<td>9,582</td>
</tr>
</tbody>
</table>
Young People Support Youth Services:

*Table 9 – Youth Services*

<table>
<thead>
<tr>
<th></th>
<th>2016-17 £000</th>
<th>2017-18 £000</th>
<th>2018-19 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Budget</td>
<td>3,257</td>
<td>3,109</td>
<td>4,170</td>
</tr>
<tr>
<td>Net Expenditure</td>
<td>3,046</td>
<td>3,701</td>
<td>4,987</td>
</tr>
</tbody>
</table>

- The overspend forecast for Young People Support in 2018/19 as in 2017/18, will be netted off by the Youth Justice Board Grant

### 3.4 Benchmarking of Gloucestershire Spend with Statistical Neighbours

This section considers GCC’s spend and LAC Placement Profile (which impacts upon spend) in a range of areas against statistical neighbour comparisons. This information has been sourced from the “CIPFA Looked After Benchmarking Club – 2017 Final Gloucestershire Report”.

*Table 10 – Gloucestershire spend with Statistical neighbours*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Care Unit Costs (weekly average) £</td>
<td>1,096</td>
<td>951</td>
</tr>
<tr>
<td>In House Fostering Unit Costs (weekly Average) £</td>
<td>586</td>
<td>474</td>
</tr>
<tr>
<td>IFA Fostering Unit Costs (weekly Average) £</td>
<td>937</td>
<td>909</td>
</tr>
</tbody>
</table>
Residential Care Unit Costs (weekly average) £

<table>
<thead>
<tr>
<th></th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>£</td>
<td>4417</td>
<td>3697</td>
</tr>
</tbody>
</table>

% LAC in In House Fostering

<table>
<thead>
<tr>
<th></th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>45.7%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

% LAC in IFAs

<table>
<thead>
<tr>
<th></th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>20.7%</td>
<td>24.7%</td>
</tr>
</tbody>
</table>

% LAC in Residential Schools

<table>
<thead>
<tr>
<th></th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>1.6%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

% LAC in other residential settings

<table>
<thead>
<tr>
<th></th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

The following data has then been sourced from the DfE Local Authority Indicator Tool. These indicators also impact upon spend.

Table 11 – DfE Local Authority Indicator Tool

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Gloucestershire 2016/17</th>
<th>Statistical Neighbour Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEN Unit Costs (weekly average) £</td>
<td>120</td>
<td>88</td>
</tr>
<tr>
<td>Social Work Unit Costs (weekly average – total funding / total CIN at 31^{st} March, x 7)</td>
<td>90</td>
<td>118</td>
</tr>
<tr>
<td>Placement Stability (% LAC with 3 of more placements)</td>
<td>14</td>
<td>11.2</td>
</tr>
<tr>
<td>% of children returning home after a period of being Looked After</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td>% LAC ceased as a result of a Special Guardianship Order</td>
<td>12</td>
<td>12.4</td>
</tr>
<tr>
<td>% LAC adopted in year</td>
<td>10</td>
<td>14.9</td>
</tr>
</tbody>
</table>
### Key Findings

- The above figures from CIPFA show that, based on 2017 statistics, GCC spends more in terms of unit cost on both its In House and IFA placements than its statistical neighbours, though both of these have come down at the time of this review, the average IFA to just below the statistical neighbour average.
- GCC also spends significantly more on its unit cost for residential provision.
- Gloucestershire has a higher percentage of Children in Care in In House provision, and consequently less in IFAs. It also has a slightly higher percentage of children in kinship placements.
- The percentage of Children in Care in residential placements is the same as that of statistical neighbours.
- The reasons for the higher spend in terms of the unit cost of Children in Care is explored more in Section 3.9.
- The figures from LAIT indicate that there are three indicators which GCC compare less favourably than its statistical neighbours – placement stability, weekly average unit costs for SEN, and the percentage of Children in Care who were adopted in 2017.
- Placement Stability (defined as the percentage of Children in Care who have had 3 or more placements over the course of the year) has decreased between 2015/16 and 2016/17. There is a direct connection between poor placement stability and increased foster care costs due to the need to find alternative and sometimes emergency placements.
- The percentage of Children Looked After leaving care as a result of adoption has decreased since 2014/15. Achieving adoption for children improves their outcomes by giving them permanence, whilst also reducing the cost of foster care placements which would otherwise be needed for these children. This saving has not been modelled as part of the Financial Improvement Plan, however, as it is marginal when Adoption Allowances are factored in, and the overriding incentive to increase adoptions is more about achieving better permanence for the child / young person.

| Total Permanent Exclusions as a % of school population | 0.15 | 0.8 |

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Key Recommendations

- As will be explored further in Sections 3.8 and 3.9, there is an opportunity to reduce the unit cost of Children in Care placements and SEND spend to be more in line with that of statistical neighbours.
- There is an opportunity to increase the rates of adoption of Children in Care and hence achieve a better outcome of permanence for them. In order to be in line with regional averages of 14%, this would equate to an additional 4% of Children in Care, which based on March 2018 number of 657 equates to 26 children.

3.5 Front Door Arrangements, incorporating Referral and Assessment

This review notes the plan by GCC to further reduce the number of “front door” contact points or stages to this process and this is consistent with the general concept of the recommendations of this review. However, at the time of this review there were three key elements to the “Front Door” process for contacts and referrals in Gloucestershire:

Professional Advice Line Service (PALS)

The key purpose of PALS (Professional Advice Line Service) is to aid the appropriate sign posting of contacts. Its introduction earlier in the year has succeeded in beginning to reduce the number of inappropriate referrals from partner agencies and hence reduce both the referral and re-referrals which, as described in Section 3.4, are significantly higher than statistical neighbour averages.

The current team is resourced by 1 Team Manager, 1 Social Worker and 4 Contact Support Officers (not social work qualified), who also undertake general administration tasks for the front door as a whole.

Triage

The Children’s Triage Service is designed to include representatives from Children Social Care, Police, Early Help and Health. Each contact received should go through information checks to enable a collective, informed decision making about which service is best placed to respond.
The current team is resourced by 2 Team Managers, 3 Contact Support Officers (not social work qualified), 2 administrative support officers, and a strategy discussion coordinator.

MASH

The Multi-Agency Safeguarding Hub (MASH) is made up of a range of organisations who are responsible for safeguarding children and young people. The key purpose of the MASH is to ensure that information is effectively shared and close working arrangements between relevant agencies are developed to form a joint decision making hub on potential safeguarding referrals to Social Care. In Gloucestershire, when referrals are agreed by MASH to meet the threshold for social care intervention they are transferred to an assessment team. The referral record is left open in draft with a recommended decision from MASH – subsequently the receiving Team Manager can choose to change this decision if necessary.

The staffing of the MASH includes:

- Two Social Care teams consisting of 1 Team Manager in each and 4 Social Workers.
- 2 Education representatives.
- 3 Health representatives.
- 5 GDASS representatives (Gloucester Domestic Abuse Support Service).
- 27 representatives from the Police. The majority of these are civilian officers who have had a level of safeguarding training. This cohort does not just deal with MASH enquiries - they also attend Child Protection conferences and they are also MARAC coordinators and researchers. There is 1 Detective Inspector overseeing these. From the 27 people in the team, there are only 3 that are designated “decision makers” who can attend strategy meetings and make decisions.
- There are 3 Senior Practitioners in the MASH, all of whom case hold. There are no Advanced Practitioners. All management oversight, support, supervision, and training is the responsibility of the Team Managers.
- The Family Information Service and Early Help Practitioners (both funded by Families First) are also based in the MASH.
- There is a MASH board every 2 months made up of 3 strategic leads Social Care, Police and Health (however the Health representative only covers 1 of the 3 trusts).
Key Findings

Professional Advice Line Service

- Demand is currently at approximately 20 calls a day, with education being the source of the highest call volume. Only 10% of calls are public enquiries.
- PALS is designed to take calls from the public or low-level professional queries. The public calls should go through to a Contact Support Officer whilst professionals’ queries should go to the qualified social worker within the team. However, it would appear that professionals are using this line for a range of purposes including Child Protection enquiries when a Multi-Agency Referral Form (MARF) on the portal should be the route of contact for these. As PALS are dealing with some of these enquiries it adds an additional hand off point to the system and risk that thresholds will not be applied appropriately and / or cause potential delay.
- There is no CRM (Customer Relationship Management System) used, hence the team currently record on a spreadsheet.
- There is no set recording system to capture reporting from areas such as:
  - Frequent low-level queries about the same child
  - Frequent low-level queries about the same geographical area
  - Trends in demand, pinpointing deficits in community resources
- There are no partner agencies in this small part of the service.

Triage

- There appears to be 3 routes currently into Triage:
  - An email into the children’s help desk inbox from the Professional Advice Line Service
  - A portal referral using the online MARF (Multi Agency Referral Form)
  - An email into the help desk email box from a professional using an out of date referral method which is a word template version of a lengthy MARF (Multi Agency Referral Form)
- The presence of partner agencies in Triage is not as strong as it could be. Current partners’ commitment includes the Police for half a day (though they are budgeted for 2), and a Health representative equating to 1 full time position each day. An Early Help worker has been funded from the
Families First budget however given this is a 1 FTE post there is no additional capacity to cover for leave, training, attendance at meetings etc which means there is not a consistent presence. An MTFS bid for additional funding has been submitted although this is not yet confirmed.

- Currently partner agencies sit in team specialisms rather than as a co-located team sharing the same space. This therefore does not encourage joint communication and decision making.
- Contact Support Officers (CSOs) currently send some referrals back to professionals for further information, but these are not being tracked so there is no way of identifying how many of these are never referred back, eliciting the challenge to the referrer as to why this is.
- Some duplication occurs when professionals refer in and a child is already open to Early Help. There is some concern that a direct referral to Early Help is being bypassed to avoid the form filling for an Early Help referral, and hence Triage is being used as a route in.
- In theory, one of the two Triage Team Managers indicates an initial RAG rating for each contact. However, this does not always happen due to capacity. There is currently no social work resource in the Triage team. Furthermore, the RAG rating does not align with the threshold document.
- Currently Triage must look in 2 places (portal and help desk email) for a MARF. This is an unnecessary duplication and is open to human error.
- At present signposting from PALS and Triage to Early Help are not recorded or tracked.
- The Early Help Module is not being maximised or engaged with well by practitioners.
- Access to both LCS and the Early Help Module has been agreed although not all practitioners have accessed this by completing the necessary request forms.

**MASH**

- MASH Governance is strong with a MASH morning meeting taking place every day where the previous night’s emergency duty contacts are shared with MASH and Triage. This is a time where all agencies discuss cases together as a team. This approach could be extended into daily working practice if teams moved away from specialist seating to co-located seating.
- The use of a permanent Strategy Meeting Coordinator has seen an improvement in timely discussions.
- Strategy meetings are convened and held in the MASH with full multi agency attendance in line with “Working Together”.
- The use of daily slots of 9am, 11am, 1pm, and then 3pm which is left open for emergencies is effective.
- The MASH assessment in the main is being recorded in the contact record and not in the MASH episode on the Early Help Module. This would therefore appear to be a training issue which needs resolving.
- There is also some confusion over what a MASH assessment is, with no rationale for why the decision has been made to use it. The decision appears to be made by a manager on a case by case basis.
• Currently partner agencies sit in team specialisms rather than as a co-located team sharing the same space. This therefore does not encourage joint communication and decision making.
• There are some key services missing from the MASH – for example there is no representation from Mental Health, Probation, Housing or Substance Misuse.
• There is a shortage of supervision, training, and group supervision.
• There is a regular MACE meeting that discusses CSE and missing children, however MASH is not represented on this. This appears to be a missed opportunity.
• The Police’s CRU (Central Resource Unit located within the MASH Team) cannot make decisions for CAIT (the Child Abuse Investigation Unit). If an urgent response is required the CRU officer must discuss with the CAIT officer or sometimes CAIT are video linked into the discussion. This is sporadic with no guidance on threshold for involving CAIT. In less urgent cases, the CRU provide information at the strategy meeting, agree a likely outcome, and then converse with the CAIT. In these cases, there is reportedly at times a delay to response times, or social care will go out as a single agency where a joint enquiry threshold has been met.
• It was reported that there are many cases where the decision is made to visit as a single agency with no strategy discussion held, to determine if a strategy discussion is required. Whilst this isn’t dissimilar to practice in many LAs, an audit to determine threshold could be carried out to offer further clarity.

Overall, there are 5 Team Managers across the whole front door, inclusive of PALS, Triage and MASH. Whilst this has allowed greater management oversight it has also bought about 5 differing professional perceptions of threshold. This requires some streamlining, to ensure consistent threshold for the front door.

Team Managers are reporting that even though there has been a large increase in the workforce, the quality of the team is still variable. Each of the teams feel that they are dealing with what feels like a segmented section of a multi-agency decision making service.

Key Recommendations

• There is an opportunity to streamline team management / management decision making across PALS, Triage and MASH, to ensure a more consistent threshold for the front door.
• For example, given the mixed demand coming into PALS there is a potential benefit to consider merging this service into Triage and we know this is being considered. This would help reduce unnecessary handovers, whilst increasing both management oversight and the capacity in the team.

• Once merged into Triage, it is recommended that additional Social Workers and partner agencies be added in order to strengthen the ‘new’ triage model in line with its original intention, to ensure consistent threshold is applied, risk and need is identified, contacts/enquiries are signposted appropriately and in a timely way, to achieve the right outcomes and reduce demand on the Safeguarding Service.

• There is an opportunity to capture information from the merged PALS / Triage Team to inform planning and in some cases intervention by Early Help services such as:
  o Frequent low-level queries about the same child
  o Frequent low-level queries about the same geographical area
  o Trends in demand, pinpointing deficits in community resources
  o Tracking of referrals sent back to the referrer for more information if they do not return

• To support the Triage process, there is a need to ensure the presence of a Health representative, Early Help practitioner and the designated 2 full time civilians as originally intended.

• There is an opportunity to develop representation in the MASH from Mental Health, Probation, Housing or Substance Misuse. There is also an opportunity for the Police to consider bringing in a CAIT officer into the MASH in order to assist in timeliness and decision making within the Police.

• There is also an opportunity to add Advanced Practitioners at a non-case holding level to the MASH to undertake the supervision, support and practice development of the team.

• There is an opportunity both within Triage and MASH to maximise the opportunities provided by the co-location of partners through co-located seating arrangements.

• It would be beneficial to only use one portal for professionals making referrals about a child with a Multi Agency Referral Form (MARF). This will automatically populate the concerns into the electronic recording system being used at the front door (Early Help Module), saving time for social workers in having to duplicate recording whilst there is also a clear electronic audit trail of referrals received into the front door.

• There is an opportunity for MASH to attend the MACE panel on a monthly basis to increase the links between the two.

• Should the current operating model of transferring a case from MASH to assessment continue, it is recommended that an audit trail is kept of where the Assessment Teams has overturned the recommendation from the MASH. This would provide intelligence which could assist with ensuring County wide threshold consistency.

• Clear guidance/threshold criteria for using the MASH should be developed.
• It is recommended that there is a full review of use of the Early Help Module and current access rights to both this and the LCS across teams, in order to streamline this process and bring transparency. This should also include the disband of any tracking/recording spreadsheets and the entering of all data on to the Early Help Module.

3.6 Assessment

Key Findings

Structure of Assessment Team

• There has been a very recent reconfiguration of teams in the service resulting in the move into smaller “hub” type teams. This change enabled there to be a Team Manager for every team, removed the Deputy Team Manager role, and added an Advanced Practitioner. There are (in theory) 4 Social Workers, 1 new qualified Social Worker and a business support administrator.

• The model in practice differs slightly from the above. Some teams have higher numbers of Social Workers and others do not appear to have Advanced Practitioners.

• Workshops undertaken with staff during this review suggested that the new structure is supporting the ability to meet demand but that it is still in its infancy. It was, however, stated that there is not enough work space for the staff and mobile working is not active yet.

• The County is split into localities formed of Assessment and Safeguarding Children’s Teams. Each locality differs in geographic span and demographic need. Gloucester is the largest locality hence it has 3 service managers built into the structure.

• The Advanced Practitioners are not decision makers, moreover their role is to partially case hold (ideally between 6-8 children). In reality these caseloads are higher at the current time. Advanced Practitioners also have no supervisory role. Team Managers are the only decision maker and supervisor within the teams, meaning all authorisations pass through them. They are also responsible for the ASYE training, supervision and support.

• There is a strategic plan in place to over recruit AYSE into each team as part of a bid by GCC to nurture and grow its more permanent workforce. In the long term this will be very beneficial to the service, however it does bring short-term pressures on the Team Managers in terms of supporting them. It is here that the Advanced Practitioners could support this by taking on the ASYE first year responsibilities, along with team/case reflective supervision and observations as part of their mentoring role.
The Head of Service is also a key decision maker for areas within their locality such as LPM threshold, s17 spends, entry to Reg24, ensuring induction and set up of new Social Workers, and recruiting agency staff. It was suggested that these more operational duties detracted from strategy and performance management, and that a Service Manager level would be able to alleviate operational pressure in order to be able to focus on this.

Some assessment teams are holding Child in Need Cases, though this is not consistent throughout the County. The Service is fully aware that the initiating of care proceedings has risen by 80% since May 2018. Some data suggests that cases have drifted and then closed leading to an escalated re referral. Pre-Proceedings appear to have not been used as much as they could have, seeing cases moving straight into proceedings. Safeguarding report to be struggling to manage the mixed demand on their caseloads and therefore some Children in Need cases are vulnerable to drifting. Some lower level cases could therefore be more effectively managed within Early Help services. There has also been a high percentage of staff turnover leading to case reallocation, historical high caseloads and a high turnover of managers which has had an impact on effective and consistent decision making.

Demand

Contacts coming into front door are rising. With a streamlined entrance approach and greater multi agency buy in, this would be expected to reduce.

Instances of “No Further Action” (NFA) outcomes at referral stage are low, indicating that Assessment teams in the whole are agreeing with MASH decision making.

However, the percentage of assessments undertaken that result in “NFA” is high at over 1 in 3. This would suggest that, ultimately, the initial referral was not appropriate and that this was not picked up at referral stage, or may be due to a “risk averse” culture where the decision is taken to assess anyway if there is a modicum of doubt about it.

The rate of re referral rate is high which suggests that a number of the cases that are NFAd at assessment are coming back in. Once again, this can imply a risk averse culture from partners or a lack of confidence in holding cases at a lower level.

Table 12 – Referral Analysis

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of contacts</td>
<td>21337</td>
<td>26211</td>
<td>23854</td>
<td>23224</td>
<td>30965</td>
</tr>
<tr>
<td>% NFAs directly at Contact stage (front door)</td>
<td>22.8%</td>
<td>19.8%</td>
<td>15.6%</td>
<td>12.8%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Number of referrals to Social Care</td>
<td>5227</td>
<td>5994</td>
<td>6525</td>
<td>6878</td>
<td>8066</td>
</tr>
</tbody>
</table>
% NFA directly at Referral stage (Assessment Teams) | 1.2 | 1 | 1.8 | 2.7 | 5.6
% of referrals which resulted in assessment and the child was assessed not in need (Assessment Teams) | 32.6 | 43.5 | 37.3 | 41.2 | 36.7
% of re-referrals within 12 months | 25.2 | 24 | 25.2 | 24.8 | 29

**Process**

- There is a notable absence of a practice model/framework and tools for assessing risk.
- In the main the decision made by MASH is being upheld by the Assessment Team Managers. The challenge that stays consistent throughout all localities, however, is the issue of gaining consent. This is not being gained often enough which is contributing the number of assessments that are ultimately being NFA’d. This is also potentially a big factor resulting in the high re-referral rate and could be avoided if partners took a more rigorous approach to gaining consent in the first place.
- The new model details that in the process, should a case require a strategy meeting the MASH Strategy Discussion Coordinator will be responsible for organising this. Operationally this process is shifting, and strategy discussions are being determined in MASH as urgent or non-urgent. Those that are non-urgent are sent over to the Assessment Team Manager to request a strategy meeting back through the coordinator. This potentially causes delay and decision making in s47 where there is no threshold document that determines what is urgent and what is not.
- A concern identified is that the Assessment Team Managers are not consistently notified of high-risk cases at the time of contact. It would be more effective to have a system that allows a dual process to begin when a referral requires an immediate response.
- Business Support Administration Officers are assisting the teams well but could offer a more streamlined service to save practitioner and managers time.
- There is a proportion of assessments exceeding 45 working days.
- The transfer points appear to be well defined, complimenting the new model to ensure the Assessment Service retains capacity to meet the demand.
- Cases appear to transfer well albeit with varying numbers of transfer meetings and processes depending on locality.
Key Recommendations

- As the reconfiguration of the Assessment and Children’s Teams has been live now for quite a period, it is recommended that this is reviewed to evaluate how well it has been embedded and if there are any areas for development.
- A Gloucestershire agreed approach to risk assessment is required to help the consistent approach in understanding the risk to individual children, in addition to the understanding of need as part of practitioner’s core work with children and families. The new Martin Calder Safeguarding Risk Assessment Framework (SRAF) could be used – this is made up of 4 sections:
  - Risk Questions and Indicators
  - Resistance Indicators
  - Resilience Indicators
  - Analysis
- In order to alleviate operational pressure on the Head of Service role to undertake more their strategic and performance management role, consideration could be given to creating Service Managers roles within the Assessment and Safeguarding localities. This would be at a cost of circa £79k that would need to be netted off against the total savings identified in this review.
- Advanced Practitioners should take on some of the supervisory role of AYSE and Team Reflective supervision.
- Arrangements for the correct levels of work space for the Assessment Team and opportunities for mobile working should be accelerated.
- It is also recommended that a County wide case transfer policy is developed and the use of a consistent process reflected in the LCS system.
- There needs to be a clear threshold policy and process in relation to strategy discussions, considering the whole process, partners’ engagement, responsibilities, timeliness and recording.
- It is recommended that a relaunch of Pre-Proceedings with meaningful training takes place that is then followed on by Advanced Practitioner support and case discussions.
- There needs to be further re-iteration with partners of the need to gain consent where appropriate before referring, as much as anything to prevent their frustration at a referral being returned to them, but moreover to speed up assessment and intervention for a family where it is needed.
- As with the Early Help Module, LCS would benefit from a solution focused diagnostic health check to ensure that the system is best supporting both process and practice in an efficient and effective way.
- As part of the remodelling of Early Help recommended in Section 3.7, low level Children in Need cases could be de-escalated to the most appropriate Early Help of Edge of Care service (once in place) where appropriate.
3.7 Early Help and Family Support

3.7.1 Early Help Services Delivered by Gloucestershire County Council

There are three key delivery arms to the Early Help Service run by GCC – Families First, the Early Help Partnership Team and the Children’s Centre programme. Alongside this, the Partnership, Communities and Families division also oversees the Family Information Service, Family Group Conferencing and a Central Data Team.

Families First

Families First delivers the Troubled Families programme in Gloucestershire as well as taking the outcome focussed Troubled Families approach to all of the families with which it works. Co-located teams include an integrated Family Support service working across both Early Help and Social Care - following a recent re-structure. Other staff in Families First teams include early help coordinators, community social workers and employment advisers seconded from DWP. The service operates on a locality basis across the localities of Cheltenham, Stroud and Forest, Cotswolds, Tewkesbury and Gloucester. Cases are held by the Service and when escalated to Social Care, the case can be jointly worked. The Cotswolds team manages the only Children and Family Centre that remains in-house, with the others being commissioned externally, these have a target age group of 0-11.

Referrals are either received via the MASH or through direct referral, including self referral. A commissioning budget of £100k is available to the wider partnership across the County to support families with individual needs.

Troubled Families Claims

In this phase (2015 – 2020) of the Troubled Families programme GCC are expected to attach and achieve Troubled Families outcomes against the Troubled Families Outcome Plan for 2,980 families.

As at November 2018 1,388 of the allocation of families have been claimed. This puts Gloucestershire in the top third of LA’s nationally for performance on the programme. There is an opportunity for GCC to claim outcomes for a further 2,278 families before the end of the programme. These claims provide
potential payment by results returns of £1,822,400 (calculated by the number that could be claimed x £800 (unit cost) of a claim). This income is not guaranteed and depends on the continued good performance on the programme.

**Early Help Partnership Work**

The Early Help Coordinators support partners, predominantly schools and health professionals, to undertake Early Help in terms of both assessment and supporting children and families within their organisations. Early Help Coordinators are not case holding but are assigned to localities so that consistent relationships can be developed with e.g. schools, health, housing, police and the range of voluntary sector agencies.

Other services and activities under the Assistant Director for Early Help and Targeted Support include elements that may be categorised as prevention:

- Family Group Conferencing, which seeks to either rehabilitate children in care with their wider families or prevent the need for the child to come into care by identifying arrangements that could be made to care for the child within the wider family. This team contains 5.6 fte posts and is not currently county wide, though there is a desire to expand this.
- Triple P Parenting programmes.
- A strategic role in partnerships with the District Councils, development of the Adverse Childhood Experiences strategy, and Prevent.

**Working in Partnership**

In November 2017 the GSCB Executive Committee agreed to a pilot in Gloucester aimed at improving joint working between agencies at a local level, including its districts.

The five key aims of the pilot were:

- To support and develop effective joint working between local agencies so that children and young people are safeguarded and that help is provided at the earliest opportunity
- To develop a shared understanding of local needs, priorities, and the effectiveness of services in improving outcomes for vulnerable children, young people and families in Gloucester.
• To identify local opportunities to collaborate, share resources and improve coordination of support so that children, young people and families receive help at the right time.
• To consider the implications for services of local performance information, the results of multi-agency audits, inspection outcomes and serious case reviews.
• To feedback key issues to the GSCB and the Gloucester Stronger, Safer Partnership in order to improve practice and the effective use of resources.

A recent update report to the GSCB highlighted a range of initiatives which have resulted from this pilot. Following a recent reorganisation Families First have now appointed an Operational Lead for Partnerships in order to provide additional capacity to embed this work across the County. Discussions are to take place with District and Borough Councils to embed this approach across the County – building on existing arrangements with local community partnerships.

The GCC Sufficiency Strategy also has a commitment “developing community provision within local communities designed by the local Communities”.

3.7.2 Children’s Centres

There are 4 providers of the locality Children and Family Centres in Gloucestershire, one of which is delivered by the Council, with three externally commissioned. Table 13 shows each by provider and budget since 2017/18. The 4 localities include a total of 16 Children’s Centres across Gloucestershire. These are targeted to families most in need. There are a further 29 family centres which were devolved to communities over which the Council no longer has any management control or funding commitment. These focus on the “universal” aspect of the Children’s Centre offer. These are currently in the process of being de-designated, following an “Expression of Interest” process undertaken for each of these buildings. Each centre has been handed over as a community hub asset to local providers to sustain the running of universal services for children and families.

The year 2017/18 was the first year of this new locality/community based model.

<table>
<thead>
<tr>
<th>Provider</th>
<th>2017/18 £</th>
<th>2018/19 £</th>
<th>2019/20 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloucester City</td>
<td>Barnardos</td>
<td>1,470,552</td>
<td>1,250,302</td>
</tr>
<tr>
<td>Forest / Stroud</td>
<td>Barnardos</td>
<td>1,092,794</td>
<td>971,703</td>
</tr>
</tbody>
</table>
The monitoring of current children and family centre activity and impact is based on a variety of data sources. These include:

- Troubled Families central data team
- Performance and Data team
- GCC’s Liquid Logic and EHM systems for collecting data
- Sufficiency Assessments
- Data collected through contract monitoring with Children’s Centres
- Headcount data

Data from the GCC Children and Families Centre Performance Report shows that:

- The Children and Family Centre targeted support service exceeded its target for the number of families supported in year 1, with 1009 families and 3,144 individuals receiving a targeted service.
- The universal services achieved over 24,000 attendances of children aged 0-11 combined.
- Children and family centres were also introduced at the mid point of year 1 to the validation and closing of cases using the outcomes spreadsheet. The data shown only reflects the opened and closed cases measured against this new criteria.
- The service is supporting a high number of Children in Need, children with a Child Protection Plan and Children Looked After.

### 3.7.3 Early Help Services Commissioned by Gloucestershire County Council – Youth Support Team

GCC also commissions Prospects to deliver a Youth Support Team. This contract is due to end March 2020 and cannot be extended beyond this point. Total expenditure for this contract was £5.1m in 2017/18, and we have been advised by Prospects that expenditure is supplemented by funding that Prospects lever in themselves.
In terms of Early Help, the following services are offered as part of an integrated package of support to children and young people aged 0-11:

- Information, Advice and Guidance
- Youth Service
- The Youth Offending Service
- Sexual Health and Substance Misuse
- 11-25 Permanence Teams (these are employed by GCC but managed by Prospects)
- Support to the IRIS project

**Key Findings from Early Help**

- The approach to the GCC’s In House Early Help services is clear and is balanced between in house delivery at level 3 and a defined approach to supporting schools and partners to hold early help cases at the levels lower than this. To further articulate this, the Graduated Pathway for Early Help has been in place since 2016 following extensive consultation with schools and other partners. A practice guide is currently in development to help articulate more clearly the difference between the different elements, including the Early Help approach to children with disabilities.
- However, there is a high rate of referrals to Children’s Social Care and a high rate of “No Further Action” decisions. This suggests a risk aversion on the part of Social Care in assessing cases where there is a modicum of doubt, but also suggests a risk aversion on the part of partners in referring these cases in the first place. Whilst it is positive that the Council invest in supporting partners to hold cases at a lower level, it needs to reflect these statistics and understand the narrative behind them.
- The Families First Service has used Troubled Families funding to fund its core service delivery. Whilst not inconsistent with the approach taken by many LAs, this leaves GCC with a funding gap of around £1.3m from 2020 when the Troubled Families grant ends.
- The Families First service is part funded by the Council with the remainder being supported through Troubled Families funding – which effectively funds the family support workforce. This presents a sustainability risk to a core Early Help service when Troubled Families funding ends. When it is considered that there is also a strong Early Help element within the Prospects' Youth Support Team, there may be the potential to reduce this staffing level once demand for social care is under control, in order to help meet some of the funding deficit that will occur with the loss of the
Troubled Families funding. However, this will require a remodelling of the Service alongside a review of the Youth Support Service rather than a simplistic reduction, to ensure that a co-ordinated approach is taken and all elements of an effective approach to Early Help are covered.

- It is noted that whilst some reference is made to an “Edge of Care” approach, most notably through:
  - The Troubled Families approach taken by Families First.
  - The IRIS programme which takes a specialist “wrap around” high level fostering approach to children and young people who may otherwise be left requiring a residential placement.
  - The Children and Families Team within the Youth Support Team which focusses on consultative support to social care staff in terms of work with vulnerable young people and families, particularly where engagement has been difficult, and includes a focus on children missing and those at risk of CSE.
  - The Fast Track/Liaison and Diversion/Missing Team within the Youth Support Team.

The approach to and definition of the approach to “Edge of Care” services are unclear at this stage with some level of duplication in places. This could benefit from further clarification as part of the remodelling that will be required in order to address the short fall in funding as a result of the Troubled Families grant ending.

- The Council’s Sufficiency Strategy for managing Children in Care demand talks strongly of a commitment to an Edge of Care approach, but its descriptions of its intentions support the observation that the overall approach in Gloucestershire is not co-ordinated.

- Building upon existing partnerships between Early Help and Social Care in respect of the Family Support Worker role, it was also suggested that Families First play a further role in alleviating some of the demand pressures on social care by taking on some lower level Children in Need (CIN) cases. This approach would require the re-allocation of some social work resource in order to be compliant with Working Together. In this sense a combined social work and Families First model would be working with families that are on the cusp of Social Care intervention and hence supporting an overall “edge of care” approach.

- The Sufficiency Strategy gives a strong commitment to ensuring effective “step down” procedures from social care to Early Help.

- Cases are generally held by Families First for 6 months and then reviewed by a manager. Best practice in Early Help indeed suggests these shorter, time bound interventions focussed on building resilience within the family to support itself.

- The Families First service is also working with Education Inclusion to support schools to manage challenging behaviour which may otherwise lead to exclusion. This is a positive development that takes a whole Council approach to targeted early support, as this is becoming an increasing pressure on schools and on LAs in managing both exclusions and capacity in alternative education provision.

- At present, there is no data dashboard which captures information and evaluation of early help, either for its in house Families First service, or the impact of partners’ delivery at the lower level along with the Youth Support Team. This leaves Early Help services vulnerable in times of financial
constraint as it not easy to demonstrate the impact of their work. It is also noted that there is a Management Information team within the Youth Support Team that the Council is paying for through the commission, but this has not been extended to include data that would be useful to report from the Council’s in-house services.

- The Family Group Conferencing approach is well regarded and the service would ideally like to extend its reach as it is currently not county wide. Given budget restrictions this may not be possible, but it may be possible to develop the skills of the Families First workforce in restorative practice in order to adopt the principles of this approach as part of its whole family working.
- The Children’s Centre model is a clear combination of targeted services which are managed either directly by the Council or indirectly contract managed via partners. Performance information is clear, and the targeted element is engaging high numbers of families that meet the Troubled Families criteria or who are involved with Children’s Social Care. The universal element of the service is engaging with high numbers of families.
- However, it was stated that whilst the Children’s Centre model of the community managing centres delivering universal services was effective, there was a risk that 9 of these 29 may not be sustainable, and hence the Council may be put in a position of either having to see these close down, or, especially given their liabilities under claw back, take these centres back in house under the locality model. This in turn would incur a financial liability of around £10k - £15k per building.
- The Youth Support Team model appears a sound model but has outgrown and developed beyond its original contract. Prospects, who deliver this service, state that this is because the Service has evolved to meet need and that the additional leverage in funding that it has brought in has allowed them to do this. However, whilst these developments were agreed by previous senior GCC managers, they state that the change in management and instability in GCC has meant that GCC has not been able to keep up with this, and that the Service may now not be fully understood and that there is a perception that it is no longer fit for purpose. There also appears to be something of a disconnect with the Council’s in house offer.
- Furthermore, on analysis of the costings of the Youth Support Team these appear high, the management and overhead costs of this service are significant, with £743k in central costs paid to Prospects nationally. There are also costs around Management Information Resources, Practice and Development, administration and other delivery infrastructure costs totalling £968k. As the Service is overspending its Council budget, and given that the Service has evolved and has not been reviewed by GCC for some time, there are likely to be opportunities to make some efficiencies based on a deep dive review of the service itself and how it relates to the other arms of the GCC Early Help Offer, including the Families First Service and the various approaches to “Edge of Care”.

Key Recommendations

- It is recommended that a deep dive review of the Families First, the work of districts and the externally commissioned Youth Support Team is undertaken in order to:
  - Remove any duplication that may exist and provide a costed model that can be delivered within the available budget once the Troubled Families funding ceases.
  - Ensure that the Youth Support Team is working to an up to date and agreed specification that complements the wider elements of the Early Help Offer.
  - Articulate a clearer Edge of Care Offer that may take some lower level CIN cases and hence take some pressure off Children’s Social Care, as well as be flexible to focus on priority issues that emerge such as Children Missing and CSE.
  - With partners, understand the narrative behind the high rate of referrals and of “No Further Action” outcomes after a social care assessment to establish what more can be done to support partners in holding cases at a lower level.

- To complement use of the Graduated pathway, it would be useful to indicate what partner agencies would be expected to have done before progressing through each stage. This will help reduce unnecessary referrals to the higher levels of Early Help and ultimately Children’s Social Care, as well as make the reasons for referring these back more evidence based.

- It is understood that a data dashboard for Early Help is being developed. This review supports this development. However, it is imperative that the processes for information that informs the Prospects’ Youth Support Team’s Management Information Team is explored first to avoid duplication. Furthermore, the dashboard should focus on what is meaningful and evaluative, as opposed to predominantly process driven data which often dominates Early Help dashboards seen elsewhere. Key data should include:
  - Referral data by source.
  - Step up / step down data from Children’s Social Care.
  - The number of current cases held by Families First and the Youth Support Team, start date and duration of case, and primary reason for referral.
  - The number of cases open in a financial year compared to the number of cases closed, with the reason for closure.
  - Progress against key performance outcome indicators.
  - It is not always possible to hold a record of Early Help Assessments held by partners and not always useful to do so. However, in terms of monitoring the impact of cases held at this level, it is possible to monitor the percentage of referrals to Children’s Social Care that were made without an Early Help Assessment.
A secondary indicator which Early Help should monitor is the rate of referrals to and assessments within Children’s Social Care that lead to “No Further Action”, as this can indicate that partners are referring too readily without having undertaken a robust, graded approach to Early Help.

- By adopting this indicator, the Service will be able to review its current cohort and adopt a plan to move some families with an appropriate exit strategy, creating more capacity to support Children’s Social Care by taking on CIN cases that could be stepped down to Early Help.
- Therefore, it is also recommended that an audit take place of CIN cases to establish which of these could be managed safely within Early Help, enabling Social Care to focus more on managing and attempting to de-escalate needs within its higher tiers of need.
- There is an opportunity to roll out the principles of the Restorative Practice approach to all Early Help practitioners whereby this approach can be adopted in part for lower level cases, leaving the Family Group Conferencing resource itself to focus on the cases which are either more complex and / or Children in Need / Edge of Care cases.

### 3.8 Services for Children with Disabilities

#### 3.8.1 SEND Profile for Gloucestershire

- Gloucestershire has a higher proportion of pupils with SEN than the national and statistical neighbour averages, although lower than the regional average. The same can be said for the proportion of pupils with SEN support, however the proportion with an EHC plan is slightly lower than all comparators. It therefore appears that there is higher demand in Gloucestershire for lower-tier SEN support services than the national and statistical neighbour averages.
- The most common primary type of SEN need in Gloucestershire is ‘moderate learning difficulty’ (32%). Gloucestershire has below average rates of primary needs of:
  - Speech, Language and Communication
  - Social, Emotional and Mental Health
  - Autistic Spectrum Disorder
- There are above average rates of primary needs of:
  - Moderate Learning Difficulty
  - Severe Learning Difficulty
o Other Difficulty/Disability

- The proportion of pupils with SEN who do not attend primary, secondary or special schools is slightly higher in Gloucestershire than the national and regional averages. This may suggest that there is an above average rate of home-schooling of children with SEND in Gloucestershire.

3.8.2 Services for Children and Young People with Disabilities and SEND

There are two Heads of Service within Education that support children and young people with disabilities and SEND:

- The Head of the Children with Disabilities Service oversee the Disability Team 0-18 Service and Short Breaks provision.
- The Head of Children with Additional Needs oversees the Education Inclusion Team.

3.8.2.1 Disability Team 0-18

Disability Team 0-18 supports children, young people and their families via a social care / safeguarding model. Caseloads are at around 16/18, with around 95 children and young people being supported at the time of this review.

3.8.2.2 Education Inclusion Service

The Education Inclusion Service ensures children with additional needs are supported to remain in school and achieve. The aims and responsibilities of this service include:

- Ensuring children and young people have access to an education appropriate to meet their needs, through supporting families and education settings in the development of inclusive practice and environments (including the SEN Support and EHCP process).
- Co-ordinating Early Help to support families and educational settings to take early action to address emerging issues, through case work managers with responsibilities for SEN Support, Early Intervention and the implementation of the Graduated Pathway.
- Meeting statutory duties for attendance, exclusion, and home education.
3.8.2.3 Short Breaks Provision

The Short Breaks budget for 2018/19 is £2.8m. The different elements of this are shown in Table 14 below.

Table 14 – Short breaks budget

<table>
<thead>
<tr>
<th>Budget</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1,366,000</td>
<td>Direct payments and spot purchasing</td>
</tr>
<tr>
<td>£540,000</td>
<td>Overnight short breaks</td>
</tr>
<tr>
<td>£463,000</td>
<td>Daytime and overnight short breaks</td>
</tr>
<tr>
<td>£458,000</td>
<td>Weekend short breaks</td>
</tr>
</tbody>
</table>

- Of the £1.366m, £870k (65%) of this is paid in direct payments to families with the remaining £495k used to spot purchase provision on the family’s behalf where this is requested.
- Currently, 373 children are provided with short breaks. Of the 373, 222 children are in receipt of direct payments and 24 children are currently provided with overnight short breaks.
- There is a monthly management meeting between Early Help and Safeguarding, in which representatives review assessments. Once approved, these progress to the planning stage which takes place with families. Subsequently the plans are authorised by management and Finance representatives.
- The Centre for Child and Family Research was commissioned by the Department for Education to calculate the costs incurred by children’s services departments to provide short-break services.
The average cost of different types of short break services was estimated, along with the costs of the routes by which families access provision, and the ongoing activity undertaken to support the child and family once in receipt of short-break services.

Table 15 – Average costs incurred by Children Services in the provision of short break services

<table>
<thead>
<tr>
<th>Service type</th>
<th>Unit</th>
<th>Average cost 2016/2017 value</th>
<th>Range 2016/2017 value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean cost</td>
<td>Median cost</td>
</tr>
<tr>
<td>Residential</td>
<td>Per child per night (24-hour period)</td>
<td>£301</td>
<td>£330</td>
</tr>
<tr>
<td>Family-based overnight</td>
<td>Per child per night (24-hour period)</td>
<td>£195</td>
<td>£168</td>
</tr>
<tr>
<td>Day care</td>
<td>Per child per session (8 hours)</td>
<td>£149</td>
<td>£139</td>
</tr>
<tr>
<td>Home support</td>
<td>Per family per hour</td>
<td>£25</td>
<td>£25</td>
</tr>
<tr>
<td>Home sitting</td>
<td>Per family per hour</td>
<td>£21</td>
<td>£21</td>
</tr>
<tr>
<td>General groups</td>
<td>Per session</td>
<td>£380</td>
<td>£434</td>
</tr>
<tr>
<td>Afterschool clubs</td>
<td>Per session</td>
<td>£320</td>
<td>£311</td>
</tr>
<tr>
<td>Weekend clubs</td>
<td>Per session</td>
<td>£356</td>
<td>£357</td>
</tr>
<tr>
<td>Activity holidays</td>
<td>Per child per break</td>
<td>£1,466</td>
<td>£947</td>
</tr>
</tbody>
</table>

Key Findings – Summary

- The 0-18 service, Education Inclusion Service and Families First would appear to work well together, in particular the distinction between the children with disabilities offer of the Education Inclusion Service and Families First.
- The Education Inclusion Service is investing in the quality assurance of assessments to help improve the quality of these and help partners understanding of SEND reforms.
- The approach to Short Breaks would appear to be a value for money approach in respect of its direct payment arrangements that provides a small amount of core services but then empowers families to fund their own solutions. Safeguards to ensure appropriate spend are in place with “pre-payment” cards where spend can be monitored and challenged where appropriate, and where unspent monies at the transition point to Adult Social Care can be recouped. The Family Link Service only pays a carer if they have a child.
- However, its overnight respite costs appear higher than average based on the Centre for Child and Family Research’s average costs (albeit 2016/17). If the 24 Gloucestershire children had one overnight respite per week at an average rate of £301 per night, this equates to £375,648, whereas the budget for this in GCC is £540,000. This may be because of the relatively low number of children accessing this who may have more complex needs.
– this has therefore not been considered as part of the Financial Improvement Plan but is worthy of further exploration as to how these packages are agreed, set up and commissioned, to check that complexity of need is indeed the reason for the higher spend.

- There is also currently a delay in the reviewing of Short Break packages, and this could be missing opportunities to change packages based on a change of need (this could work both ways – both in terms of either an increase or a decrease). The Service is seeking to address this by reallocating its current resources.

- There is also a plan to recruit more brokerage resource to increase market awareness for Short Breaks to inform commissioners, identify gaps in the market and improve efficiency and value for money by facilitating block purchasing of short breaks.

- It was stated that there was a shortage of Personal Assistants for Short Breaks. The service is now working with ASC and Gloucestershire Care to set up a ‘PA Network’ to help match families with PAs more effectively.

- Furthermore, the community/universal offer for Short Breaks is described as ‘variable’. The Council has a FIS and local offer website and issues a ‘Key’ newsletter highlighting available services for disabled children.

**Key Recommendations**

- It is recommended that overnight respite Short Breaks packages are reviewed to establish why there is a higher average spend in GCC, to establish whether this is due to complexity of need or the way that these packages are commissioned.

- We would support the reallocation of resources to ensure timely reviewing of Short Break packages.

**3.8.4 SEND Home to School Transport**

**Key Findings**

- Expenditure would appear to be split across a number of cost centres and therefore difficult to clarify in the budgetary information provided, but has been confirmed by Finance as £7.4m for 2017/18 - £1.7m post 16 and £5.7m under 16s.

- Work is ongoing to achieve efficiencies against specific SEN transport expenditure, with £908k already having been achieved and a further £500k identified through targeting additional Independent Travel Training opportunities for under 16s, but the Service is experiencing increasing demand and complexity of children who need to travel and are forecasting in the region of £700k pressure over the next 4/5 years.
• Eligibility, application and risk assessment is undertaken by the SEN Travel Enablement Team.

• Having assessed individual need, the SEN Travel Enablement Team identify whether there is existing capacity in the network to accommodate the additional child/children. If there is no capacity, or if a more bespoke arrangement is required for the child, the team will procure separately by advertising the contract on ‘Pro Contract’, inviting transport operators to bid for the work.

• Bidding is undertaken using a Dynamic Purchasing System (DPS) by the Integrated Transport Unit. The current DPS is due to expire in 2020 and at present approximately 70 suppliers are approved.

• Amendments to routes can be negotiated up to 50% variation without re-tendering.

• Contract lengths vary but may continue through the child’s school years. The Council do not pay inflation on these contracts and any required increase would have to be submitted by the provider in writing.

• Personal Assistants are commissioned as part of the specification.

• Parent travel budgets are paid at 40p per mile (rates can be enhanced dependant on availability of providers). This is not usually offered if there is already a taxi picking up nearby, and offered in areas where there are limited operators or the child experiences challenging behaviour.

• Data provided as at November ‘18 for under 16 years identified:
  o 670 journeys
  o Parent Travel Budgets equate to 233 journeys at an average cost of £25 per day
  o This leaves 437 journeys of which 222 (50%) are single person journeys at an average of £76.50 per day
  o Appreciating the rural nature of the County the number of single person journeys is high

• Current average cost per SEN child for taxis is £32.50 per day - £162.5 per week. This equates to £6,500 per year based on a 40 week school year. According to research undertaken by STC (“School Transport Matters” – March 2016”), for pupils with special needs, the average cost is around £4,400 per year - equivalent to nearly £11 per journey. Whilst taking into account the rurality and size of the County, based on our benchmark data spending per SEN child is high. We would expect this to be nearer to £5,000 to £5,500.

• Post 16 provision for SEND has been maintained but the offer has changed moving away from door to door transport to travel training and personal budgets. As at September ‘18 there were 222 post 16’s receiving travel support of which 121 receive a personal budget, 45 travel independently, with 56 young adults travelling by taxi which are historic cases.

• However, we have been advised of a lack of capacity with only 2.5 FTE Travel Trainers in place, therefore the number of under 16 pupils who receive travel training is limited, only 1 last academic year. Average cost of travel training is £1480 per student. If we consider that the average cost for single person commissioned transport for under 16’s is £76.50, a return on investment would be recouped within 19 days.
Key Recommendations

- Further roll of Parent Travel Budgets for under 16’s – develop as default option unless a seat on an existing journey would be less.
- Consider undertaking travel training for year 9 upwards where there are safe public routes for the young person to utilise.
- Look at options for the delivery of travel training in order to increase capacity such as introduction to the curriculum in special schools.
- Undertake analysis on prices secured in different geographical areas (such as the Cotswolds), to identify those areas where competition is limited and prices are high. Target those areas and consider alternatives such as:
  - Enhancing mileage payment offered to parents
  - Recruitment of volunteer drivers
  - Liaison with local community transport
  - Transport buddies
- A saving of 10% has been modelled and profiled and incorporated within the Financial Improvement Plan. This would require a reduction in expenditure per head from £6500 to £5800 over a 2 year period.

3.9 Children in Care and Placement Management

Key Findings

The Process of Placement Management

- The “Process for Seeking Approval for a Child to Become Looked After and Placement Request” shows the theory of the process for finding Children in Care placements in Gloucestershire. Whilst it is noted that this process is only just being introduced, this is a significant step forward for Gloucestershire in establishing a clear and streamlined process for placement management. This includes a clear template to “make the case” for a child to be looked after (the P1).
- This new process also suggests a “twin tracking” approach whereby an In House Placement is sought alongside an IFA. Whilst this would appear to be taking some time to embed (for example not everyone spoken to was able to articulate that this was routinely the process), twin tracking does have a number of benefits in terms of a more collaborative relationship with providers and more chance of the best placement for the child, hence reducing placement breakdown.
• Previous to this, there was an absence of a coherent pathway for decision making when children needed to be looked after, and no auditable template which assisted social workers in ‘making their case’ when they felt children needed to be taken into care and which demonstrated the rationale for the request.

• Furthermore, prior to the new pathway, the scope of decision making lay with up to 8 senior managers and it was stated that it was often the case, that little dialogue was had between those managers regarding the rationale for decision making for individual children. This resulted in inconsistent decision making. The new pathway reduces this to 4 Heads of Service designated as the final decision makers, operating a four weekly rota duty system.

• In addition to the above, there is an historical culture, which has been highlighted by Ofsted, of children entering care in an unplanned way. Poor placement planning would appear to have had an impact on placement breakdown, if the performance indicator of 3 of more placement moves is indicative of this, as at 2016/17 Gloucestershire were at 14% compared to 11.2%, 12% and 10% across statistical neighbour, regional and national averages. If implemented effectively, this new process should have some impact on this.

• However, to support it, effective placement planning also requires placement requests to be of good quality. There is evidence to suggest that this is not universally the case. For example, it was stated that poor planning was leading to many same day requests for placements requiring more immediate / emergency placements, which in turn can mean a higher cost. It was stated that this is exacerbated by cases of poor profiling which either do not contextualise negative information, do not contain enough detail for the In House Placement Finding Team or IFAs to make an informed decision, or which are not informed by previous carers and hence may not be wholly accurate. This can cause delay in finding a suitable placement. Workshops have been set up for social worker teams on how the placement process works and the social workers’ fundamental role in providing quality information, but these have been very poorly attended. The high turnover of social workers will also not be helping this sense of corporate responsibility or consistency of quality.

• Where an IFA, residential or Supported Accommodation placement is agreed, the Commissioning Placements Team administers the contractual process, involving Finance.

• Where placements are likely to cost over £1,500 a week, these are referred to a High Cost Placement Panel (CYPERN), where there is further scrutiny and consideration of how costs may be allocated across Education, Social Care and Health. A social worker requiring the placement submits a Referral Form alongside an up-to-date Assessment and Care Plan. They may also submit specialist provider reports. Funding contributions for placements are either 100% Children’s Social Care, 60% Education / 40% Social Care where there is input required from both, and 50% Children Social Care, 35% Education and 15% Health where input from all three is identified and agreed. These ratios are set with no variation depending on levels of need. It was however stated during this review that Health have agreed to increase their contributions to 33% where a Health need applies.
The panel is chaired by the interim Strategic Lead for Children in Care, and includes an SEN Casework Officer, SEN Commissioning, Placement Commissioning Team, The Virtual School, 11+ senior Manager, CYPS (CAMHS), a Clinical Psychiatrist and sometimes the 2Gether Trust Director. However, Health representatives rarely attend these panels, and if they do they are often not authorised to make a decision. and this can cause difficulties in establishing and securing relevant Health funding.

Once placed, Children in Care who are under 11 are supported within Safeguarding and Care (GCC). Those over 11 are supported by the 11-25 permanency teams managed by the commissioned Youth Support Team via Prospects.

A tracker of all IFA and residential placements is kept by the Commissioning Support Placement Team. A standard cost tracker is also in place which identifies what the cost of a standard and non standard placement should cost by each provider on the framework. However, as will be seen in the following sections around IFA and residential costs, in reality average costs significantly exceed the standard framework costs.

There is no database for In House Carers, and details of carers is maintained on a spreadsheet. As this does not have an automatic reporting element it has been difficult to get accurate numbers of In House carers, average costs of placements, and not possible to gain information with regards vacancy rates as this would need to be undertaken manually. This would not appear to be an efficient way of managing the In House carer resource.

Commissioning and Contract Management

Gloucestershire is part of the South West Framework for both IFA and residential placements, and a list of these with their standard and enhanced package prices exists.

Contract monitoring of IFA and Residential provision is shared amongst the Children and Young People’s Commissioning Team but mainly with the Commissioning Manager, a designated Commissioning Officer, and the interim Lead Commissioner for placements who joined the team in October 2018.

The contract monitoring log to schedule all provider visits for the next 12 months has been updated, taking into account the current RAG rating of each home/provider. If there any concerns regarding a residential home or provider then the RAG rating and visit date may be reviewed.

Where requests from providers for additional support arise, these are in theory scrutinised by the Commissioning Placements Team and Finance, though the ultimate decision lies with the relevant Head of Service in Children’s Social Care. However, there are apparently occasions when these are not passed to the Commissioning Team before they are agreed and passed straight to Finance, so this scrutiny does not routinely occur.
• The responsibility of the review of support packages sits with the social work team as part of assessing the packages against the need of the child. It was stated that many reviews are behind schedule and this is likely to be missing opportunities to review the relevance of “add ons” to packages that will be adding to the cost of these placements.

• In regards to the review of foster placements in the form of discounts that can be applied as part of the South West Framework agreement, this is picked up by the CYP Commissioning Team Finance Officer and applied where appropriate. However, these discounts are not particularly generous.

Fostering

• Statistics relating to children placed in In House Foster Care placements has been very difficult to obtain from the service area for this review. For example, it was difficult to obtain an accurate figure of the number of In House foster care placements, the average weekly cost of an In House placement, and the current percentage of vacant placements. This makes the oversight of placement management and placement spend more difficult. It has also made the modelling of efficiency savings based on increasing the number of In House placements and decreasing the number of IFAs, more difficult than our experience in other authorities.

• Statistics relating to IFAs and residential placements and their associated costs were more readily available. However, neither these nor the number of In House placements were contained within either of the performance scorecard documents seen as part of this review, namely the “Children’ Service Benchmarking” and one “Operational Leadership Performance Scorecard”. We would normally expect to see this information reported in similar documents in other authorities.

• Based on figures obtained, as of October 2018, GCC had 283 children in In House Foster placements, and 183 children in Independent Fostering Agencies (IFA’s). This is a ratio of 61% to 38%. Best practice in terms of cost management is around 80%/20% and this is indeed the target set by the new Sufficiency Strategy.

• An effective Fostering Recruitment and Marketing Strategy is necessary however to drive this target. A strategy is in place and is supported by a budget of £27k and a Marketing and Communications Officer who works 18.5 hours. This post reports to the Team Manager of the Placement Finding Team. The strategy contains all of the key elements that you expect to see in such a strategy but does not differentiate it from those of competing LAs or IFAs in its innovation. Whilst it contains some level of targeting, this is focused on priority placements rather than targeting particular cohorts of people who research shows may be more predisposed to the concept of fostering. Evidence in other authorities has shown that targeting on the basis of priority placements can actually put off prospective “mainstream” carers. There is an opportunity to review this strategy in the light of national best practice to complement existing practice. It was also stated that little corporate communications / marketing capacity was given to delivering the recruitment strategy, and this should be considered for development.
• As there is no database for In House carers that enables performance monitoring, it is not possible to establish levels of vacancy / capacity within the In House carers resource. Verbally this review was told differing accounts on this matter and has not been able to verify. This is an important issue as makes specific capacity building and market development difficult to prioritise.

• The current average cost of an In House placement that we have been given is £532 per week (slightly lower than that reported to CIPFA in 2017). This is higher than that of statistical neighbours at £474. On further exploration, whilst the standard cost is similar, where the two diverge is in additional “direct” costs. Furthermore, this review understands that IRIS (more specialist) carers are paid a retainer of £650 per week even if they don’t have a child in placement, which may not be the most cost effective way of delivering this service.

• The IRIS programme is focussed on high end, wrap around foster care provision which is designed as a three month intense placement with the purpose of reducing the need for a residential placement. Statistics received from GCC show that from the 21 young people who have closed to IRIS as of 31st October- 5 YP (24%) were in varying types of residential setting at closure, 6 (29%) were in supported living, 4 (19%) remained at home or in the care of other family, 3 (14%) were in long term foster care, 1 (5%) in short term foster care, 1 (5%) in Shared care and 1 (5%) living independently.

• The IRIS programme is a good model in theory. However, there appear to be two key issues with the way that this is run in GCC:
  o IRIS carers are still registered and indeed still take children of a mainstream nature and have been taking more complex children where there is already a stable placement. This potentially risks destabilising a stable placement and risks placement breakdown.
  o IRIS carers are paid a retainer of £650 a week whether or not they have a child in placement. When they have a child placed with them, they then receive the maintenance allowance on top of this. Whilst it was stated that these are used for other purposes when they don’t have an IRIS child placed with them, this is still an expensive model.

• It feels unclear why In House carers at Band 1 and 2 are supported by the Fostering Support Team, yet those at Band 3, IRIS carers, mother and baby placements and soon Supported Accommodation placements are supported by the Placement Finding Team when the latter, by definition, has a focus on predominantly finding placements.

• The average annual cost of an IFA based on the cohort as of October 2018 of 183 placements is £884 per week. This is slightly lower than the average of statistical neighbours according to CIPFA data, which has this average at £909. However, as per In House costs, Gloucestershire spends more on additional “direct” costs beyond the standard cost. This is borne out when the average weekly cost, which equates to £45,985 is compared to the average prices of an IFA in each category on the framework. These averages are:
  o 0-4 years - £38,740
  o 5-10 years - £41,080
  o 11-15 years - £43,784
16-18 years - £42,796

- The reason for the average being higher is not because of the cost of placements that are spot purchased e.g. not commissioned from the framework. Of the 184 IFA placements, 50 (27%) are not on the framework, but their average cost is £45,581 (it would be £43,930 if it weren’t for one placement that is considerably more expensive than all others that inflates the average). The average on framework cost of an IFA is £45,082.
- It would appear that the South West Framework is not proving effective for GCC. Evidence for this includes:
  - It is not driving down cost as there is only a marginal difference between the average “on framework” cost to the average “off framework” cost.
  - There is quite a high percentage of placements that are commissioned outside of the framework (27%).
  - There are a number of providers on the framework that are not used – this equates to 11 of the 21, whereas a further 12 providers are commissioned off framework, with one (CFC) providing 23 placements.
- The average cost of IFA placements on the framework across each age group is not out of step with IFA costs amongst comparators. However, the fact that the average cost of an IFA in Gloucestershire exceeds the standard framework costs across each of the age groups would appear to suggest that there are factors that are inflating these averages. Without doing a forensic case by case analysis it is not possible to establish the exact cause of this, but it has been suggested that it is in part due to (a) the number of solo placements which is considerably more expensive and (b) as suggested by the CIPFA data, the number of “additions” made to placements, some of which may no longer be necessary or indeed essential in the first place, which can easily inflate cost.
- According to CIPFA, the unit cost of an In House carer is also more expensive than comparators. The standard allowance is very similar, however as with the IFAs, the divergence occurs with additional “direct” costs.

LAC Residential

- The current average annual cost of a Children in Care (CIC) residential placement is £4,552 per week, hence £236,704 per year. As described in Section 3.4, this is higher than the statistical neighbour average of £3,697 (albeit the statistical neighbour figure is 2017, but GCC was spending £4,417 per placement then).
- 22 of the 53 CIC residential placements are commissioned outside of the South West Framework (41% of the total). They are however less expensive at an average of £4,443 per week £235,479 per year than a placement commissioned from the framework, at £4,629 per week £240,708 per annum.
- Both of these factors would suggest that either the South West Framework is not working for GCC, or it is not being implemented effectively – as it would be expected that a higher proportion of placements which are less expensive would be commissioned from it.
• Furthermore, the average of a standard CIC residential placement on the framework is £3,895 per week, hence £202,540, much more in line with statistical neighbours. Whilst it would be expected that the average of an actual placement may be slightly higher than this because of some required additions, there is a 16% difference between this figure and the actual average of a commissioned on framework placement, which suggests that a number of additions are being added to placements.

• A number of factors were suggested as the drivers in increasing costs of residential placements:
  o There would appear to be a high level of demand for additional therapies. This questions the rigour with which cost effective decisions are made in the way that packages are designed and reviewed, and who pays for these additions (for example if they are health therapies).
  o It was also suggested that some providers are preferred over others where there is an existing relationship with social work teams, but these are not necessarily the most cost-effective solutions.

Leaving Care and Supported Accommodation

• The Service is currently commissioning in the region of 47 supported accommodation placements for 16 and 17 year olds (data supplied identified 1 18 year old), at an average cost of £2233 per week, total annual expenditure of £5.4m.
• The majority of these packages have sleep ins at an average cost of £28 per hour (adults are commissioning in some cases from the same provider at £18 per hour), and additional support varying from £23 to £40 per hour. Accommodation costs vary from £180 to £455 per week.
• This accommodation is mainly used for new entrants into Care and where the existing foster or residential placement will not continue post 16.
• Packages are commissioned from a range of providers with the majority incorporating supervision and sleep ins, and there are a number of packages where there is only 1 young person in the property.
• There is limited evidence of monitoring of these contracts to ensure the support they provide is progressive and preparing the young person for their own tenancy, with one provider who also provides START accommodation charging the Council for a period of transition into START.
• Pathways out of supported accommodation at the age of 18 include:
  o START – a multi agency, single assessment and referral process which aims to provide clear and consistent access to accommodation based support in Gloucestershire, targeted at those most in need. It is envisaged that most young people will stay in the region of 6 months before moving to their own tenancy. Accommodation varies from 6 to 30 bedded units comprising of single rooms and shared facilities, bedrooms with en-suites, self catered flats, bedsits and bed flats.
  o Own tenancy – with community based support commissioned by START.
START also provide accommodation for 16+ plus, this is targeted at lower needs with Care Leavers being given priority. The expectation is that most young people will stay in this type of accommodation for 12 months before moving to their own tenancy. Accommodation varies from 6 to 24 bedded units comprising of single rooms and shared facilities, bedrooms with en-suites, self catered flats, bedsits and bed flats.

- In some cases Social Workers will commission additional support for a young person stepping down from more supported accommodation to the START, where it is felt that the “step down” may be too great. Over the last 3 months costs have been averaging £22,000 per month, supporting on average 15 young people per month which equates to an average of £350 per young person per week.
- There is limited evidence outside of START of delivery of a progressive model across 16+ supported accommodation. This creates a risk that the Service is not managing the expectations of the young person, or preparing the young person adequately for the step down at 18.
- Linked to the above given the number currently who receive additional support over and above the standard support provided under the START Supported Accommodation model, there is a challenge back to the Service as to whether the level of support commissioned prior to START was required or the most suitable for preparing the young person for independent living.

**Key Recommendations**

**Foster Care and Residential Placements**

- There is a need to ensure that all Children in Care IFA and residential placements are reviewed within their timescales and packages scrutinised in terms of value for money, and whether there have been additions to packages which are no longer relevant or which would not be agreed within the new processes for tighter financial accountability.
- Beyond this, there is an opportunity to reconsider GCC’s involvement with the South West Framework, or whether it would be more cost effective to come out of this agreement and establish a Gloucestershire own framework with more a more collaborative arrangement, more competitive pricing, the opportunity for bespoke arrangements with preferred providers, and more generous discounts. We are aware that this is in line with GCC’s intentions.

**Supported Accommodation**
• We are aware that some discussions with providers have commenced in relation to the development of a different model for 16-18 year olds, and we believe there is opportunity to explore with providers alternatives to this high level of supported accommodation. With START due for recommissioning shortly, there is opportunity to explore commissioning across a spectrum of need. Some examples elsewhere include:
  o Stepping stones type service
  o In line with START 16+ consider larger units with some level of support on site
  o For more low end needs there is opportunity for the Council to use an existing asset, purchase or rent a property with a volunteer living in rent free, there are organisations who will recruit and mentor the volunteer

• It is imperative that we equip these young people to be able to sustain their own tenancies at the age of 18 and this progressive approach needs to be embedded across social workers and providers.

• START is due for re-commissioning shortly, which creates an opportunity to look at developing and commissioning a different model for supported accommodation that has independence at its core, meets a wide spectrum of need and provides greater value for money.

3.10 High Level Analysis of High Needs

Key Findings

• Data provided identified 82 placements which have some form of joint or tri-partite funding

• Average weekly unit cost £4064 total annual cost £10.2m, with total contributions as follows:
  o Health £491k
  o Education £4m
  o Social Care £6m

• 31 placements have some Health funding with the average contribution being 17%:
  o Health contribution £491k per annum
  o Education £1.05m
  o Social Care £1.6m

• Of the 82 placements only 5 are recorded as open to Children with Disabilities, and only one has a primary need of PMLD (profound and multiple learning disabilities).
• CYPERN panel – social workers submit a referral form alongside a single assessment and care plan, this may also be accompanied by a specialist provider report. Funding contributions are predominantly CSC (100%) or CSC and Education (60:40%). Where Health do contribute (where there are obvious Health needs as per assessment), this is usually 15%, although discussions are taking place to try and increase this nearer to 33%.

• There is a Panel is chaired by the Strategic Lead Children in Care and includes SEN Casework, SEN Commissioning, Placement Commissioning Team, The Virtual School, 11+ senior Manager, CYPS (CAMHS), Clinical Psychiatrist and the 2Gether Trust Director. Health Commissioning currently do not attend but discussions are taking place to try and get some representation moving forward.

Key Recommendations

• The key aim should be to move to a more equitable split in funding across Social Care, Education and Health for high needs packages.

• Considering the small number of cases that are open to CWD we would recommend that jointly, with Health partners, undertake analysis of further high cost packages that have funding identified by Health, Education and Social Care.

• Using the larger cohort will identify if clear and equitable funding splits between the three agencies can be agreed, using data from this cohort to develop a transparent cost calculator to agree funding splits for cases that meet this criteria moving forward. The cost calculator is centred around the continuing care domains and key social care and educational needs.

• The calculator should take into account all funding streams that support this cohort including where applicable targeted and universal services that support this cohort.

• In partnership with Health agree the criteria for complex cases which will be subject to agreed funding splits moving forward.

• Review existing commissioning arrangements and develop a joint commissioning strategy that will support improved management of the high cost residential market.

• We have modelled savings based on securing 33% funding for the cohort that are already in receipt of some form of tri-partite funding, which equates to £558k. However, this may change post the analysis of further high cost packages and application of a calculator.
3.11 Workforce Analysis

Key Findings

The table below shows the levels of agency staffing as of October 1st 2018.

Table 16 – Agency staffing levels

<table>
<thead>
<tr>
<th>Overall</th>
<th>ESTABLISHMENT VACANCY</th>
<th>ESTABLISHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funded FTE</td>
<td>FTE in Post</td>
</tr>
<tr>
<td>ASYE</td>
<td>263.0</td>
<td>34.30</td>
</tr>
<tr>
<td>SW</td>
<td>263.0</td>
<td>99.35</td>
</tr>
<tr>
<td>SSW</td>
<td>263.0</td>
<td>37.03</td>
</tr>
<tr>
<td>AP</td>
<td>65.2</td>
<td>41.44</td>
</tr>
<tr>
<td>TM</td>
<td>60.1</td>
<td>39.91</td>
</tr>
<tr>
<td>TOTAL</td>
<td>388.3</td>
<td>252.02</td>
</tr>
</tbody>
</table>

NB: To clarify the percentages, the number of agency workers is divided by funded FTE. (Note: social workers funded includes ASYE, social worker and senior social worker).

The difference in costs of an agency member of staff against a permanent member of staff are shown below.
As of quarter 2 in 2018/19, the use of agency social workers was at 44.3%. This is significantly above regional, national and statistical neighbour averages of 13.1%, 16% and 15% respectively.

The use of agency staffing is not inherently a negative thing if the risks associated with their employment are managed, such as high turnover. However, quarter 2 statistics also seen as part of this review show that social worker turnover (which includes agency staff) is at 20.7%, compared to 12.9%, 15.3% and 13.2% respectively.

However, as is shown in table 17 above, the use of agency staff is expensive compared to more permanent staffing.

A recruitment strategy is in place to try to reduce the percentage of agency staff but in a managed way that does not impact on the safety of work with families in the short term and on the Council’s improvement journey. This includes reviewing pathways for career progression, recruitment and retention allowances, over recruitment of AQSWs to, over time, replace agency workers with those that develop into longer term appointees, and plans to recruit from overseas.

GCC use Geometric Results (previously De Poel) to recruit agency staff, however it is felt that this arrangement is not currently working effectively.

Average social worker caseloads as of quarter 2 2018/19 were 18, compared with 16.2, 16.1 and 15.5 for above regional, national and statistical neighbours. The average of 18 is in line with the Council’s current aspiration and social work staffing has been increased in order to achieve this.

### Table 17 – Agency vs permanent member of staff costs

<table>
<thead>
<tr>
<th>Position</th>
<th>Permanent Salary of the Equivalent Grade (mid point scale plus welcome fee)</th>
<th>Cost of Agency Equivalent Worker</th>
<th>Annual Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker (Grade I)</td>
<td>£43,352</td>
<td>£64,251</td>
<td>£20,899</td>
</tr>
<tr>
<td>Senior Social Worker (Grade J)</td>
<td>£49,248</td>
<td>£64,251</td>
<td>£15,003</td>
</tr>
<tr>
<td>Advanced Practitioner (Grade K)</td>
<td>£58,077</td>
<td>£69,357</td>
<td>£11,280</td>
</tr>
<tr>
<td>Team Manager Grade L)</td>
<td>£63,100</td>
<td>£74,463</td>
<td>£17,773</td>
</tr>
</tbody>
</table>
Lower caseloads not only increase the potential for better quality work with families, but also reduce the sense of a social worker feeling overwhelmed and in turn increase the opportunity to recruit more permanent staff.

- Social work teams have been re-organised into a hub structure. Most teams now have a manager, senior practitioner, 4 social workers and a newly qualified social worker (NQSW).

**Key Recommendations**

- There is an opportunity to reduce the levels of agency usage and make a significant financial efficiency. However, acknowledging that GCC is on an improvement journey and needs to stabilise, it is recommended that this is driven over a period of 3 years, through a range of initiatives highlighted below. This review believes that it is possible over 3 years to reduce agency usage to 25% - this is still above national averages but is felt to be realistic and safe by 2020/21. GCC should however at that point be setting a target to reduce it even further. 25% of the current fte count in table 17 above would be 97 posts, a reduction of 75 from the current 172 (a reduction of 43%). The Financial Improvement Plan models this reduction as a 43% reduction across all grades from social worker through to team manager.
- Review the contract with the existing agency provider and consider a different model to a single agency approach to incentivise best value and performance related pay based on length of stay to help reduce churn.
- Consider working with a recruitment agency to drive permanent recruitment, on a payment by results model that includes an outcome of a recruited worker remaining in post for at least 12 months.
- Review and develop a targeted marketing campaign and a targeted conversion strategy with a target of one third of current agency staffing converting by an inhouse supported campaign. This should include developing an IR35 one page showing purely financial gain from being permanent, monetising key benefits such as annual leave and pension contributions.
- Have an independent consultant hold an IR35 workshop with all existing staff. IR35 is the new tax regulations brought in 2000 but which gained momentum in 2017. It heavily taxes contractors who are working in roles that should be filled by a permanent worker (seeing them taxed at approximately 40%) and meaning that there are greater incentives to convert to a permanent contract.
4. **FINANCIAL IMPROVEMENT PLAN**

The following financial improvement plan has been profiled over a 3-year period and is aligned to the timeline in section 6 (Appendix 2).

<table>
<thead>
<tr>
<th>Key Area</th>
<th>Comment/Activities</th>
<th>2019/20</th>
<th>2020/21</th>
<th>2021/22</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFAs</td>
<td>Reduce usage of IFAs</td>
<td>373,555</td>
<td>560,333</td>
<td>560,333</td>
<td>1,494,220</td>
</tr>
<tr>
<td>IFAs</td>
<td>Reduction in the cost of IFAs</td>
<td>133,357</td>
<td>133,357</td>
<td>-</td>
<td>266,713</td>
</tr>
<tr>
<td>Residential Placements</td>
<td>Reduction in the cost of Residential Placements</td>
<td>485056</td>
<td>485056</td>
<td></td>
<td>970,112</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>Reduction in expenditure</td>
<td>303,765</td>
<td>607,529</td>
<td>303,765</td>
<td>1,215,058</td>
</tr>
<tr>
<td>High Needs / Costs Placements</td>
<td>Review of apportionment of funding for eligible high cost placements</td>
<td>558,094</td>
<td>-</td>
<td>-</td>
<td>558,094</td>
</tr>
<tr>
<td>SEND Home to School Transport</td>
<td>Reduction in cost per head</td>
<td>285,000</td>
<td>285,000</td>
<td>-</td>
<td>570,000</td>
</tr>
<tr>
<td>Early Help</td>
<td>Re-modelling Early Help Services</td>
<td>-</td>
<td>1,969,000</td>
<td>-</td>
<td>1,969,000</td>
</tr>
<tr>
<td>Agency</td>
<td>Reduction in use of Agency staff</td>
<td>238,095</td>
<td>396,825</td>
<td>555,554</td>
<td>1,190,474</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2,376,921</td>
<td>4,437,099</td>
<td>1,419,651</td>
<td>8,233,671</td>
</tr>
</tbody>
</table>
APPENDICES

5. IMPLEMENTATION PLAN – APPENDIX 1
Refer to Appendix 1

6. IMPLEMENTATION PLAN TIMELINE AND MILESTONES – APPENDIX 2
Refer to Appendix 2

7. KEY RISKS AND DEPENDENCIES – APPENDIX 3
Refer to Appendix 3