

# Children's Social Care Office Site Visits

June 2019

## **1. Background**

1.1 As part of Members ongoing work monitoring the performance and effectiveness of the County Council's arrangements to protect and safeguard children in Devon from harm, the Committee agreed a programme of site visits to Children's Social Care offices in each of the four County localities. Members also visited the MASH (Multi-Agency Safeguarding Hub) in Exeter.

1.2 The Committee would like to place on record its gratitude to all the staff who gave up their time during the office walk through that Members undertook as well as in group meetings. Staff were always keen to engage in the process and Members welcomed their candour.

1.3 Members made the following site visits:

- Oaklands Court, Tiverton (19<sup>th</sup> February 2019)
- Taw View, Barnstaple (19<sup>th</sup> February 2019)
- Follaton House, Totnes (26<sup>th</sup> February 2019)
- Estuary House, Newton Abbot (26<sup>th</sup> February 2019)
- County Hall, Exeter (28<sup>th</sup> February 2019)
- MASH ([Multi-Agency Safeguarding Hub](#)), County Hall, Exeter (26<sup>th</sup> February 2019)

1.4 During the sessions a huge number of issues and themes were discussed with Members. The following findings are by no means an exhaustive list of the points raised; rather they offer a reflection of some of the key themes that seem to be affecting children's social care staff and partners across the County.

## **2. Culture, Morale and Support**

2.1 There was an overwhelming feeling expressed by social care staff that Devon is good place to work in children's social care, and particularly to be a social worker.

2.2 The culture in Devon is open, non-hierarchical and supportive and the Cabinet Member, Chief Officer and Head of Children's Social Care are visible and approachable, as are managers at all levels. There is a healthy culture in Devon which promotes learning over blame, which is very different to many social workers' experiences at other local authorities.

2.3 The [2013 Ofsted inspection](#) which found child protection arrangements in Devon to be 'inadequate' had a significant impact on staff morale and on leadership stability at the time. However today staff feel extremely positive about the strong and consistent leadership they see in Children's Services. Leaders are clear in their vision for improving outcomes for children and in the local authority's preparations for future Ofsted inspections.

2.4 Morale is good amongst staff and overall social workers were happy to report that they feel less stressed, have more manageable caseloads and feel better supported by management, compared to their experiences at other local authorities. However many social workers still regularly work beyond their contracted hours. Some staff reported inconsistencies in the way that social work teams are managed, seeing a mixture of micro management and more laissez faire management styles.

2.5 Permanent Team Managers provide stability and consistency for their teams, and staff feel that managers are focused on achieving the best outcomes for families and children. There is also a good level of support and advice from peers and other team managers, which open plan office arrangements can aid.

2.6 Monthly supervision is necessary to enable social workers to manage their own wellbeing, as well as improve their social work practice. Staff can also access an employee assistance programme which provides counselling and support services for both personal and work related issues.

### **3. Recruitment, retention and career development**

3.1 There are only a small number of social worker vacancies across the County, except in the north of the county where recruitment and retention issues remain. Across all areas there is still a reliance on agency social workers. In the MASH team, nine out of ten social workers are employed through an agency. Attracting agency workers to permanent social work roles is an ongoing challenge. For many social workers the higher hourly rate and flexibility offered by agency work is more appealing, despite not having the benefits associated with a permanent post (holiday, sick pay etc). Staff feel that there needs to be a better/clearer career pathway for permanent social workers and more attractive pay and conditions. Social work is tiring and stressful work and the annual leave offered to new starters is not seen as enough. Social work salaries and annual leave are higher at some neighbouring local authorities.

3.2 The Council's campaign to recruit social workers from abroad has been really successful and a number of skilled and experienced social workers have settled in Devon.

3.3 The ASYE (Assisted and Supported Year in Employment) scheme attracts many quality applicants to Devon, but a high number leave the authority after completing their ASYE year. Ten members of staff a year are supported to undertake social work degrees through the Open University. A number of Family Practitioners have taken up this opportunity and have then stayed with Devon for their ASYE year and beyond, already having roots in Devon. Social worker retention is improving on the whole, but more opportunities for training and career development are needed. In addition, staff reported that there was some confusion around the creation of the Senior Social Worker role.

3.4. There is also a need to evaluate the retention and recruitment of other non social work staff i.e. Family Practitioners and Personal Advisors, as well as being more creative in looking at career development for these roles.

### **4. Caseloads**

4.1 Social worker caseloads vary across teams depending on the complexities of the cases involved, generally ranging from around 16 to 24 per full time equivalent (occasionally as high as 28). Generally staff feel that their caseloads are manageable, and acknowledge that there is ambition across the service keep caseloads low and manageable.

4.2 Staff recognise that caseloads are lower in Devon than at many other local authorities; this in part reflects the size and rural nature of the county, which means that more time is spent travelling than at smaller/urban local authority areas.

### **5. Travel time, parking and work space**

5.1 The geographical areas covered by teams are large and a lot of social worker time is spent travelling. Although the introduction of laptops and smartphones means that social workers can now update records and write reports remotely, lack of mobile phone signal, 4G and access to Wi-fi often makes this difficult.

5.2 Offices bases in Exmouth and Sidmouth are missed by social workers in the east of the county, and a lack of car parking remains an issue at the Newton Abbot offices.

5.3 The open plan office space in Barnstaple works well and encourages joint working across teams. Some meeting rooms are still not sound proof which makes it difficult to have personal/sensitive conversations, such as during supervision.

5.4 Social worker parking permits for use in residential areas are great in theory but problematic in practice. There are reports of social workers receiving fines because they have not been able to answer their phone when the civil parking enforcement officer calls.

## **6. Eclipse**

6.1 The new case management system was launched on 21<sup>st</sup> January 2019 to replace the CareFirst system. Staff expressed varying views about the new system but the majority felt that there had not been sufficient training on Eclipse, including how to use the voice memo application for recording visit notes. Only 'Eclipse Champions' have had full training and this was too long ago for most people to be able to put into practice now. In addition, many also felt that the system was not very intuitive or flexible and most 'tasks' took longer to complete. The system is 'social worker' driven, and there are now tasks that business support colleagues used to undertake that can now only be completed by social workers.

6.2 There are a number of 'glitches' in the system, which have been reported to IT and which staff understand are being addressed, which include access to reporting data and visits showing as 'overdue' when they are not.

6.3 Many staff felt that overall the introduction of Eclipse is a positive move and that once the 'glitches' are resolved, the system will support their work well. Better case auditing and chronology mapping were noted as key improvements.

## **7. Family Practitioners**

7.1 Family Practitioners are now working within social work teams and their skills and experience are highly valued by social workers. Family Practitioners themselves also benefit from working more closely with social workers, although some miss the opportunity to meet regularly with other Family Practitioners.

7.2 Family Practitioners and Referral Co-ordinators also work within the MASH Team and colleagues feel that they make a vital contribution to the success of the team.

## **8. Multi Agency Safeguarding Hub (MASH)**

8.1 Incoming referrals into the MASH are relentless. Referrals are at their peak during term time as many come from schools. Ongoing work with schools and health is vital in helping them understand their thresholds and take more responsibility for safeguarding, rather than just sending any concerns to the MASH.

8.2 When a referral is received and assessed it will take one of three routes:

- There is no role for children's social care and no further action taken, sometimes signposting to universal services
- There may be a need for social care involvement – some social work may be undertaken and a decision is made either that no further action is required, or support from the Early Help Team is needed, or full support from children's social work team is required
- There is real concern about immediate harm, and the case is referred directly to children's social care (Initial Response Team) to carry out a Single Assessment. Following this, social work, early help support or other appropriate action is taken.

8.3 Around two-thirds of referrals require no further action. However all referrals are recorded; as a high number of 'no further action' referrals could indicate a pattern of behaviour that becomes concerning.

## **9. Thresholds**

9.1 A lot of work is being done with partner agencies, the voluntary sector and between social care teams to ensure consistent safeguarding thresholds are being used. There can be professional anxiety around safeguarding, sometimes not enough time is allowed for Early Help interventions to take effect.

9.2 Referrals often don't contain enough information and/or are based on worries/concerns rather than any evidence, or the chronology is missing. Work is going on to better educate schools and other agencies about what should be included and partner agencies can contact the MASH team for advice before they make a referral.

## **10. Working with families**

10.1 There remains a stigma for families around social work involvement and many people are still worried that social workers will 'take their children away'. Families need to be involved in designing services and family conferences are a good opportunity to work with families to find solutions, helping them take ownership. Grandparents and extended family are also involved where possible.

10.2 This way of working with families is reflected in the MASH team. It is expected that other agencies will seek and gain consent to make the referral from parents/carers, where this is safe to do so and in the majority of cases consent is given. Working in this way builds better working relationships with families, they are more involved in working out a way forward and outcomes are better for the child. If consent is refused but the case meets the threshold then the referral will still be progressed.

## **11. Multi-agency working**

11.1 Improving how social care teams and other agencies work together remains an ongoing priority.

11.2 In the Barnstaple offices, the recent co-location with Public Health Nursing colleagues is going well and social work staff find it helpful to be able to walk across the room to get advice, particularly from Health Visitors and build relationships with these teams.

11.3 Challenges were raised around joint working with hospitals, including examples shared of new mothers and babies being sent home when the baby is known to be the subject of care proceedings. In other cases, there can be delays to hospital discharge, particularly for young people where a support package needs to be put in place.

11.4 There are also difficulties getting access to CAMHS (Children & Adolescent Mental Health Services) support and arranging timely interventions for the children and young people who need it most. Dedicated CAMHS workers in social care teams would be very helpful.

11.5 Some excellent multi-agency work is being carried out around County Lines.

## **12. Cuts to other agencies**

12.1 Children's social care budgets may be largely protected but social care and MASH teams are operating in a landscape of reduced public sector funding and cuts in other areas are having

significant impacts on families and children. Charities are able to fill the gaps in some areas, but their funding is increasingly difficult to secure.

12.2 CAMHS are severely under resourced and long waiting lists mean that children's behaviour and mental health often escalates, causing problems at school and at home.

12.3 As schools are cutting back on their pastoral care, permanent exclusions are increasing.

12.4 There is a reduced youth service across the county with many towns having no provision at all. The police are now picking up referrals which would have previously been managed by the youth service.

12.5 Health colleagues (health visitors, school nurses etc) are less present at Child Protection Conferences. Health visitor numbers have been reduced across the county and there are significant changes to the services provided by health visitors including the introduction of 'self-weigh' for babies. Resourcing/capacity issues mean that currently health visitors are usually unable to carry out all three visits (anti-natal, new birth, 6/8 weeks after birth). The anti-natal visit is usually only carried out where concerns (usually safeguarding) have been raised or there is another significant reason for the visit. Most visits are now carried out at clinics, so the home environment is not seen.

12.6 Children's centres have closed the majority of universal sessions such as Stay and Play, which not only gave children's centres staff an opportunity to work with families before crisis point is reached, it also gave families from different backgrounds the opportunity to meet and learn from each other.

12.7 Support for parents/carers is also lacking. There is currently a 30 month waiting list for and adult ADHD assessment. Parents/carers who have experienced trauma may need counselling/therapy to work through their own challenges to enable them to parent better but NHS waiting lists are long. There are also significant waiting lists for support services for victims of domestic violence and abuse and refuge places are limited.

12.8 Staff felt that children's social care were too often being left to 'pick up the pieces', because of reductions in other services. Social workers have to be more creative about finding solutions, utilising the third sector where possible, but many gaps cannot be filled and staff feel that children are more at risk of harm or falling through the net.

### **13. Transitions**

13.1 There is a need for better joined-up working between children's and adult services with transitions at 18 still a huge issue. Staff do not know their equivalent colleagues in Adult Care. Preparing for adulthood should start at 14 but its very rare for this support to be provided really before the age of 18.

13.2 In addition, young people coming into social services for the first time over the age of 18 can fall through the gap between Children's and Adult's services, particularly when they do not have a diagnosis or EHCP (Education, Health & Care Plan).

### **14. Care Leavers & Housing**

14.1 Members heard that there is a need for more Personal Advisors (PA). More cases are coming into the teams, but there are less staff to support young people. Children 16+ are supposed to be allocated a PA but this is not happening in all cases. Work to begin preparing children for leaving care should begin at age 14/15, but realistically it is more like 17/18. Members heard that some young people do not leave foster care very well prepared for independence.

14.2 Members were also advised that there is a lack of housing for care leavers and not enough experienced foster carers, housing projects and supported lodgings. There are usually care leavers on waiting lists for accommodation. Those on waiting lists might be in emergency housing, sofa surfing, or even street homeless. Homelessness is a huge risk for care leavers. A District Council housing worker is based in the Tiverton social care office 0.5 days a week which supports an element of joint working around care leavers.

14.3 There are many complexities around finding suitable housing placements for care leavers. The ages and vulnerabilities of other residents as well as the care leaver themselves need to be considered. Many housing projects and supported lodgings do not or cannot provide the kind of therapeutic support that many care leavers need, others can have very strict rules and curfews which are not suitable for older young people. Some will not accept 'risky' care leavers, just the 'straight forward' ones and it is their choice who they accept. Some are very quick to 'evict' young people. The cost of rent is also high, although this can usually be met through housing benefit.

14.4 For young people who have good relationships with their foster carers, the Staying Put scheme can work well. This allows care leavers to stay living with foster carers up to age 21, but many choose to leave home before they reach that age.

14.5 The [Step Forward](#) project is working well in Devon, which helps care leavers to develop skills, experience and qualifications through a variety of opportunities.

14.6 Travel can be a particular issue for care leavers in Devon. An example was given of a young person having to travel from Okehampton to Exeter to visit the job centre, costing £10 in bus fares.

14.7 Many councils involve Members as corporate parents more in care leaver and housing issues. Some have district council representatives on their Corporate Parenting Boards.

## **15. Other issues raised by staff**

- The availability of contact centres – this had improved but is becoming an issue again;
- Limited access to domestic violence perpetrator support/rehabilitation;
- Police are seeing a number of children, particularly children in care, with speech and language issues;
- Concerns about the discontinuation of funding for 'Checkpoint', a service provided through the Children's Society which works with children who are being sexually exploited. There is huge concern over who will pick up this work and the impact on the safety of children and young people;
- There continues to be a lack of Tier 4 beds;
- More investment is needed in free activities for families and children in school holidays, which can be the most challenging time for parents. Even a one off event can bring parents together and be a catalyst for them to set up their own group/events going forward. Many parents can feel isolated and lonely. Locality budgets can and are used to support community groups, fun days etc;
- The negotiation of packages for high cost placements with the Complex Care Team can be difficult;
- Social media platforms could be much better used as a way of social workers communicating with young people;
- Therapeutic parenting training is available to foster carers and adopters but not to parents in child protection or child in need cases. This could work really well for many families, by supporting parents to support their children;
- There is a shortage of experienced foster carers. New foster carers have been recruited but they tend to be inexperienced so can't take more complex children. Many agency

foster cares have moved across to the County Council because of the better support offered;

- There have been some challenges around the transition to [Adopt South West](#), particularly in terms of communication between children's social work teams across the partner local authorities. The co-location of Adopt South West staff in the Barnstaple social care office is really beneficial and could be replicated in other social work offices;
- Out of county placements can be expensive and not always value for money. Concerns were expressed over the quality of some placements;
- The northern CARP (Children's Access to Resource Panel) has been relocated from Exeter to Barnstaple and the new trial panel process is working much more efficiently.

## **16. Conclusion**

16.1 Members were extremely pleased to hear that social care and MASH teams had such positive feelings about working for Devon County Council, and that they felt supported by management and had confidence in the leadership of Children's Services.

16.2 Significant steps are being taken to address recruitment and retention issues, but this remains an issue, particularly in terms of encouraging the transfer of skilled agency staff to become permanent members of staff.

16.3 Positive practices of working with families to find solutions and improve outcomes for children was notable across localities, but difficulties around the transition from children's to adults services, and supporting care leavers into independence are clearly ongoing. Better and earlier pathway planning is needed in both these areas. Access to appropriate housing for care leavers needs to be addressed urgently.

16.4 The co-location of teams and agencies seems to be having positive impacts across the county, and multi-agency working on thresholds and the ownership of safeguarding risk is positive.

16.5 However, Members find the increasing pressure being put on children's social care and the shrinking support available to children and families from other areas to be extremely concerning. While targeted and statutory services are vital to support children and families at crisis point and in times of extreme need, Children's Social Care can only succeed as part of a wider network of support. The impact of reductions in pastoral care in schools and in health services, as well as universal support offered through children's centres, youth services, and health visiting should not be underestimated, and the Council and partners will need to be clear about how they intend to ensure that children and families are kept safe, and are supported to thrive into the future.

## **17. Attendance**

### **Oaklands Court, Tiverton (19<sup>th</sup> February 2019)**

Councillors Su Aves, Marina Asvachin and Debo Sellis

### **Taw View, Barnstaple (19<sup>th</sup> February 2019)**

Councillors Su Aves and Marina Asvachin

### **Follaton House, Totnes (26<sup>th</sup> February 2019)**

Councillors Julian Brazil and Richard Hosking

### **Estuary House, Newton Abbot (26<sup>th</sup> February 2019)**

Councillors George Gribble, Richard Hosking and Sara Randall Johnson

### **County Hall, Exeter (28<sup>th</sup> February 2019)**

Councillors Linda Hellyer, Tony Inch and Andrew Saywell

### **MASH, County Hall, Exeter (26<sup>th</sup> February 2019)**

Councillors Ray Bloxham, Linda Hellyer, Richard Hosking, Tony Inch and Andrew Saywell



## **18. Contact**

All enquiries regarding this report please contact:  
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