AGENDA FOR

CABINET

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To: All Members of Cabinet

Councillors : E O'Brien (Leader and Cabinet Member, Strategic Growth and Skills) (Chair), C Cummins (Cabinet Member, Housing Services), R Gold (Cabinet Member, Finance and Communities), C Morris (Cabinet Member, Culture and the Economy), A Quinn (Cabinet Member, Environment, Climate Change and Operations), T Rafiq (Cabinet Member, Corporate Affairs and HR), L Smith (Cabinet Member Children and Young People) and T Tariq (Deputy Leader and Cabinet Member, Health and Wellbeing)

Dear Member/Colleague

Cabinet

You are invited to attend a meeting of the Cabinet which will be held as follows:-

Date:	Wednesday, 13 July 2022
Place:	Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Cabinet are asked to consider whether they have an interest in any of the matters of the Agenda and, if so, to formally declare that interest.

3 PUBLIC QUESTION TIME

Questions are invited from members of the public about the work of the Cabinet.

Notice of any question must be given to Democratic Services by midday on Monday, 11 July 2022. Approximately 30 minutes will be set aside for Public Question Time, if required.

4 MEMBER QUESTION TIME

Questions are invited from Elected Members about items on the Cabinet agenda. 15 minutes will be set aside for Member Question Time, if required.

Notice of any Member question must be given to the Monitoring Officer by midday Friday, 8 July 2022.

5 MINUTES *(Pages 5 - 18)*

Minutes from the meeting held on 1 June 2022 are attached.

6 COUNCIL INVESTMENT IN GIGG LANE STADIUM *(Pages 19 - 30)*

Report of the Cabinet Member for Culture and the Economy is attached.

7 ATOM VALLEY MAYORAL DEVELOPMENT ZONE (NORTH-EAST GROWTH LOCATION) *(Pages 31 - 44)*

Report of the Leader and Cabinet Member for Strategic Growth and Skills is attached.

8 BURY COST OF LIVING AND ANTI POVERTY STRATEGY *(Pages 45 - 96)*

Report of the Cabinet Member for Finance and Communities is attached.

Also to consider the following recommendation from Overview and Scrutiny Committee:

That prior to its consideration at the Cabinet Meeting on 13th July the Overview and Scrutiny Committee recommends that:

1. The Cost of Living Support and Anti-poverty Strategy is amended to reference and incorporate the recently published Greater Manchester Poverty Action briefing (Briefing on the current scale of the socio-economic duty in England) and the Cabinet consider as part of its Anti-poverty strategy adopting voluntarily the Socio Economic Duty as detailed in Section 1 of the Equality Act 2010; and
2. The financial data contained with the report be updated

9 **CHILDREN'S SERVICES RESTRUCTURE PROPOSALS** *(Pages 97 - 188)*

Report of the Cabinet Member for Children and Young People is attached.

10 **FAMILY SAFEGUARDING MODEL** *(Pages 189 - 450)*

Report of the Cabinet Member for Children and Young People is attached.

11 **SECONDARY SCHOOL PROVISION IN RADCLIFFE - FINANCIAL APPROVAL TO COUNCIL'S FUNDING OBLIGATIONS - PART A** *(Pages 451 - 458)*

Report of the Cabinet Member for Children and Young People is attached.

12 **PROPOSAL TO ESTABLISH SPECIALIST RESOURCED PROVISION AT OUR LADY OF LOURDES ROMAN CATHOLIC (VOLUNTARY AIDED) PRIMARY SCHOOL** *(Pages 459 - 476)*

Report of the Cabinet Member for Children and Young People is attached.

13 **NEIGHBOURHOOD SUPPORT HOUSING SERVICES - CALICO GATEWAY REVIEW** *(Pages 477 - 484)*

Report of the Cabinet Member for Health and Wellbeing is attached.

14 **PUBLIC ELECTRIC VEHICLE CHARGING INFRASTRUCTURE (EVCI) PROCUREMENT OF A CONCESSIONARY CONTRACT** *(Pages 485 - 496)*

Report of the Cabinet Member for Environment, Climate Change and Operations is attached.

15 **REVIEW OF BURY ACES** *(Pages 497 - 508)*

Report of the Cabinet Member for Corporate Affairs and HR is attached.

16 **HEALTH AND SAFETY ANNUAL REPORT** *(Pages 509 - 530)*

Report of the Cabinet Member for Corporate Affairs and HR is attached.

17 **APPOINTMENTS UPDATE** *(Pages 531 - 534)*

Report of the Cabinet Member for Corporate Affairs and HR is attached.

18 **MINUTES OF ASSOCIATION OF GREATER MANCHESTER COMBINED AUTHORITY** *(Pages 535 - 550)*

To consider the minutes of meetings of the Greater Manchester Combined Authority held on 27 May 2022.

19 **URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may

be considered as a matter of urgency.

20 EXCLUSION OF PRESS AND PUBLIC

To consider passing the appropriate resolution under Section 100 (A)(4), Schedule 12(A) of the Local Government Act 1972, that the press and public be excluded from the meeting for the reason that the following business involves the disclosure of exempt information as detailed against the item.

21 SECONDARY SCHOOL PROVISION IN RADCLIFFE - FINANCIAL APPROVAL TO COUNCIL'S FUNDING OBLIGATION - PART B *(Pages 551 - 554)*

Report of the Cabinet Member for Children and Young People is attached.

Agenda Item 5

Minutes of: **CABINET**

Date of Meeting: 1 June 2022

Present: Councillor E O'Brien (in the Chair)
Councillors C Cummins, R Gold, C Morris, T Rafiq and T Tariq

Also in attendance: Councillors J Mason, R Bernstein, D Berry and C Birchmore

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor A Quinn and Councillor L Smith

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CA.1 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Alan Quinn and Lucy Smith.

CA.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

CA.3 PUBLIC QUESTION TIME

The following question was submitted in advance of the meeting by a member of the public, Philip Smith-Lawrence:

As the Prestwich Regeneration project moves into the public consultation phase, and to enable the public to make more informed comments during this public consultation phase, will the council publish the exact details of the Joint Venture between Bury Council and Muse Developments Ltd, i.e. full and exact details including, but not limited to; financials, joint venture partner responsibilities, process of mediation in the event of any contractual disputes between the joint venture parties, and any financial responsibilities, including any financial penalties, relevant to both parties of the joint venture?

Responding, Councillor Eamonn O'Brien reported that the potential Joint Venture Agreement between Bury Council and Muse Developments Ltd is still subject to ongoing negotiations and thus it is not possible to share the details of this agreement, at this time. A more detailed response to your question, in the form of a written reply, will be provided once the agreement has been completed.

However, the Council is not able to provide the financial information requested, as it involves the affairs of a third party (Muse) and therefore has to be kept confidential. Confidentiality has to be preserved in any joint venture arrangement. Paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) provides exemption in relation to, "Information relating to the financial or business affairs of any particular person (including the authority holding that information)."

A further supplementary question was submitted:

Taken some £20 million plus of public money has already been spent to date on the Prestwich Regeneration project, can the Council advise the public exactly from whom the publicly stated figure of £100 million to complete the Prestwich Regeneration project, is being provided from, and what the exact terms of the funding are?

Councillor O'Brien reported that the source of the funding to complete the Prestwich Regeneration project, is dependent on the outcome of the ongoing joint venture negotiations between Bury Council and Muse Developments Ltd. Therefore, a more detailed response will be provided once the agreement has been completed.

The following question was submitted in advance of the meeting by a member of the public, Judith Sheppard:

Within the documents relating to the plans for Radcliffe you clearly refer to 'listening to what is important to residents & using local insights to help achieve outcomes'. Can the leader of the council explain, in detail, the community engagement that has taken place, bearing in mind that there's a high percentage of residents that are 'blocked' from any engagement with Labour groups on social media. Furthermore, there is a group known as Radcliffe Labour Party, seeing that there are no Labour councillors in Radcliffe, why are derogatory & misleading comments being published by an unidentified person representing Radcliffe Labour, comments & information which could be considered harassment or intimidation.

Responding, Councillor Eamonn O'Brien reported that pages 6-8 of the Radcliffe People and Communities plan provide an overview of the local engagement that has, and continues, to take place.

This has included engagement in-person through the presence of the Radcliffe Regeneration Office in the heart of Radcliffe town centre; pop-up stalls with staff from the regeneration office, including at Radcliffe Market and most recently at Radcliffe Football Club as part of partnership activity during Operation Avro last Thursday (26th May); and through attendance at community forums and networks.

These have included conversing with local residents through

- the Let's Do It! Radcliffe Neighbourhood Pitch event in Radcliffe Market (5th March 2022);
- multiple sessions in Radcliffe town centre on community safety (including two Community Forum events on 15th November 2021);
- a race listening event at New Life Church
- Specific engagement activity with resident-led community days and attendance at local networks such as Growing Together Radcliffe where Council officers have talked through the opportunities of the Strategic Regeneration Framework and means to shape future plans.

The Community Hub team and broader network of public service practitioners have shared opportunities to invite community members including local faith groups, health settings, sports groups and community networks, to visit the Regeneration Office to talk through all elements of the plans, including the offer of appointments at times to best suit and an offer from members of the Business Growth and Infrastructure team and Hub team to come out to groups to listen to views and shape plans accordingly. This has included specifically to outline requirements and considerations for community spaces within the proposed civic hub development.

The Community Hub Manager and Community Engagement Champion have engaged residents and community groups in their daily business, including in conjunction with Ward Councillors, and with public service partners.
This has included sessions with:

- Chapelfield Community Group

- Diggle Lane Allotments
- Women of Worth
- Local Pilot Steering Group
- Spirit Of A Place textile project
- Radcliffe Carnival organisers.

In addition engagement has taken place through a volunteering session with the Bury Voluntary and Community Faith Alliance (23rd February 2022), Economic Strategy development session at Radcliffe Library (24th March 2022) and specific active outreach with young people through Children's Services (April 2022).

Online engagement has taken place through the www.bury.gov.uk/radclifferegeneration website, which includes a frequently asked questions section developed through queries raised during the engagement activities. Alongside this has been insight from Radcliffe based consultation via the One Community site, such as on the Move More pilot.

There will be continued engagement in the coming weeks and months to inform and further shape the delivery of Strategic Regeneration Framework to ensure opportunities are taken to maximise the investment in Radcliffe. For further information on how to get involved please contact radclifferegeneration@bury.gov.uk, or visit the Radcliffe Regeneration Office between 10am and 3pm on Tuesdays and Thursdays at 4 Dale Street, Radcliffe, M26 1AB, to speak to a member of the team.

CA.4 MEMBER QUESTION TIME

The following question was submitted in advance of the meeting by Councillor Carol Birchmore:

Radcliffe, is a former industrial town and many older residents have seen a significant change in their working life circumstances, having lost a highly skilled industrial jobs after the industries have left. Often, work was not simply somewhere you went nine to five but it also provided a social life through the working men's social clubs and company outings e.g. at East Lancs Paper Mill.

Although it is hard to precisely measure social isolation and loneliness evidence shows that many adults aged 50 and over are either socially isolated or lonely which leads to their health being put at risk. Recent studies have found that social isolation:

- Significantly increased a person's risk of premature death
- Was associated with a 50% increased risk of dementia
- Was associated with a 29% increased risk of heart disease and 32% increased risk of stroke
- Lead to higher rates of depression, anxiety and suicide

What policies is the Council planning to put in place as part of their Radcliffe Regeneration plans to ensure residents over 50 are listened to and the impact of the changes in a post industrial town like Radcliffe are taken into consideration when looking at regeneration plans?

Responding, Councillor Eamonn O'Brien reported that the question reflected what the Radcliffe People and Communities Plan was designed to do, to move beyond the 'one size fits all' approach and instead take us closer to understanding the issues and therefore finding the right solution. This was therefore the right starting point, having a plan to address neighbourhood-specific issues on a local level.

Some of the work has already started to roll out and address issues, in particular social isolation and loneliness, harnessing the spirit and strengths of local people across all protected characteristics, including age – and recognising the intersectionality with other characteristics - such as disability, faith, socio-economic status - and communities of interest such as Veterans. As such a blended approach based on input from the public, community groups and public service leaders had been taken including through community hubs, the VCFA and through Radcliffe Health Improvement Fund and Neighbourhood Pitch activity in which local residents voted for the projects which they wanted to see funded. Successful groups included Ainsworth Social Club; Radcliffe Litter Pickers and their Safe Haven Garden; Woodies Men in Sheds; Forever Friends chair based-exercises and monthly music activity; and Women's Walking football.

We've also started to broaden the approach, looking at what the community can offer in a place like Radcliffe; the culture initiative Spirit of a Place Radcliffe has engaged local residents on the history and heritage of Radcliffe, including workshops at Radcliffe Library for people to add their specific connections to place, both to celebrate Radcliffe's rich heritage but creatively to inform and celebrate the future.

Another aspect is the health and social care integration, and how we translate that from a complex Greater Manchester level to having an impact locally, pulling together social services around people to ensure a less siloed delivery. On top of that is using the hubs and VCFA to the fullest extent.

We are already starting to see how by working on a neighbourhood level can reach out to people that we really need to target. The plan outlines the means by which local people have shaped, and will continued to play an active role, in ensuring the opportunities for local people resulting from regeneration in Radcliffe are maximised. Looking at what we can all do to pull together and address some of these issues.

I have confidence we can achieve this, already examples of us doing it, and through this Plan, through health and social care integration, and through the neighbourhood approach. Councillor Tariq added that this year would be about the local system delivering on the ground, with health and social care at the heart, ensuring communities got their fair share of access to support and in a way that was meaningful and works for them.

A further supplementary question was submitted:

It's relatively easy to identify areas that are not so affluent and areas where there are social problems, what's more difficult is to identify people across the spectrum that may not be engaging with the system and feel disconnected. I don't have the solution, but I wondered how you were going to identify and connect with those people?

Councillor O'Brien reported that this was a challenge for us, what we can do differently to engage with them. Councillor Tariq responded that identifying need and gaps in provision was very important. The Council has talked about public sector reform over the year, how the mix of services across the entire system can be alert to what's happening in the community and look out for signs of e.g. social isolation and deprivation. It was hoped that, as the Council progressed health and social care integration, this message would be continually sent to the wider workforce. All partners and stakeholders need to work together and be alert to what is going on in the community and pick up those early signs from those in need.

Councillor O'Brien added that the Council did not currently have the answer as to how to connect with 'hard to reach' residents, but it was hoped through the People and Communities Plan these conversations could continue and shift mentality into the community to reach out. This Plan was a push to make us think differently and therefore act differently.

CA.5 MINUTES

It was agreed:

That the minutes of the meeting held on 13 April 2022 be approved as a correct record and signed by the Chair.

CA.6 BURY MARKET AND FLEXIHALL - PROPERTY ACQUISITION - PART A

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the report which sought approval of several property acquisitions required to facilitate the physical development of the scheme to regenerate Bury Market and deliver a new flexible events hall. These properties have been identified as critical to deliver the redevelopment plans for the market and the surrounding area.

Decision:
Cabinet:

1. Approved the acquisition of property at 51 Market Street in accordance with the terms set out in Part B of this report; and
2. Delegated the finalised terms of the agreements to the Chief Executive in consultation with Cabinet Member for Finance, S151 Officer and Monitoring Officer.

Reasons for the decision:
To facilitate delivery of the Bury Market and Flexihall project in accordance with the Levelling Up bid submission and subsequent notification of a successful bid.

Other options considered and rejected:

- An alternative option is to not purchase the property, this option was rejected as the land holding is required in order to continue with the Flexihall development.
- The Council can seek to use compulsory purchase powers as an acquiring authority the Council is able to use compulsory purchase powers and acquire land without the consent of the landowner. The process however is not swift and could take in the region of 18-24 months to be concluded. The requirements of the levelling up bid stated that all funds would need to be defrayed by quarter 1 2025. This option has been rejected as the Council would not therefore have sufficient time to acquire the properties within the project delivery timeline.

CA.7 REGENERATION SCHEMES - DECISION MAKING

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the report which set out the governance arrangements of delivery of major, time limited, projects. It was noted that the paper not only set out how delivery could progress at pace, but also the checks and balances that would ensure accountability.

Decision:
Cabinet:

1. Agreed the outline amendments to the financial regulations as set out in paragraph 10 of this report:
    - Assistant Director(s) of Regeneration – delegated authority to make decisions involving spending up to £75k

- Head of Levelling Up Project Delivery – delegated authority to make decisions involving spending up to £75k
- Regeneration Project Managers – delegated authority to make decisions involving spending up to £50k

2. Noted the governance arrangements in place for the delivery of major time limited regeneration schemes.

Reasons for the decision:
To ensure and facilitate timely decision making as set out in the summary section of this report.

Other options considered and rejected:
Keep existing governance arrangements in place. This was rejected, this matter has been considered in detail by the Regeneration Board and the service has set out a series of concerns if revisions are not made. The inability for project officers to process payments will lead to delays in the delivery of the project. Delays in decision making will have an overarching impact on the delivery of the projects with the timeframes set by Government.

CA.8 ACQUISITION OF DIOCESE FINANCE BOARD PROPERTY INTERESTS WITHIN THE MILL GATE ESTATE - PART A

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the report which sought approval for the acquisition of the property interests within the Mill Gate Estate by the Council as part of the regeneration of Bury town centre.

Decision:
Cabinet:

1. Approved the acquisition of the Manchester Diocese Board of Finance interests within the Mill Gate estate subject to approval of recommendation 2, the acquisition price being within the range set out in the Part B report and the advice set out in Appendix to the Part B report and subject to the carrying out of a formal red book valuation to provide assurance that the Council is achieving best value;
2. Delegated to the Executive Director of Place authority to complete due diligence and final negotiations with the Diocese and to agree the final terms of the transaction in line with the professional valuation advice set out in the Part B report and subject to recommendation 3 below;
3. Delegated final approval to the transaction to the Chief Executive following consultation with the Leader of the Council and Cabinet Member for Strategic Growth, the Monitoring Officer and the Section 151 Officer; and
4. Instructed the Monitoring Officer to enter into and complete all necessary documents to give effect to the acquisition.

Reasons for the decision:

- To assist in facilitating the wider aspirations of regeneration of Bury town centre by securing further control over the Mill Gate Estate. To facilitate redevelopment opportunities within the masterplan for the estate.
- To avoid the diocese interest being acquired by an 'income-investor' who could potentially look to retain the income in the long term and provide a barrier to redevelopment. This would not be insurmountable but would delay the regeneration timescales and would certainly hold up proposals for redevelopment of the Mill Gate Estate.

- To provide a further income stream to the Council by way of ground rent income payable under the interests to be acquired.

Other options considered and rejected:
Council to not act and leave the matter to market forces. This option was rejected as if the diocese interests were to be purchased by a third party, they may not be motivated to facilitate redevelopment and could become a barrier to redevelopment of the wider Mill Gate estate.

CA.9 RADCLIFFE PEOPLE AND COMMUNITIES PLAN

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the report which presented the draft People and Communities Plan for Radcliffe. This set out the quality and detail behind the physical regeneration of the area, taking a people-led approach to addressing social issues. This represented a fundamental change in approach and it was hoped could provide a blueprint for other parts of the borough. In response to Members' questions it was noted that the performance measures would be developed further to ensure they were more meaningful. As changes were embedded, performance measures would grow in complexity and detail as time moved on.

Thanks were extended to all the people of Radcliffe for their feedback and understanding, along with community groups, officers, partner organisations, third sector bodies and everyone involved.

Decision:
That the Radcliffe People and Communities Plan be approved and that the existing governance established for the Radcliffe SRF is used for the ongoing monitoring of delivery and performance.

Reasons for the decision:
To deliver on the Council's commitment to co-produce and deliver a plan for Radcliffe that enables the delivery of the SRF and our Let's Do It! vision at pace. This codesigned plan sets out the means by which to ensure the best possible conditions for the people of Radcliffe to take advantage of the significant opportunities that regeneration and Levelling Up activity affords.

Other options considered and rejected:
The co-design of this plan with local residents, community groups, public service colleagues and businesses has been an iterative process, resulting in the plan that is presented with this report. As set out below, the physical regeneration of Radcliffe without an equal focus on the people and communities of Radcliffe risks the realisation of opportunities for significant shifts in local outcomes.

CA.10 BURY ADULT SOCIAL CARE HOUSING FOR ADULT WITH ADDITIONAL NEEDS VISION, STRATEGY, MARKET POSITION STATEMENT AND PROGRAMME OF WORK

Councillor Tamoor Tariq, Cabinet Member for Health and Wellbeing, presented the report which set out a suite of documents that defined the Bury Adult Social Care commitment to housing and the significant work programme underway to deliver our ambitious priorities, drive improvement across key outcomes and ensure the people of Bury with additional needs are supported to live as independently as possible, and when required, receive support in the right way, at the right time and in the right place.

Decision:

Cabinet:

1. Approved the Bury Adult Social Care for those with additional needs Vision, Strategy and Market Position Statement for sharing with stakeholders; and
2. Approved the ambitious work programme for adults with additional needs housing.

Reasons for the decision:
The Bury Adult Social Care for those with additional needs Vision, Strategy and Market Position Statement sets out the pathway and ambitious work programme that will:

- Meet our statutory obligations set out in the Adult Social Care White Paper 'People at the heart of care', requiring a local and joint health and social care plan and response housing solutions.
- Developing a framework to attract a proportion of the proposed £300million government funding to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing.
- Prepares Adult Social Care for the future CQC inspection regime.
- Provide local homes for those with additional needs now and in the future.
- Increase housing choices for our older generation and adults with specialist needs, enabling an increased number of people living independently at home.
- Encourage enterprise to drive inclusive economic growth through our business community, enterprising innovation, and creative solutions to housing issues.
- Work collaboratively to design quality, fit for purpose homes for people with additional needs in Bury. Reviewing, designing and shaping homes in coproduction with service users, their carers and family. Working together to ensure inclusivity throughout the housing agenda.
- Taking a strengths based approach to recognise the assets and strengths of communities and the people within, empowering their independence, choice, and control for positive housing solutions.
- Enabling more people to remain in borough, in the community of their choice, closer to family and friends, driving efficiencies and reduced cost whilst enabling better quality outcomes for individuals.
- Aligns to the 'Let's Do It' strategy, service user engagement and the Adult Social Care White Paper 'People at the Heart of Care: Adult Social Care Reform' which puts the spotlight on making every decision about care, a decision about housing.

Other options considered and rejected:
The alternative is to ignore the outcomes of the significant work and engagement with our stakeholders over the past fifteen months, which is not feasible as demand would remain unmet and the Local Authority would be unable to achieve its statutory obligations.

CA.11 SUBSTANCE MISUSE SERVICE CONTRACT AND SUPPLEMENTARY FUNDING PROPOSAL

Councillor Tamoor Tariq, Cabinet Member for Health and Wellbeing, presented the report which proposed activating the first 'plus one' extension of the substance misuse contract, commissioned through Greater Manchester Mental Health (GMMH). In response to Members' questions it was noted that discussions regarding options for the future of the contract beyond this extension would be taking place soon, with involvement from other Councils.

Decision:
Cabinet:

1. Agreed to activate the first plus one year; and
2. Agreed to utilise the supplementary funding in line with the developed plan.

Reasons for the decision:
This option would allow us to continue to build on already existing, positive relationships that have been built over the last 3 years, not just between Achieve and Bury Council but between Achieve and numerous other external partners. Extending the contract will also enable current projects, including those set up using the Universal Funding grant, to continue seamlessly.

In addition, continuation of the contract will ensure there is no interference of current and future funding streams, including the SSMTR and Inpatient Detox grants, as well as ensuring no disruption to those service users currently in treatment. Achieve are very client and community focused, which aligns well with our 'Let's do it' strategy and neighbourhood approach. We believe the current contract represents good value for money, compared to other organisations and localities.

Other options considered and rejected:
Based on the funding plans identified in the report, the future investment would ensure:

- Continuation of Universal Funding projects and workforce – focusing on criminal justice, reducing DRDs and harm reduction (Naloxone work);
- Expansion and development of workforce in both adult and young people's treatment services;
- Investment in community groups to aid recovery;
- Further development of dual diagnosis pathway;
- Extending intermediate care to other neighbourhoods;
- An increased Inpatient Detox offer: plan to remain in GM consortia and block book bed nights at both CBU and Smithfield;
- Workforce development with both our adult and young people's treatment services;
- Work with partners such as housing and employment to strengthen pathways;
- Further develop identification processes and means in which to engage high risk groups, such as homeless and LGBT.

CA.12 EDUCATIONAL PSYCHOLOGY SERVICE - ESTABLISHMENT OF A JOINT RECENTLY QUALIFIED EDUCATIONAL PSYCHOLOGY TRAINING ACADEMY WITH SALFORD COUNCIL

Councillor Tamoor Tariq presented the report on behalf of the Cabinet Member for Children and Young People, presented the report regarding a change of approach for recruitment to the Educational Psychology Service, seeking approval to build on the successful partnership developed with Salford Council and extend this arrangement more formally to enable Salford to recruit additional staff to meet the needs of both Councils. In response to Members' questions regarding shared services, it was noted that there were lots of opportunities, particularly in Children's Services, for shared services and these would always be explored to see if better outcomes could be achieved.

Decision:
Cabinet:

1. Approved the Council entering into a formal partnership arrangement with Salford City Council to recruit, employ and train Educational Psychologists to work across both local authority areas; and

2. Approved the additional costs of establishing the formal partnership on the basis of shared costs across the two Councils, with those costs being met from the permanent Education Psychology service budget (EY58000), plus additional capacity from the partnership charged initially to Project Safety Valve (EG10021) and in future covered from the core Education Psychology budget through reduction of Agency spend.

Reasons for the decision:
To enable the Council to put in place appropriate arrangements to recruit suitably qualified educational psychologists in order to fulfil its duties in respect of statutory assessments for Education, health and care plans for those children with Special educational Needs.

Other options considered and rejected:
Bury could provide this service directly however these posts have been difficult to recruit to and has led to a reliance on the use of agency staff. This option has been rejected by officers.

CA.13 CHANGES TO ADMISSION ARRANGEMENTS FOR SECONDARY SCHOOLS

Councillor Tamoor Tariq presented the report on behalf of the Cabinet Member for Children and Young People which sought approval to consult on making changes to the admissions policy for maintained secondary schools. Members noted the proposal was to remove catchment areas and the associated oversubscription criterion giving pupils residing in a designated catchment area priority for admission to Community secondary schools in the borough. The changes, if adopted, would come into effect for applications for secondary school places for the academic year 2024/25 and would apply to all Community secondary schools in the borough.

In response to Members' questions it was noted that the detail of the consultation was still being developed, as it was crucial this was done right. With regards to Academy admissions, it was noted that the Council had good relationships with the Academies in the borough and an amicable position would be reached with them before consultation. It was also noted that the upcoming White Paper on schools might throw up some challenges.

Decision:
Cabinet:

1. Gave approval to consult on proposed changes to admission arrangements for maintained secondary schools; and
2. Noted that further recommendations will be made to Cabinet following the consultation process.

Reasons for the decision:

- Catchment areas in Bury have not been reviewed for many years and as a number of secondary schools have closed over time, their previous catchment areas have been amalgamated with other school's existing catchment areas.
- As new housing developments have been constructed and continue to be developed, this has resulted in some catchment areas being very large and each school may not have the capacity to accommodate the growing number of children residing within its designated catchment area. In some cases, children reside in a catchment area of a school which is further away and less accessible than their nearest geographically located school.
- The majority of secondary schools in Bury have converted to Academies, or are in discussions about conversion, and as such are, or will be, free to determine their own admission arrangements. Furthermore, Bury Council is committed to

delivering a new secondary school in Radcliffe, working in collaboration with Star Academy Trust and the Department for Education (DfE). The school is to be located in Radcliffe and is expected to admit its first cohort of pupils in September 2024. This will also impact on the current designated catchment areas.

- Analysis of transfer applications for 2021 indicates that a large proportion of families are disregarding their catchment area school when stating their preferences.
- Discussions have taken place with neighbouring LA's as to their admission arrangements. Removing catchment areas would align with our neighbouring LA's admissions policies whilst complying with the School Admissions Code.

Other options considered and rejected:
To retain existing admission arrangements for maintained secondary schools would not be viable due to the reasons stated above.

CA.14 DEMOLITION OF THE ELMS, WHITEFIELD

Councillor Clare Cummins, Cabinet Member for Housing Services and Skills, presented the report which sought approval for the demolition of The Elms in Whitefield, a long-term void property owned by the Council which was beyond repair at a reasonable cost. It was noted that local residents and Ward Councillors would be engaged in due course regarding potential options for the site.

Decision:
Cabinet:

1. Approved the demolition of this property, subject to obtaining the necessary statutory consents;
2. Delegated the finalised terms of the agreement to the Director of Housing in consultation with the Chief Executive and the Cabinet Member for Housing Services; and
3. Noted that provision has been made for the demolition of this property and associated costs in the 2022/23 HRA Capital Programme.

Reasons for the decision:

- This property is beyond repair at reasonable cost and an options appraisal has demonstrated that demolition is the best option.
- To reduce revenue costs to the Council for holding, maintaining, and securing a long-term derelict property.
- Risk of further deterioration/dangerous structure, a potential hazard to the public.
- Reinstatement/refurbishment costs are unviable.

Other options considered and rejected:

- Do nothing: This is a derelict property and underutilised asset causing blight to neighbouring properties and the community. It is at risk of antisocial behaviour including fly tipping and arson. Further deterioration of condition would result in additional costs to remedy.
- Restoration/refurbishment: The cost of rebuilding and refurbishing this property is unviable.

CA.15 BURY CORPORATE PLAN PERFORMANCE AND DELIVERY REPORT QUARTER

FOUR 2021-22

Councillor Tahir Rafiq, Cabinet Member for Corporate Affairs and HR, presented the report which provided a summary of key delivery and performance that occurred during quarter four 2021-22 aligned to the 3R priorities and provided a spotlight on Bury's State of the Borough report for 2021. In response to a Member's question it was noted that missed delivery was seeing continued improvement and 98% of waste was collected each day.

Decision:

1. To note the performance and delivery against the 3R priorities and the 2021/22 Corporate Plan delivery objectives;
2. To note the spotlight on our State of the Borough report for 2021;
3. To note the ongoing developments to strengthen and improve this reporting process and functionality.

Reasons for the decision:
This continues our commitment to "strengthening the basics" by embedding the corporate business planning process across all the work of the Council and CCG. This will allow for more effective performance management at organisation, departmental and officer level.

Other options considered and rejected:
No alternative option considered.

CA.16 CHILDREN'S SERVICES IMPROVEMENT PROGRAMME

Geoff Little, Chief Executive of Bury Council, provided an update on the progress of the Children's Services Improvement Programme and the three key challenges identified.

Leadership and Management
Progress was being made to strengthen and stabilise leadership and management. Linda Evans had been appointed as Interim Director of Children's Social Work Practice, and there was a strong field of candidates for the permanent position. It was also noted that the role of Principal Social Worker was out to advert. This post would enable the continuous improvement of practice and a learning culture across the service.

Workforce
The Chief Executive advised we faced significant challenges in this area, firstly in recruitment and retention, given the competitiveness of the market and the need to increase the number of case workers to reduce their caseloads. In addition, Bury had a high proportion of agency staff which, combined with high turnover, risked the stability of the service. A workforce strategy for Children's Services had now been signed off, underpinned by benchmarking analysis of pay rates for social workers which showed we offered competitive rates. Attracting and retaining staff was about more than pay, however, and feedback from staff demonstrated a strong and healthy culture which would be promoted in order to address those wider considerations and attract social workers. In addition, free car parking had been agreed for social workers along with payment of professional fees, and recruitment on a continuous basis was in place. Work was also ongoing to persuade agency workers to take permanent positions in Bury. Finally, it was noted that a proposed restructure in Children's Services would be coming to Cabinet at its next meeting.

Quality and Practice
Ongoing quality assurance of practice had been strengthened, focusing on the core components of social work practice and signs of improvement were being seen. The relocation of the Multi Agency Safeguarding Hub and Complex Safeguarding team back into Bury Police

station had been completed, ensuring a fully co-located team across the Council, Health Service and GMP. Finally, the review of the Bury Integrated Safeguarding Partnership was being finalised, with an executive group combining senior leadership across GMP, Health Service and the Council now in place, as well as ongoing independent scrutiny, and cross-service events for frontline staff to improve practice as partnership.

Finally, the Chief Executive reported on feedback from external scrutiny, noting that quality and practice observed was generally good, staff were highly engaged and motivated, and overall there was a committed workforce. It was also noted that leadership was stronger and more visible. Over-reliance on agency staff was still a problem, and further work was needed to strengthen partnership working.

It was noted that the next monitoring visit was expected later in June, and communication events were being held across the department to feedback on the improvement plan and engage staff in its delivery. Thanks were extended to staff for their positive response and resilient morale and commendable work so far.

In response to Members' questions it was noted that the market for agency staff had grown, offering greater flexibility and pay to social workers, which had led to higher turnover. A large population of the agency staff employed in Bury were stable but this arrangement was costly to the Council, hence the drive to promote the Bury offer and recruit permanent staff. It was noted that national review of Children's Social Care was taking place, with calls for the government to intervene in the social work market owing to the negative impacts on quality and practice.

Decision:
Cabinet noted the update.

Reasons for the decision:
This update was provided in response to a resolution of Council at the meeting held on 19 January 2022.

Other options considered and rejected:
N/A

CA.17 MINUTES OF ASSOCIATION OF GREATER MANCHESTER AUTHORITIES / GREATER MANCHESTER COMBINED AUTHORITY

It was agreed:

That the minutes of the Greater Manchester Combined Authority meeting held on 25 March 2022 be noted.

CA.18 EXCLUSION OF PRESS AND PUBLIC

Decision:
That the press and public be excluded from the meeting under Section 100 (A)(4), Schedule 12(A) of the Local Government Act 1972, for the reason that the following business involves the disclosure of exempt information as detailed against the item.

CA.19 BURY MARKET AND FLEXIHALL - PROPERTY ACQUISITION - PART B

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the Part B report which set out the full financial details.

Decision:
Cabinet:

1. Approved the acquisition of property at 51 Market Street in accordance with the terms set out in this report; and
2. Delegated the finalised terms of the agreements to the Chief Executive in consultation with Cabinet Member for Finance, S151 Officer and Monitoring Officer.

Reasons for the decision:
As set out for the Part A report.

Other options considered and rejected:
As set out for the Part A report.

CA.20 ACQUISITION OF DIOCESE FINANCE BOARD PROPERTY INTERESTS WITHIN THE MILL GATE ESTATE - PART B

Councillor Eamonn O'Brien, Leader and Cabinet Member for Strategic Growth and Skills, presented the Part B report which set out the full financial details.

Decision:
Cabinet:

1. Approved the acquisition of the Manchester Diocese Board of Finance interests within the Mill Gate estate subject to approval of recommendation 2, the acquisition price being within the range set out in the report and the advice set out in Appendix to the report and subject to the carrying out of a formal red book valuation to provide assurance that the Council is achieving best value;
2. Delegated to the Executive Director of Place authority to complete due diligence and final negotiations with the Diocese and to agree the final terms of the transaction in line with the professional valuation advice set out in the report and subject to recommendation 3 below;
3. Delegated final approval to the transaction to the Chief Executive following consultation with the Leader of the Council and Cabinet Member for Strategic Growth, the Monitoring Officer and the Section 151 Officer; and
4. Instructed the Monitoring Officer to enter into and complete all necessary documents to give effect to the acquisition.

Reasons for the decision:
As set out for the Part A report..

Other options considered and rejected:
As set out for the Part A report.

COUNCILLOR E O'BRIEN
Chair

(Note: The meeting started at 6.00 pm and ended at 7.33 pm)

Agenda Item 6

Classification: Open	Decision Type: Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Council investment in Gigg Lane Stadium	
Report of	Cabinet Member for Culture and the Economy	

1. Summary

On 12 January 2022 Cabinet agreed in principle to explore how the Council can provide financial assistance to help bring professional football back to Gigg Lane. This report provides Cabinet with an update on negotiations with Bury Football Club Supporters Society Ltd ('BFCSS'), Shakers Community Society Ltd ('Shakers') and private benefactors. Cabinet is now recommended to approve funding of £450k subject to the conditions set out in the recommendations.

2. Recommendation(s)

It is recommended that subject to the successful outcome of the vote on the proposed merger by the members of Bury Football Club Supporters' Society Ltd ('BFCSS' previously 'Forever Bury') and Shakers Community Society Ltd ('Shakers'), that -

- Cabinet agree to commit £450k of funding to Bury Football Club Company Limited, to be used for the purpose outlined within the report.
- The detailed terms of the commitment to be delegated to the Chief Executive and the Executive Director of Finance after consultation with the Leader and the Cabinet Member for Culture and the Economy, for approval.
- The £450k recommended grant to be conditional on:
- Satisfactory financial diligence on the business plan;
- Evidence that the match funding from the private benefactors and balance of the grant from the Community Benefit Fund is available;
- An agreed merger, following a successful outcome of voting by both the BFCSS and Shakers Community Benefit Societies, in line with the structure set out in Appendix 2; and
- £450k to be deployed to fund the capital expenditure outlined in this report with the final costs to be determined through tender exercises.

3. Reasons for recommendation(s)

The Council now has a proposal which meets, or is on the way to meeting, the requirements set out in January when Cabinet considered the principle of providing financial support. There is a business plan which demonstrates financial sustainability. There is clarity on how community benefit will be achieved. Finally, subject to a successful vote by the members of both parties,

there will be a merger of Bury Football Club Supporters Society Ltd ('BFCSS') and Shakers Community Society Ltd ('Shakers').

Bringing professional football back to Gigg Lane will bring pride and optimism to Bury. It will bring back trade to the supply chain of small businesses that previously supported the football club and there will a range of benefits to the communities surrounding Gigg Lane, which include some of the most deprived neighbourhoods in the borough. The community benefits will include contributions to the health and culture objectives of the Let's Do It strategy.

The proposal is for a fan-led club which will avoid the difficulties which caused the previous club to go into administration and to be ejected from the football league. The proposal is based on a merger of Bury Football Club Supporters Society Ltd ('BFCSS') and Shakers Community Society Ltd ('Shakers') which is the only way to create a financially sustainable club.

Alternative options considered and rejected

The alternative option is to not provide financial support. This is not recommended as it would not comply with the decision made by Cabinet on 12th January 2022.

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4. Background

4.1 Gigg Lane

A report was brought to Cabinet in January 2022 recommending that the Council agree in principle to work with the Bury Football Club Supporters Society Ltd to explore the potential for the Council to provide financial assistance to bring professional football back to Gigg Lane. This followed the successful application by Bury Football Club Supporters' Society Ltd to the Department of Levelling Up, Housing and Communities ('DLUHC') for a grant

of £1m to contribute to the acquisition of Gigg Lane, the Bury FC Intellectual Property and subsequent capital expenditure.

The opportunity to build a genuinely fan-owned and community-based football club in Bury accorded with a prevailing view that fan ownership was the right way forward for smaller football clubs. This view was reinforced by a Parliamentary Inquiry which was held following the original collapse of Bury FC. From its own analysis of the causes of the demise of Bury FC, the Council is convinced the fan led governance model, one which is rooted in financial prudence, is the best way of avoiding similar future difficulties for the Club.

On this basis, it was agreed that in principle the Council would look to provide a grant of up to £450k. In assessing the case for a grant, the following key points have been required:

1. The merger of Bury Football Club Supporters' Society Ltd ('BFCSS' previously 'Forever Bury') and Shakers Community Society Ltd ('Shakers'). Shakers being the Community Benefit Society that owns Bury Football Club (2019) Ltd ("Bury AFC"), and BFCSS being the Community Benefit Society who, along with private benefactors, have acquired the Gigg Lane Stadium, ('Gigg Lane' and the 'Stadium') and the Bury FC Intellectual Property through a Company limited by guarantee. A glossary of the related parties is included in Appendix 1;
2. A financially viable business plan for the Stadium; and
3. A proposal which delivers a measurable community benefit.

The Stadium was acquired earlier this year utilising part of the Community Ownership Fund grant alongside funding from private benefactors.

Following the acquisition, football has returned to Gigg Lane with Bury FC Foundation Women's football team playing their final three games of the 2021/22 season at the Stadium where they were crowned champions of the Lancashire County Championship on the final day of the season. There have also been a number of grass roots matches played at the ground.

There have been several successful volunteering days to assist in the clean-up of the Stadium (which is also licensed to host games) and plans for Stadium usage, including the opening of a community cafe, are at an advanced stage (see business plan overview for further detail).

DLUHC are in the process of negotiating the programme that will allow the drawdown of the balance of the grant funding for required capital expenditure.

4.2 Bury AFC

Bury AFC have been playing home fixtures at Stainton Park in Radcliffe, the stadium is owned by Radcliffe Football Club. Following a successful season, Bury AFC were crowned champions of the North-West Counties Division One North, in March 2022, in front of a crowd of over 1,800 and promoted to the

North-West Counties Premier League (for context, this is step 5 in the football pyramid, with step 1 being the National League).

4.3 Working Group

A working group was formed in March 2022 with members of BFCSS and Shakers supported by representatives from Bury Council, GMCA, the Football Supporters' Association ('FSA') and the DLUHC funding team. The purpose of the group was to support the stakeholders in forming a partnership and establishing a viable business plan.

In May 2022, a Memorandum of Understanding (MoU) was signed by all parties involved in the project with the following objectives:

- To bring professional football back to Bury;
- To unite and grow the fan base to its maximum potential;
- To grow all forms of revenue to their full potential;
- To balance the competing needs of a successful football club, commerciality, and offering true benefit to a diverse local community; and
- To safeguard the principles of transparency and financial sustainability for the long term.

4.4 Merger discussions

A Glossary of the related parties is included in Appendix 1.

The outline discussions around the structure for a proposed merger of the two Community Benefit Societies are well progressed, and both parties have started consultations with their respective members, with an expectation that voting will take place later in Summer 2022. The Football Supporters' Association is providing advice and assistance with the merger and amalgamation process. For clarity, the proposals for a merger, as set out in this report, can only proceed if the members of both Community Benefit Societies vote in their favour.

The premise of the proposal is that there will be a new Community Benefit Society (CBS) established which will include the member shares of both Shakers and BFCSS. This new CBS will in turn be one of two members of The Bury Football Club Company Limited (BFC) which will own both Gigg Lane and Bury AFC, with the other member being the private benefactors. The governance of The Bury Football Club Company Limited is determined by its Articles.

The intention is that the BFC Board membership will constitute: 4 Community Benefit Society members, 3 private benefactor members, a Board position will be available to the Council. In order to ensure that BFC remains fan controlled, the Council's position on the Board will be focussed on protecting the investment and discharging any legal obligations. It will not be the intention for this position to act against CBS member voting intentions, unless there is a clear obligation to do so.

Further detail on the proposed structure and governance proposal is included in Appendix 2.

The plan is for senior men's football to return to Gigg Lane for the start of the 23/24 season. The agreed objective is that the club will be called Bury FC. The FA are willing to work with parties to secure their approval to this name within that timescale.

5. The Business Plan for Gigg Lane

A business plan has been prepared that demonstrates the sustainability of the Stadium under-pinned by income streams that are generated both through the football operations and other ancillary activities. At the time of writing, the plan continues to be finessed, but as an overview:

- The business plan assumes that senior men's football returns to Gigg Lane for the 23/24 season;
- The data supporting the 'football numbers' has been prepared utilising the experience of Bury AFC with input from the FSA;
- A range of community uses have been included as income streams, including the provision of a gym, community multi-use space and a 3G pitch;
- The 3G pitch is assumed to be available from August 2023. The proposals for a 3G pitch will greatly assist in terms of creating an additional income-stream for the Stadium and ensuring more active use of the Stadium outside of match-days. The installation financing of a 3G pitch is still to be finalised. The installation of an artificial pitch will enable Gigg Lane to meet the stated ambition of a facility that is open to the whole community;
- There will be a community gym open by October 2022 which will be operated by an experienced operator;

The business plan includes a commitment of £1m from private benefactors of which £730k has been invested to date. The balance of £270k will be invested if the merger discussions are successful and will be used as match funding, alongside the Bury Council funding, to release the balancing £300k of grant from the Community Ownership Fund; and

The business plan shows the stadium to be self-sustaining but there are several key assumptions underpinning the plan which could be subject to change or delays. The cash position could be boosted from existing reserves at Shakers Society (estimated to be circa £250k), subject to members' agreement. This is a reasonable level of headroom for the initial years – additional funding will be raised as the Club progresses up the football pyramid.

The funding request being made of the Council is for a grant funding award to cover the following items of expenditure:

The request for a £450k grant is to support capital expenditure which will contribute to works needed for the community use space, detailed above. The

£450k represents an unfunded gap in the business plan and relates to the following areas:

	£'000
Changing Rooms for community use	25
LED Floodlights	85
3G Pitch Contribution	75
Meditation/Sensory Room	25
Entrance Barrier & Fencing	15
Community Meeting Rooms (beyond the core multi use room)	100
Manchester Road End Outdoor Activity Centre	50
Library of Things	50
Tennis Court	25
	450

6. Community Use of the Facility

The Council agreed to invest up to £450k in Gigg Lane stadium on the basis that a business plan could be generated which demonstrates that genuine community benefit would be realised.

The various parties working on the future of Gigg Lane have agreed to an over-reaching vision for the future of the Stadium which recognises the potential for a forward-looking sports club to utilise its facility to bring real and lasting benefit to the community in its vicinity. The vision is long-term but contains many elements which can be implemented in relatively short-order. It is the shorter-term actions that the Council is prepared to provide financial support for.

The short-term priorities are to adapt the Stadium building, bring forward a community gym, deliver a new 3G pitch and create spaces for community benefit.

A key element of local benefit is the installation of the 3G pitch. Whilst the pitch will help the Club achieve income targets, there are times of the day when demand is lower when it can be used by the community for activities which promote improved local health outcomes. The installation of a community café in the Stadium will provide local jobs and opportunities as well as an amenity which the local population can benefit from.

The Club will also invest in an early stage in adapting the Stadium so that it can better host health, education and community use, including for example:

- Supporting provisions for children and young adults with additional needs (respite service, day activity centre, quiet space & sensory room);
- Hosting elderly groups, and Alzheimer group work – both gentle physical activity and memory work (Liaising with Sporting Memories Charity);
- Providing a community space to combat loneliness (through Clubs and groups);

- Hosting South-East Asian Women only exercise and Gym groups (Gym provision for this group was lost a few years ago in the local area);
- Providing conference facilities and meeting rooms for hire; and
- Allowing pitch hire for local community groups (this is already in place), including the provision of Soccer camps.

The Council is developing a wider strategic business case which incorporates a vision to improve Wellness across the Borough, delivered through a neighbourhood approach. It will accelerate activity in Radcliffe first, spreading to all neighbourhoods over time and will seek additional investment which will be put to community use with an ambition to reduce demand for more expensive statutory health and care services. A group, which will include community engagement, working on the longer-term vision for Gigg Lane will be formed once the initial focus on the business plan and merger has reached a conclusion and it would be appropriate for the ambitions around Wellness to be included in future plans for Gigg Lane.

Links with the Corporate Priorities:

1. The 'Let's Do It' strategy has a strong focus on community benefit and promoting health, fitness and economic participation in all of Bury's communities. The proposals to create a Stadium which provides effectively a 'hub' for the Bury East community is very much in line with the principles of the strategy.

Equality Impact and Considerations:

2. The Bury East community has a diverse population and suffers from high levels of deprivation. The previous owners of Gigg Lane did not make use of the facility to reach out and engage in their local community. This was both counter-productive for the club, as it meant that they were missing the opportunity to create a supporter-base in the heart of the neighbourhood from where they operated, and it represented a missed opportunity for a large facility to be used to provide genuine local community benefit.

Environmental Impact and Considerations:

3. The Gigg Lane Stadium is a large facility with a considerable amount of carbon embedded within the structure. The structures contain a lot of concrete and steel. The Club has the option, as it stabilises, to also consider other environmental investments, such as rain-water harvesting from the roof, and potentially the installation of solar to further enhance the environmental performance of the building.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
The timing of the Vote for mergers between the two Community Benefit societies. This must be completed in time for the Club to start playing football from August 2023. No specific dates have been identified.	There is no specific date identified as-yet, with an aspiration to hold votes later in the summer of 2022.

Legal Implications:

The funding proposed is contingent on the satisfaction of the conditions as set out in this report.

The Council will issue a grant funding agreement on these conditions being met; any agreement will be accompanied by a detailed cost plan from the club which will be provided to the Council in advance of issuing the grant agreement.

Financial Implications:

Funding up to a maximum of £450k has previously been approved, subject to the achievement of certain conditions. This funding was set aside as part of the 2022/23 budget setting process and can be released once all of the conditions have been met and the signed grant funding agreement and detailed cost plan have been received. As the funding is identified against particular capital works to support community uses it is envisaged that the funding will be released as the funding is required rather than in one lump sum.

Appendices:

Appendix 1 – Glossary of Related Parties

Appendix 2 – Structure

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning

Appendix 1 – Glossary of Related Parties

- Bury Football Club Supporters Society (BFCSS) – Community Benefit Society, previously referred to as Forever Bury, who have worked with private benefactors to apply for a government grant, through the Community Ownership Fund, to acquire the Gigg Lane Stadium.
- Shakers Society – Community Benefit Society that have established Bury AFC who are currently playing at Stainton Park, Radcliffe.
- The Bury Football Club Company Limited – a Company Limited by guarantee established to acquire Gigg Lane Stadium.
- Bury Football Club 2019 Limited – the Company that is currently wholly owned by the Shakers Society, which owns Bury AFC.
- Bury FC Benefactors Ltd – the Company into which private benefactors have invested funds. Currently, Bury FC Benefactors Ltd are a member of The Bury Football Club Company Limited, alongside BFCSS.

Appendix 2 - Structure

The proposed merger will take place within The Bury Football Club Company Limited, which will wholly own Bury Football Club (2019) Ltd (the football club) and Bury Stadium (the ground) as two separate subsidiaries (see diagram below). This is a company limited by guarantee, so there are no shares in this company, only members. There will be two members in this company, the Community Benefit Society (CBS) which hold the member supporter shares, and Bury FC Benefactors Ltd, which hold the privately held shares. As there are no shareholdings, the voting rights are dictated entirely by the Articles of Association, which make clear that the CBS board members will have the majority vote required to make all decisions within The Bury Football Club Company Limited, and consequently for the football club and the ground.

There are only three decisions which the CBS cannot make as they are prohibited within the Articles of Association:

1. The Bury Football Club Company Limited cannot take on debt. This does not prevent subsidiary businesses from using standard trading debt such as credit cards and overdrafts, but it does mean that significant debt into the holding company is not permitted. Advice has been received that this would not prevent the CBS from raising capital in future through community share issues.
2. No distributions can be made. This means that any profits or reserved capital must be reinvested into the club or ground.
3. A change to the Articles of Association themselves, which would require a 75% vote by members and consent of Bury FC Benefactors Ltd to change.

The above Articles are already in place.

Board members of The Bury Football Club Company Limited are required to vote in accordance with the wishes of the organisation they represent, not as individuals. This means that CBS board members can effectively approve any decisions either through a member vote which they would then implement, or as a decision of the CBS board where it is within their remit.

Bury FC Benefactors Ltd have agreed to put in place an investment policy which states that any surplus generated by further share dilution, which is expected to be the way in which further capital is created by this company, will be re-invested into The Bury Football Club Company Limited rather than retained within Bury FC Benefactors Ltd. They are also able to sell shares privately.

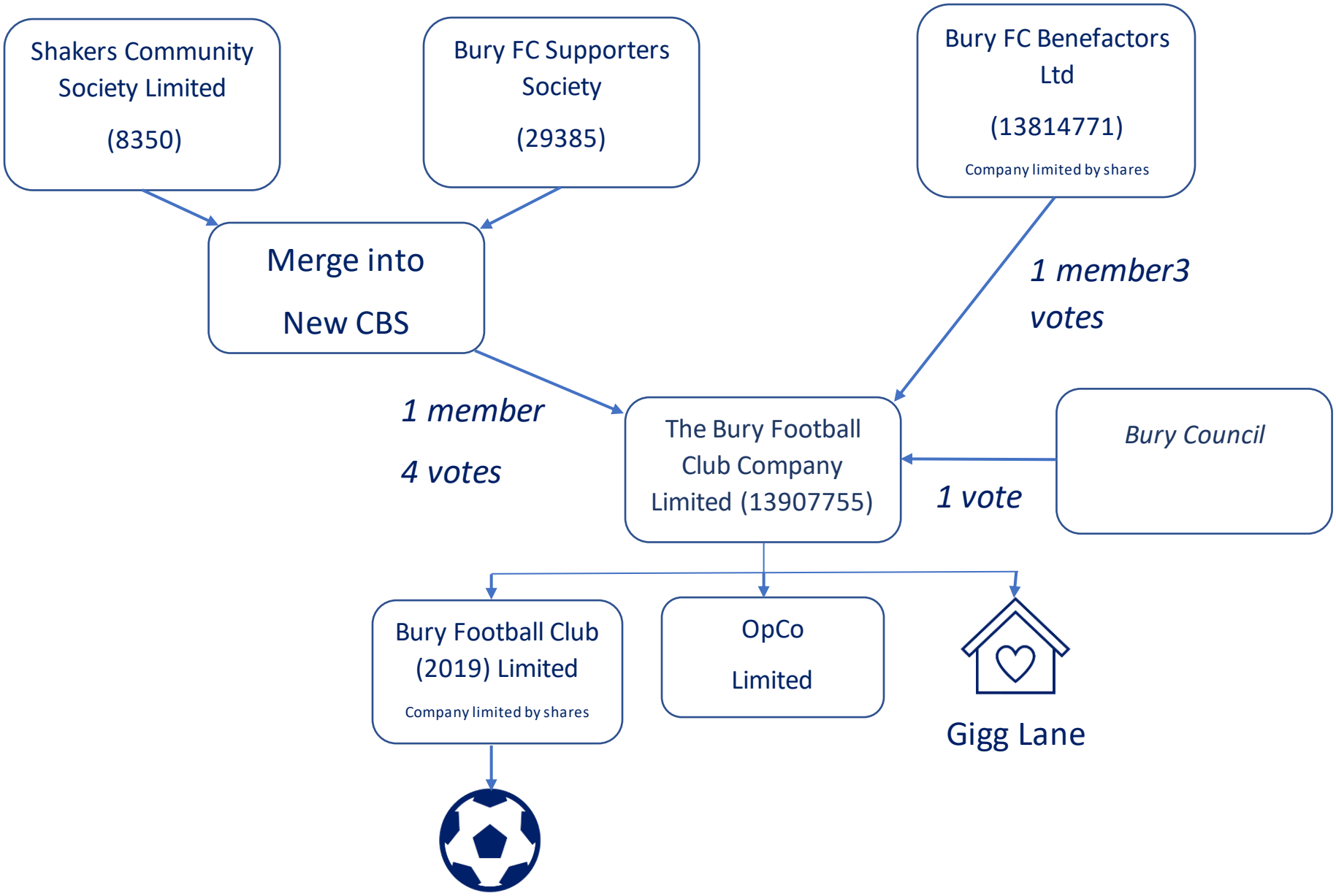
Should anyone wish to invest in The Bury Football Club Company Limited this must be done via the new CBS or Bury FC Benefactors Ltd under the proposed structure. It is possible to create a new ‘member’ of The Bury Football Club Company Limited but any change to voting rights would also require a change to the Articles of Association, which requires a 75% vote by members and consent of Bury FC Benefactors Ltd as stated above. This is a higher bar than is currently set with Bury AFC where share dilution or a full sale can happen with a 51% vote in favour, and creates more certainty around the future of the club as ‘one member one vote’ fan-owned.

All key appointments, policies and processes will therefore remain with the CBS board, however they may also change over time if the CBS board and/or its members wishes to do so.

The proposal is for the two current CBS' - Shakers Community Society Limited and Bury FC Supporters Society Limited – to merge into a new CBS. Anyone with a membership in both CBS' may vote in both CBS' motions.

The rules that the two CBS' operate under are almost identical but the new CBS will ultimately be run by a newly elected board. They will be elected by members of the new CBS.

This is a time-consuming process and there will potentially be a period where three CBS' could be in existence whilst the two current CBS' are wound down. Given there is a football club and ground to operate a transitional period is being discussed whereby existing CBS board members are able to oversee the transition until a new CBS is authorised by the FCA and a new board is elected.


Shakers Community Society Limited
(8350)
Bury FC Supporters Society
(29385)
Bury FC Benefactors Ltd
(13814771)
Company limited by shares
Merge into
New CBS
1 member3 votes
1 member
4 votes
The Bury Football Club Company Limited (13907755)
Bury Council
1 vote
Bury Football Club (2019) Limited
Company limited by shares
OpCo
Limited
Gigg Lane

Agenda Item 7

Classification: Open	Decision Type: Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Atom Valley Mayoral Development Zone (North-East Growth Location)	
Report of	Leader and Cabinet Member for Strategic Growth and Skills	

Summary

This report seeks approval for the creation of a Mayoral Development Zone within the North-East Growth Location and for this to be named the Atom Valley Mayoral Development Zone.

The North-East Growth Location covers parts of Bury, Rochdale and Oldham, and is one of six growth locations across Greater Manchester. The aim of the growth locations is to identify priorities for investment to support new development, improve sustainable transport links, create and retain employment, offer better job opportunities and improve training and skills development for residents.

Within the North-East Growth Location, there is a specific opportunity to create significant levels of employment around three key sites – namely the Northern Gateway site, Stakehill site and the Kingsway Business Park.

These three sites, particularly the Northern Gateway site, offer the greatest opportunity to deliver transformational economic growth within Bury and across the north of the conurbation. Therefore, it is proposed that these three sites are designated as a Mayoral Development Zone, which will help to ensure that there is a committed focus in delivering these sites at district, regional and national levels. The proposal is also to brand this area as the Atom Valley Mayoral Development Zone to distinguish the opportunities in the area.

Governance arrangements, including the formation of a Mayoral Development Zone Board, will be established as part of the proposals, to ensure that the necessary infrastructure and investment are secured to realise the full potential and aspirations of the area.

The Atom Valley Mayoral Development Zone will be very much linked into the development opportunities with the wider North-East Growth Location, including the proposals to regenerate our key town centres in Bury, Radcliffe and Prestwich. It is essential that our residents are provided with the right skills to benefit from the new employment opportunities and also have the physical ability to access the sites. The emerging Economic Development Strategy and Boroughwide Transport Strategy will set out more details on how to achieve this.

Recommendation(s)

Cabinet is requested to:

1. Give consent to the Mayoral Development Zone, its boundary and agree for it to be named Atom Valley.
2. Give approval for the Mayoral Development Zone boundary that sits within the Bury local authority area.
3. Approve the establishment of the Atom Valley Mayoral Development Zone Board with the delegated authority to develop a strategy for the Mayoral Development Zone and create a business case for investment and external funding support with the Greater Manchester Combined Authority.
4. Delegate implementation of Bury's involvement in the Atom Valley Mayoral Development Zone to the Director of Place in consultation with the portfolio holder for Regeneration and Skills and the Chief Executive.
5. To note that regular reporting will go to the Council's Regeneration Board and Cabinet as appropriate.

Reasons for recommendation(s)

The Atom Valley Mayoral Development Zone will support inclusive and sustainable growth that boosts and maximises the competitiveness of the northern part of Greater Manchester in relation to its local economy and will provide an influx of employment opportunities for its residents, as well as linking in the development of important sustainable transport links across the north of the conurbation.

Alternative options considered and rejected

No other options were considered/were applicable.

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Department: Business, Growth and Infrastructure
E-mail: c.logue@bury.gov.uk

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1. BACKGROUND

1.1 Through the Greater Manchester Strategy and the emerging Places for Everyone (PfE) Joint Development Plan, the Greater Manchester Combined Authority (GMCA) is leading on the development of six growth locations across Greater Manchester (GM) with a renewed ambition to address issues and opportunities to level up, grow and sustain the economy following years of persistent austerity and prevailing economic conditions.

1.2 To achieve the above ambition, a Growth Location has been identified in the north-east of the conurbation that transcends across Bury, Rochdale and Oldham. This growth location reflects the significant opportunities for growth in employment along the highway network and also the

opportunities for significant regeneration within the main town centres in this area of GM. The area is known as the North-East Growth Location (NEGL).

1.3 The employment growth opportunities that sit alongside the highway network (M66, M60 and M62) are of regional and national significance. As such, within the NEGL, it is proposed that a Mayoral Development Zone (MDZ) is created to articulate the importance of bringing these forward, which will then benefit the wider NEGL, and the wider conurbation and beyond. It is proposed that the MDZ be called the Atom Valley MDZ for branding and promotional purposes.

1.4 The sites that are proposed within the Atom Valley MDZ are Northern Gateway (the majority of which is within Bury), Stakehill and Kingsway Business Park. Collectively, they have the potential to deliver 1,600,000 square metres of employment space, 20,000 jobs and 7,000 homes.

1.5 Currently there are pockets of deprivation that exist within the three boroughs that are characterised by relatively low incomes, low house prices, low qualifications, low economic activity, low proportions of people in higher-paid managerial/professional occupations and on average, suffer with poor health.

1.6 The designation of the NEGL and the Atom Valley MDZ reflects the opportunities that exist in this geographical area and also underlines the ambitious development strategy set out in the PfE. These designations will help to prioritise the area and sites for future local and national funding programmes, particularly around transport infrastructure. They will also help to inform discussions with other infrastructure providers, such as utility companies and importantly, help to lever in private sector investment. The designations will therefore help to address many of the issues identified in paragraph 1.5 by accelerating the economic growth potential of these sites and improving the competitiveness of the north of the conurbation.

1.7 New employment opportunities across the Atom Valley MDZ will be supported by improved physical infrastructure, including considerable investment into local highways and public transport – helping to create the sustainable transport links for Bury's residents to access the new opportunities. This includes significant improvements to the orbital connectively between Bury to Rochdale (with linkages to the Northern Gateway). Funding will shortly be finalised within the City Region Sustainable Transport Settlement (CRSTS) to further develop improvements to bus linkages and tram-train between the two towns and into the key development sites.

1.8 Likewise, there will need to be significant investment in social infrastructure to ensure that our local residents in Bury are best placed to benefit from the opportunities emerging within the Atom Valley MDZ. The aspiration is to create a wide range of employment opportunities, including a significant number of high value jobs. Ultimately, the key driver for the NEGL and Atom Valley MDZ is to create and retain employment, offering better job opportunities and enabling training and skills development to increase the number of residents in employment.

1.9 In addition to the Atom Valley MDZ, the wider NEGL will seek to rebalance the economy in the north-eastern part of GM. In Bury specifically and in addition to the Northern Gateway, the focus will be in the towns of Bury, Radcliffe and Prestwich. These towns already have approved regeneration strategies and plans in place that will complement and add benefit to the vision of the Atom Valley MDZ and NEGL as a whole. It is vital through these plans that Bury ensures sustainable development, including the increase in provision of highway and public transport investment.

1.10 The urgency to intervene at scale and in a connected way has been accelerated by the opportunity presented by Government through the publishing of the Levelling Up White paper and subsequent levelling up opportunities.

2. ATOM VALLEY MDZ – GROWTH AND REGENERATION IN BURY

2.1 The Northern Gateway site is of a transformative scale and of national and international significance. It has the potential to significantly change the economic growth potential of the Atom Valley MDZ, wider NEGL and beyond as it boasts having the capacity for around 1,200,000 square metres of employment floorspace, including proposals to incorporate a significant element of advanced manufacturing and major investment in transport infrastructure.

2.2 The site will be able to attract significant inward investment as well as stimulating increased productivity amongst companies in the area. This will build on existing manufacturing supply chains and skills enabling growth and the development of new and deeper supply chains around advanced manufacturing. An integral component of the strategy to bring forward the site is the partnership between the developer, businesses and educational institutions to ensure that training support is in place enabling local residents to access the many jobs (including high-skilled employment opportunities) that will be created to support levelling up.

2.3 The Atom Valley MDZ will support local training initiatives that will result in higher wages for local residents across the borough.

2.4 There will be beneficial outcomes to Bury's local residents through the Atom Valley MDZ and wider NEGL given the inclusion of Bury, Radcliffe and Prestwich town centres and their respective approved regeneration programmes, and funding that has already been secured e.g. Levelling Up. Through emerging CRSTS monies, there are plans to develop a choice of high-quality transport links both within its towns and across GM. It is important that our residents benefit from this investment and a Boroughwide Transport Strategy is being developed to set out the key areas of intervention that will allow for a more integrated transport network, connecting to the Atom Vally MDZ opportunities. The offer and quality of these centres will attract the business and workers from the three growth sites to the newly created businesses, cultural, leisure and retail facilities these towns will have to offer, as well as access to a wider choice of residential accommodation being developed.

2.5 Connecting residents to employment opportunities is being seen as a vital component of the Atom Valley MDZ and wider NEGL. The ambition is for the new development locations to be a catalyst for investment in transport that will benefit both the sites and surrounding communities.

2.6 The specific proposals for Bury emerging through the CRSTS programme includes a proposed new transport interchange in Bury Town Centre, new tram-train connectivity from Bury to Rochdale, improved bus infrastructure and new cycling and walking facilities.

3. THE PROPOSAL

3.1 Levelling up requires a focused, long-term plan of action and a clear framework to identify and act upon the drivers of spatial disparity through focussing on the key drivers of place which include: infrastructure, housing and business space; the application and transfer of technology to improve productivity; innovation and skills of the workforce; strong and resilient communities; appropriate financial resources and place leadership. Each of these are individually important but their real significance comes in combination across the NEGL.

3.2 As already identified, support from national funding programmes has been secured to deliver town centre regeneration and TfGM has secured funding through CRSTS and infrastructure funding programmes. Furthermore, GMCA and Homes England have both provided revenue funding to support the delivery of the sites in the NEGL.

3.3 However, there is a need for a delivery route that will achieve an acceleration of the pace and scale of delivery and be able to attract further investment. It is therefore proposed that the optimal regeneration

mechanism for this area is the formation of the Atom Valley MDZ. Appendix 1 outlines the benefits of having an MDZ.

3.4 A MDZ is a non-statutory entity – it is not a Mayoral Development Corporation which is a statutory entity. Under the MDZ arrangements, GMCA and the three local authorities will incorporate the use of their own powers when required.

3.5 The designation of the Atom Valley MDZ and the formation of an MDZ Board will provide a clear mechanism to align public and private sector investment and ensure that there is a clear commitment to the principle of delivering inclusive and sustainable economic growth across the three sites and adjoining town centres across Bury, Rochdale and Oldham.

3.6 The proposed MDZ would be created around the three large growth sites as previously referred to i.e. Northern Gateway, Stakehill, and Kingsway Business Park. This will bring together the leaders of Bury, Rochdale and Oldham Councils alongside the GM Mayor and other key organisations and agencies, such and National Highways and utility companies. It is important that a partnership with such key stakeholders is developed to deliver the benefits of levelling up through a joined-up approach and to realise the potential of the northern part of GM for the benefit of, and as an integral part of, the whole of GM.

3.7 The Atom Valley MDZ will cover the area as indicated shaded grey on Appendix 2.

4. NEXT STEPS

4.1 The next steps will be to establish the Atom Valley MDZ Board and supporting governance structure, the development strategy, a business case and starting to develop priority projects to attract further public sector funding:

Governance Structure
Following the establishment of the Atom Valley Board, it will firm up its relationship with Bury, Rochdale and Oldham Councils and start to look at where it can support delivery of their key strategic sites, as well as providing focus on core deliverables, both in terms of these sites and linkages to surrounding town centres and communities.

The Board will also agree its key objectives and develop a business case to aid the above, as well as attract future investment to support the delivery of the various sites.

Business Case
The Business Case will set out and refine the programme of projects (including transport objectives) that will support successful delivery of Atom Valley MDZ's stated objectives as set out in Appendix 3 of this report.

The Atom Valley MDZ Board will also prepare a Strategic Business Plan which will be approved on an annual basis by GMCA and Bury, Rochdale and Oldham Councils. Updates on delivery of objectives will be brought to Bury Council's Regeneration Board and Cabinet as required.

4.2 The Atom Valley MDZ Board will receive all future project progress updates, delivery plans and investment propositions to achieve the stated objectives, including delivery of the overall development programme.

4.3 Where required, further analytical and evidence-base work will be undertaken in respect of more clearly articulating an economic case of which specific funding will be sought.

4.4 The Atom Valley MDZ Board will also monitor progress against expected benefits. This will include projects being supported by risk registers and risk mitigation strategies. Key stakeholders will be identified, and a communication and stakeholder plan will be brought to an early meeting of the Board for discussion and approval.

4.5 Furthermore, GMCA will ensure that there will be reporting transparency and accountability for delivery of projects within the Atom Valley MDZ through respective reporting lines to the three local authorities.

5. COMMUNICATIONS

5.1 Bury and Rochdale councils, together with the Rochdale Development Agency (RDA) have led on the development of the Atom Valley brand which was revealed by the GM Mayor and local authority leaders at the New Era for GM Event in March 2022.

5.2 Bury Council is working with its counterparts in GMCA, Rochdale Council, the RDA and Oldham Council to ensure that there will be a communications strategy and plan for the delivery of the Atom Valley MDZ objectives and associated projects developed via the wider Atom Valley Grow Location.

6. CONCLUSION

6.1 The recommendations are contained at the front of this report.

Links with the Corporate Priorities:

This proposal will provide opportunities for people to fulfil their potential through work, skills and enterprise and to ensure modern infrastructure and a sustainable environment that works for current and future generations.

The interventions that will be supported by the proposed Atom Valley MDZ will deliver against the aims in the areas of job creation, modern infrastructure and a sustainable environment.

The proposal will help to maximise employment to aid economic recovery and, in particular, will help to:

- Grow our business base in both existing and emerging sectors;
- Develop the conditions and capacity for businesses to grow; and;
- Generate investment in town centres.

Equality Impact and Considerations:

There are no negative impacts on equality and a positive impact recorded.

Environmental Impact and Considerations:

The developments in the Atom Valley MDZ will support Bury's and GM's local carbon ambitions.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Some sites for future development are not in local authority ownership/control. This may impact on the ability to deliver and within expected timescales.	GMCA, supported by the three local authorities will look to formalise existing relationships where required and develop good relations with any new ones required.
Lack of capacity within the Council and partners to deliver against the stated objectives in the strategic business plan.	Early engagement to understand requirements and make best use of resources will be undertaken, alongside identification of funding opportunities that could help aid delivery and consideration of procured external resources.
Lack of funding and investment opportunities.	Risk register and risk mitigation plan and an investment strategy will be developed.
Failure to deliver against the stated objectives.	Risk register and risk mitigation plan and early identification of the potential to share resources.
Adequate funding is not available and/or secured to deliver on the entirety of the masterplans in Bury, Radcliffe and Prestwich.	Early funding opportunities have been identified and secured. The Council is committed to sourcing and securing additional sources of funding.
Failure to invest in a significant scale of infrastructure in advance of the employment and housing development will not deliver a zero-carbon development that connects through sustainable and accessible transport modes to the surrounding communities.	This will be mitigated by the local authorities and GMCA working collaboratively to plan and galvanise investment with the joint venture developer to deliver the agreed objectives.

Risk / opportunity	Mitigation
Northern Gateway (and Stakehill) are currently designated greenbelt, and these sites are included in the PfE. Failure to remove these sites from the greenbelt through the PfE process will make the transformational growth objectives less certain.	The PfE examination and resulting work will determine the outcome of the sites being (or not) removed from the green belt.

Legal Implications:

The governance section as set out in 4.1 of this report sets out the remit of the steering group. It is important to note that neither the steering group nor the working group have the power to make any formal decisions. The designation as a Mayoral Development Zone (MDZ) is non-statutory.

The proposed MDZ Board will not have any powers to make formal decisions. Therefore, the delivery and specific governance for Bury's Northern Gateway site will still remain a Bury function with decisions being made through the Council's usual decision-making processes.

Financial Implications:

There are no direct financial implications from the establishment of a Mayoral Development Zone, but this does offer potential further opportunities for securing external funding for future developments. All future developments within the zone that require funding from Bury Council resources will be required to be reported and approved through the appropriate Council governance routes.

This development does fit with the Council strategy of promoting regeneration and opportunities for new skills and jobs for Bury residents, which in turn does have a positive impact on the wider public sector financial resources.

Appendices:

- Appendix 1 – Benefits of the Atom Valley MDZ
- Appendix 2 – Proposed Mayoral Development Zone
- Appendix 3 – Atom Valley MDZ Objectives

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
Mayoral Development Zone (MDZ)	The designation of an MDZ means that an area will receive support from GMCA in establishing frameworks and securing development funding where there are opportunities.

Term	Meaning
North-East Growth Location (NEGL)	This is the area that includes the proposed Atom Valley MDZ and specified surrounding town centres of Bury and Rochdale boroughs.
Greater Manchester Combined Authority (GMCA)	GMCA is made up of the ten GM councils and GM Mayor who work with other local services, businesses, communities and other partners to improve the city region in terms of transport, regeneration, economic growth, attracting investment etc.
City Regional Sustainable Transport Settlement (CRSTS)	A funding stream that will enable significant investment to be made in local transport networks.

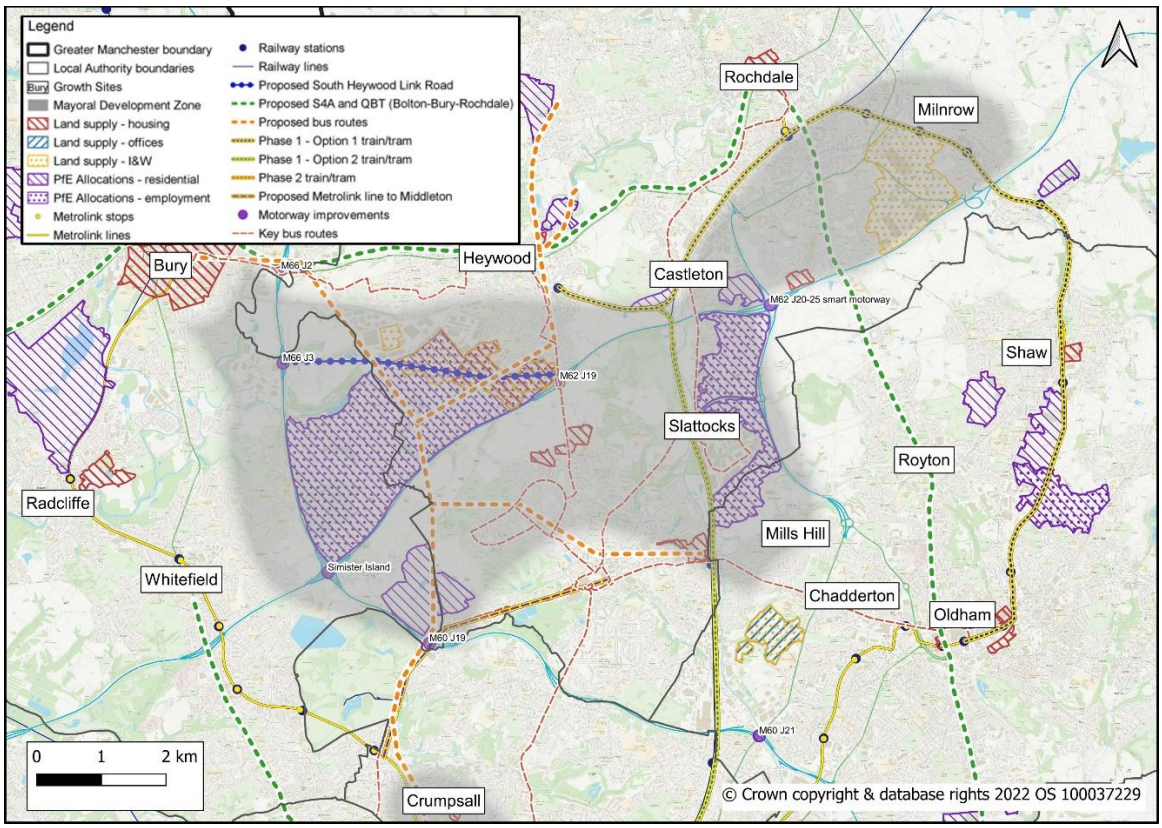
APPENDIX 1: BENEFITS OF THE ATOM VALLEY MDZ

It will:

- Assist in strategically focussing development activity across the area;
- Deliver the single institutional mechanism for land assembly, master planning, development facilitation, site preparation, infrastructure and place creation;
- Have the ability to harness the resources of local and national government to secure maximum impacts and efficiency;
- Align public sector investment to assist in unlocking the area's potential;
- Have the recognised profile and ability to create a diverse mix of investment propositions to take to the market and to Government;
- Have the recognised profile to procure development partners where this is required, underpinned by land sale agreements or joint ventures between public and private sector partners;
- Be able to bring together appropriate experience and capacity in development and place-making from across the public sector and at a Board level to create the momentum required to support delivery of a long-term and complex change programme of initiatives, programmes and interventions;
- Set in place a time-limited but long-term structure by way of the business plan that would site outside of other organisational contexts and pressures. This would ensure that there was a committed resource in place to be at the centre of the investment strategy; and;
- Enable a focussed and integrated approach for all key development activities that will optimise the relationships between democratic responsibility and the economic and social priorities of the GM Mayor, GMCA, the three local authorities and other public partners, as well private partners to ensure relevant reporting and that proceedings can be correctly scrutinised and rigorously tested through existing democratic structures and governance.

APPENDIX 2: PLAN

Proposed Mayoral Development Zone



APPENDIX 3: ATOM VALLEY MDZ OBJECTIVES

The high-level objectives of the Atom Valley MDZ will consist of:

- Delivering approximately 1,700,000 square metres of new employment floorspace, 21,500 quality jobs and 4,430 of new quality low carbon homes linked to sustainable transport;

- Contributing to the delivery of the transport strategy for the area that connects the three growth sites to existing communities and develops new communities that are accessed by a choice of transport modes. This will include the timely support of national transport agencies to align investment in highways and transport at a pace and scale to align with development coming forward;

- Contributing to the delivery of the social infrastructure and amenity required to support an increase in the business and residential population of the area and to benefit existing residents of the area;

- Attracting public and private sector investment to support the delivery of employment and residential growth;

- Working with partners including higher educational institutions to ensure that the local labour force has the skills to meet the needs of new and growing businesses, residential and employment growth;

- Ensuring that the development of inclusive and sustainable growth of the three sites within the Atom Valley MDZ are contributing towards the regeneration objectives of the surrounding town centres; and;

- Working closely with identified partners and including the three local authorities, GMCA, TfGM, National Highways, Great British Railways, Homes England and the private sector joint venture developer.

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Agenda Item 8

Classification	Decision Type:
Open	Non-key

Report to:	Cabinet	**Date:** 13th July 2022
Subject:	Bury Cost of Living and Anti Poverty Strategy	
Report by:	Cabinet Member for Finance and Communities	

Summary

This report outlines the significantly strengthened focus undertaken by the Council on anti-poverty over the last 18 months, and to the proactive and targeted approach further through a refreshed anti-poverty strategy. Given the increasing cost-of-living pressures, the proposed strategy has been updated to consider the immediate operational response and support available to residents in the short term, alongside the medium term measures to increase resilience locally.

Recommendation

That the *Cost of living and anti poverty strategy* be approved, including the proposals in relation to the Household Support Fund.

Reasons for recommendation

The strategy sets out the Council and partnership activity to take place in immediate and short-medium term, to mitigate cost-of-living pressures in the Borough whilst striving towards delivering the outcomes set out in the *Let's Do It*! Strategy. This allows for a co-ordinated, targeted approach, capturing progress on deliverables and provides a framework through which to keep informed of the impact of pressures locally and through which to shape local responses to any future additional support measures made available.

Alternative options considered and rejected

The plan has been developed with local partners and networks to align existing and future activity and to build on existing strengths. The immediate activity in relation to cost of living pressures has been aligned to the longer-term anti-poverty approaches so that there is a holistic local approach that seeks to tackle the causes of poverty and inequality rather than just react to the symptoms of current pressures.

Background

The context of the strategy is one of increasing financial pressures on both the income and expenditure of local residents. There is a cost-of-living squeeze driven by high levels of inflation, whilst wages and benefits (compounded by the end to the £20 Universal Credit uplift) have not kept pace with price rises. This is particularly noticeable in relation to the increased costs of food and fuel, in terms of both energy bills and transportation, which have been driven by national and international factors.

Such pressures are not felt equally, with a disproportionate impact on particular households. This *Cost of living support and anti poverty strategy* recognises this by

delivering on the vision and principles of the Borough's *Let's Do It*! strategy; it outlines that in order to improve outcomes for individuals and families and reduce inequalities in the Borough that proactive, targeted, collaborative activity at place, with local communities is required.

To address this, the local response to the current cost of living crisis involves the collective targeting of national and local resource, using the insight of public service and community leads, to best identify households most requiring immediate support, whilst supporting residents to be increasingly aware of the broader range of advice and support that can be accessed to increase financial resilience.

Developing the plan

The immediate cost of living support involves the hyper-local targeting of national government funding, including the extended Household Support Fund, alongside Council commitments - such as the £340k announced in the February 2022 budget to support with school uniform costs and support for households that are typically ineligible for wider hardship support.

This activity is already underway, led by the Council but in partnership with and shaped by local community networks. Activity to address the cost of living crisis continues to take place at pace, outlined in appendix 2. This includes building on the Council Motion of March 2022 to strengthen our work with VCFSE groups to tackle food poverty through the Bury Food Partnership, which was further developed through a joint session at the June meeting of the Bury Community Support Network. This strategy identifies the immediate steps being taken to support residents tackling socio-economic pressures, in addition to the planned activity to take place across each of the pillars identified below in a co-ordinated manner, to increasingly target activity and increase awareness of support.

Concurrent to this, the *Let's Do It!* vision to tackle deprivation requires systemic change to put people at the heart of economic growth, and so alongside this immediate support are longer term actions. These create the conditions for future resilience but need immediate action to progress. This directly delivers on the Council Motion from March to continue our efforts to alleviate all forms of poverty through tackling root causes and investing in our people and place.

The strategy framework is built around a local adaptation of the pillars of poverty identified by Greater Manchester Poverty Action, in light of the Council motion referenced above and having tested this approach through local public service leadership teams and community sector networks (including the Bury Older People's Network). These pillars are:

- Tackling Food Poverty
- Wellbeing and poverty
- Finance and debt
- Work and wages
- Childhood poverty
- Housing related poverty including fuel poverty

Underpinning these are enabling factors which support the delivery of activity across the pillars:

- Challenging and addressing stigma and unconscious bias in relation to poverty
- Digital inclusion

For each pillar, local data is detailed to highlight the specific characteristics of poverty being experienced in Bury.

Through ongoing engagement across Council departments, Team Bury partners and community networks, local insight has been aligned with this data to shape collaborative local actions to improve outcomes and tackle deprivation. The strategy and delivery plan has been shaped through proactive dialogue across such platforms, including the Bury Community Support Network and Older People's Network.

In addition the draft strategy was tabled at the Overview and Scrutiny Committee of Bury Council in June 2022, at which a recommendation was made to *"make reference and incorporate the recently published Greater Manchester Poverty Action briefing on the current scale of the socio-economic duty in England and that Cabinet consider as part of its Anti-Poverty strategy adopting voluntarily the Socio Economic Duty (Duty is contained in Section 1 of the Equality Act 2010)"*

With regard to this recommendation, the strategy has been updated to reflect activity to further strengthen a focus on socio-economic vulnerability, building on work last year that set out such vulnerability as a local protected characteristic in the Council's revised Inclusion Strategy.

Implementation

A delivery plan against each theme is identified that will provide the focus of activity for the coming year. Given the rapidly changing nature of economic pressures and the immediacy of the requirement for action, even on long-term projects - the actions outlined cover the initial year of the plan to retain focus and allow flexibility to update to take account of changing conditions or opportunities (such as new support arrangements) which are often announced with relatively short notice.

The delivery plans will be reviewed on a quarterly basis and this will inform the planning for a 23/24 delivery plan; the review of the current plan will help determine whether the pillars remain the most appropriate means of tackling poverty and deprivation locally, in order to achieve the outcomes set out both in this strategy and the wider *Let's Do It!* outcomes framework.

It is proposed that the Bury Health and Wellbeing Board assumes accountability for oversight of the activities set out in this strategy, in the context of its mission to reduce inequalities and improve quality of life throughout the Borough. Activity will be driven through a Partnership Delivery Group who will manage delivery against the plan and produce highlight reports, providing oversight to Team Bury; with Council assurance across Cabinet portfolios and Overview and Scrutiny Committee (including the performance sub-group to track outcome activity through corporate performance reporting).

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	The Equality Analysis for the strategy is included with this report and has been updated following discussion at Overview and Scrutiny. The Equality Analysis outlines that this strategy increasingly focuses on targeting intervention across communities both geographically and of interest, adapting practices to be inclusive rather than adopting a 'one size fits all' approach. The Equality Analysis will be kept live during the delivery of the thematic plans.

Environmental Impact and Considerations:

The rising cost of fuel is a leading driver of household pressures. Increasing awareness and support in relation to energy efficiency measures and active travel options will result in environmental benefits as a positive by-product of this work. Alignment with work of the Bury Food Network will also seek to make a positive contribution to related activity in the Bury Climate Action Strategy.

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	**Mitigation**
Changing nature of economic pressures and new announcements of additional support	Strategy balances ambitions to improve on Let's Do It! outcomes whilst addressing immediate pressures, so delivery plan intentionally just for the immediate municipal year. Flexibility with thematic leads and through regular reporting to Portfolio and Health & Wellbeing Board to adjust approaches as required and provides framework to assess new pressures/ funding.

Awareness of support available	Utilisation of Public service leadership teams and wider practitioner networks in each neighbourhood; alongside engagement through Community Hub network; Bury VCFA led VCSE networks and central source of information via homepage on Council website.

Consultation:
The development of the strategy, including immediate cost-of-living measures and broader thematic plans is the result on proactive, ongoing dialogue with networks across public services and community groups. This has included, but is not limited to, the Bury Community Support Fund; Public Service Leaders Network in neighbourhoods; Bury's Older People Network; Overview and Scrutiny Committee; and VCSE Leadership Group.

Legal Implications:

This report was scrutinised by the Overview and Scrutiny Committee in advance of being considered by Cabinet. The Scrutiny Committee recommendations will be considered by Cabinet, Officers have updated this report in line with the Committee's recommendation.

Financial Implications:

There are a number of budgets across various Council departments which support the work involved in the implementation of this strategy. Some are specifically mentioned within the report e.g. household support fund and the school uniform budget. However, there are further budgets and initiatives which will be distributed and delivered throughout the year as they become available.

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Appendices:

Draft Cost of living and anti-poverty strategy

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
VCFA	Voluntary and Community Faith Alliance
VCFSE	Voluntary, Community, Faith and Social Enterprise Sector

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DRAFT Cost of living support & anti-poverty STRATEGY (v5)

1.Foreward

The Bury *Let's Do It!* strategy, which was built upon conversations with local communities, sets out a clear goal for Bury to be the place that is achieving **faster economic growth than the national average with lower than national average levels of deprivation by 2030**. The council is leading a borough-wide effort to deliver this vision through an ambitious programme of economic development and a parallel "people and communities" focus, which tackles the entrenched and prolonged inequalities which have been deepened by the Covid pandemic and subsequent cost of living crisis.

Bury has become relatively more deprived compared to other areas with more people living in (the same) areas of deprivation in 2019 than in 2015 and the pandemic likely to have compounded this further. The Council has therefore significantly strengthened its focus on anti-poverty over the last 18 months:

- Socio-economic exclusion was incorporated as a protected characteristic within the Council's inclusion strategy, as recommended by the Greater Manchester Poverty Action Group. It is recommended that many of the other nine statutory protected characteristics are disproportionately vulnerable to poverty. This is explored in the accompanying EIA to this report
- A more proactive and targeted approach has been taken to identifying and supporting households in need and crisis support was complemented with direct referrals for benefits assessment and financial management support.

The national economic context, particularly the cost of living crisis, now demands a review of the council's strategy. This strategy sets out the latest socio-economic analysis of Bury residents; a short- and medium-term approach to respond and the evaluation of success. It includes:

- An immediate, urgent offer to support Bury residents with the cost of living crisis
- The ongoing development of an anti-poverty strategy to improve livelihoods and reduce hardship, structured against the six Greater Manchester Poverty Action (GMPA) themes and delivering of the March 2022 Bury Council Motion of tackling the root causes of poverty.
- The medium term *Let's do it!* principles to tackle deprivation, with action plans for delivery and contribution across each political portfolio,
- Action against the enablers of 'digital inclusion' and to 'challenging and address stigma and unconscious bias in relation to poverty'

Consistent with good practice, this strategy will:

- Be data and insight driven, to best target resources and support
- Celebrate successes and build upon these
- Target immediate hardship support in a co-ordinated manner
- Maximise opportunities for increased awareness and access to provision to increase resilience; increasingly linking local people and place.
- Align activity from related strategies to ensure coherence

2. What do we mean by poverty and what does it look like in Bury?

There is no single measure of poverty and no single experience of what it means to be 'in poverty' or 'experiencing hardship'

There are a number of terms and measures which are most frequently used, including:

- Relative Income Poverty - where households have less than 60% of contemporary median income
- Absolute income poverty - where households have less than 60% of the median income in 2010/11 uprated for inflation
- Material deprivation - where households cannot afford essential items and activities
- Destitution - where households cannot afford basics such as shelter, heating and clothing



(Source: Joseph Rowntree Foundation)

Analysis undertaken within the last six months indicates that the households at greatest risk of poverty against these measures in Bury are:

- Bury 007E – Moorside ward, East neighbourhood (around Kingfisher Drive/Thrush Drive)
- Bury 016C – Radcliffe North & Ainsworth ward, West neighbourhood (around Coronation Road/ Westminster Avenue)
- Bury 021B – Besses ward, Whitefield neighbourhood (around Ribble Drive and down to Westminster Avenue)
- Bury 007D – Bury East ward, East neighbourhood (around Hazelwood High School)
- Bury 020C – Unsworth ward, Whitefield neighbourhood (around Rufford Drive/ Rippon Avenue)
- Fernhill and Pimhole, at 32.09%, have the highest percentage of households at risk of food insecurity in the Borough
- Childhood poverty hotspots have been identified as Sedgley; Bury East ward and Radcliffe West

Further analysis of the specific people and locations experiencing financial vulnerability is described in the rest of this strategy. The forthcoming State of the Borough report will provide more analysis to inform the targeting proposed in this strategy and Appendix 1 provides further breakdown of the Lower Super Output Areas with the highest Index of Multiple Deprivation ranking.

3. How has Bury been tackling poverty to date

Tackling the root causes of poverty and addressing the manifestation of hardship in the Borough is not new. Considerable work has taken place over the last 18 months to strengthen the local approach to anti-poverty. Highlights of the work undertaken are included below, with further examples in Appendix 2.

- Targeted direction of funding, including national urgent winter hardship support to provide direct financial support for food, fuel and winter essentials, including emergency boiler repairs and support with essential white goods. This included Bury Community Support Network, school pastoral teams and the development of a voucher exchange programme to allow households to use the voucher in kosher retailers who provided an uplift in the voucher as social value

- The co-development of a People and Communities Plan for Radcliffe, to ensure that local people are best able to take advantage of the opportunities that are being realised through the physical regeneration set out in the Strategic Regeneration Framework and Levelling Up project.

- In December 2021 Bury became the only Greater Manchester council to be both a Greater Manchester Good Employment Charter Member and a Real Living Wage accredited employer. This means that all council jobs and contracts will be paid at least Real Living Wage value and has given a direct increase in earnings to over 4,000 local people who are involved in the supply and delivery of Council services. The Council is now setting an example across the Bury system about high quality employment, with Dunster's Farm and Six Town Housing also Good Employment Charter Members.

- Fit and Fed campaign addressing holiday hunger in school children, run by Families Active officers from the Live Well Service, working in partnership with the Public Health Team, School Catering Team, local schools, community centres and foodbanks.

- Sustained funding support to Citizens Advice Bureau Bury and Bolton (CABB) from Bury Council and Six Town Housing, including additional funding within 2021 to sustain dedicated case management support. CABB have in particular provided support for individuals to ensure they're received all benefits they're entitled to and debt management support if required to those who have received immediate financial hardship support through Covid related grants.

- Joint work with Bury Community Support Network to explore possibilities of increasing access to and offer of Credit Union provision, putting service user voice and experience at the heart of considerations.

- Neighbourhood based pop-up support, advice and information on financial and money management, including partnership guidance in Chesham at the Step into Bury East event; Radcliffe Neighbourhood Pitch and joint activity with Jewel Foundation in Prestwich Library

- The Family Learning provision via Bury Adult Learning Centre has been delivering family budgeting courses, including within community settings such as at Trinity Foodbank. Courses include, *Family Finance -Budgeting for the Family*; and *Keep Calm and Budget* (for learners with mild to moderate mental health issues). Brandlesholme Community Centre provided slow cookers as an incentive for participation in their Cooking on a Budget course, with participants identified in conjunction with the neighbourhood Children's Early Help Team.

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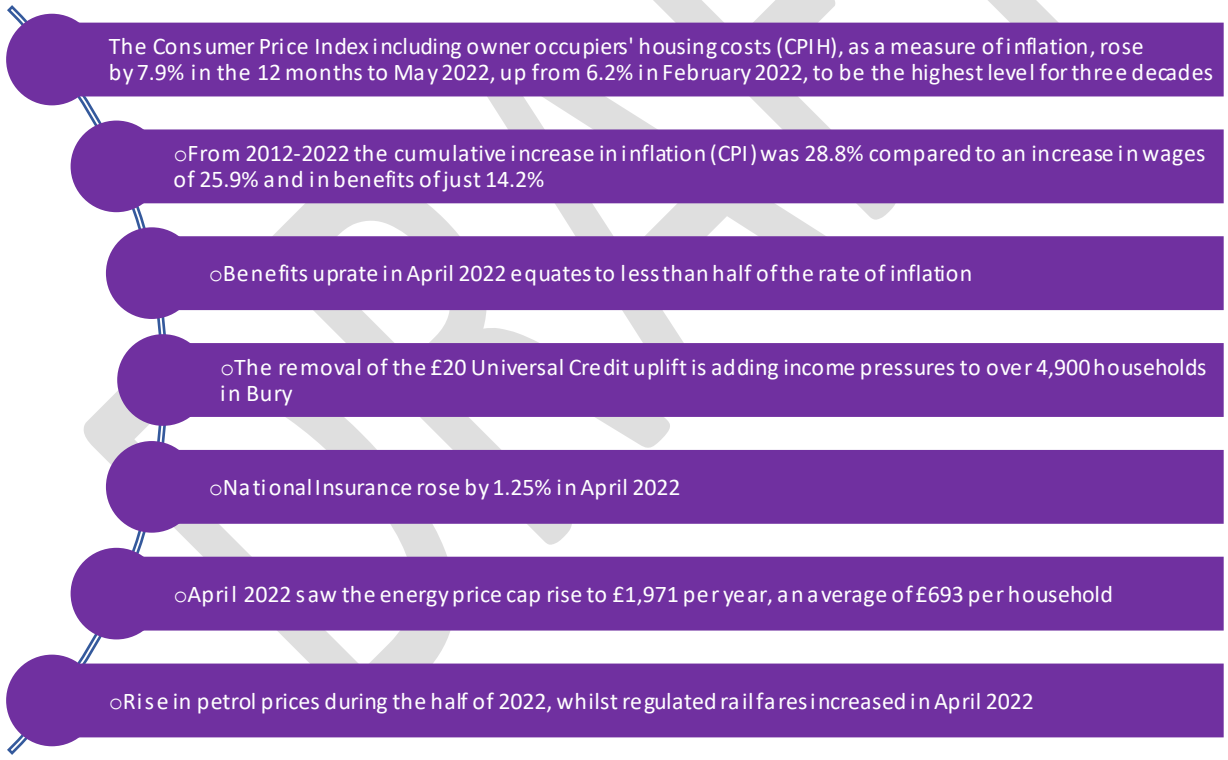
- Foundation Funding has been secured to undertake 130 energy efficiency visits during 2022 by disabled facilities grant surveyors to provide energy efficiency advice and distribute small scale energy efficiency measures

- Six Town Housing have proactively identified properties for energy audits and provided free energy efficiency training to tenants who can act as ambassadors in the community, helping others to understand how to cut down on energy usage and be more environmentally friendly.

- Engagement of over 1,200 residents in community digital activity including the distribution of 300 refurbished Samsung tablets.

4. Bury Council's immediate response to the current cost of living crisis

The Council recognises that many people are experiencing unprecedented pressures on household income and expenditure, driven by:



In response, the Council has made available a range of urgent offers of help:

- Targeting of Bury's national allocation of £1.534m from the national Household Support Fund (HSF) to the most vulnerable people. This funding is designed to support the most vulnerable with the cost of food and fuel; government guidelines require councils to target some of this funding on children and families and older people but beyond that there is the flexibility to apply local discretion. The council will therefore use its business intelligence and networks to direct this funding by:

- Ensuring all practitioners in our neighbourhood-based teams understand how to spot signs of poverty; the support available and how to have strengths-based conversations with people to understand what help they need and connect them to resources

- targeting very proactively the streets in the borough where residents are known to face greatest socio-economic risk, as highlighted in Section 2, with strengths-based conversations to understand people's experience of poverty and the support they need now. This work will be led by the proactive work of the Council's community hubs; engagement with community groups including Bury Community Support Network and the work of our ward councillors

- Continuation of the provision of vouchers for those households eligible for Free School Meals over the whit half term and six week summer holiday

- Direct payment of £100 to 4,700 pensioners in receipt of Council Tax Support

- Resilience support to foodbanks across the Borough, consistent with previous levels of support

In addition to the Household Support Scheme:

- Council Tax rebates are being administered to households following national funding in relation to increase fuel costs. This has included over £7 million of rebates for residents in Council Tax Bankd A-D and is continuing through delivery of the discretionary element of the scheme, which will targeted specifically to those households in band E-H in receipt of Council Tax Support, and uplift the rebate to assist 13,360 households.

- £240k was committed by the Council to enable the introduction of a school unform grant to support those families most in need. The Council agreed to the payment of a grant to all benefits related Free School Meal eligible families, on the basis of £30 per primary age child and £50 per secondary age child, to be administered through schools in the same way that the Council funded food voucher scheme has operated. This will be a one-off payment to those families eligible during the summer term 2022, with vouchers being issued during June.

- Through the targeting of Household Support Fund provision, place-based public service colleagues and community leads will identify households who would not ordinarily be eligible for welfare support but who are experiencing extreme financial pressure. This builds on the £100k committed by the Council, with immediate support and wrap-around resilience advice and guidance.

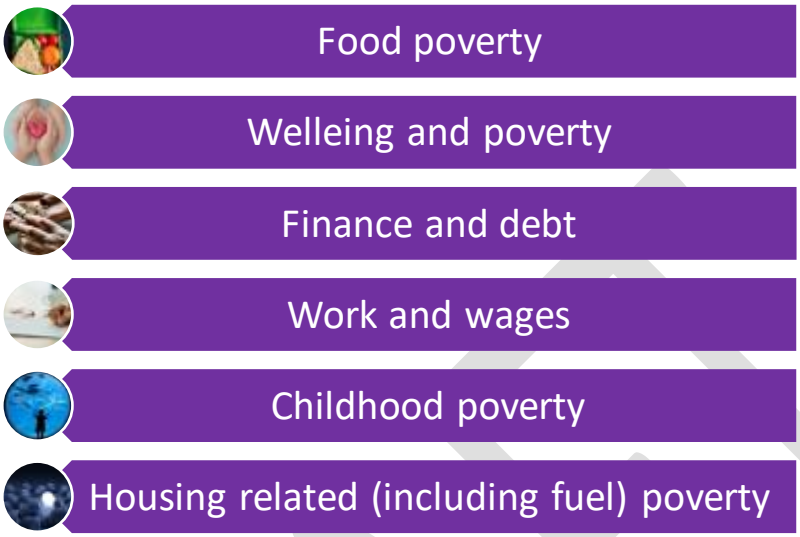
- Bury Council is working with local partners and regional colleagues to promote an increase in update in Pension Credits, with approximately £4m not claimed each year across the Borough. Information on this will be included in any payments to this cohort.

- Collectively this builds on national support to address the cost-of-living pressures including a direct one-off cost of living payment of £650 for households on mean tested benefits by DWP; a pensioner cost of living payment for £300 to be paid directly by government in November; a £150 direct disability payment in September and households will receive a £400 direct discount on their energy bills in October 2022.

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5 . The Medium term anti poverty strategy

In parallel with immediate crisis support, medium term work to prevent poverty and address the underlying issues will continue. Work will be organised to respond to the key pillars of poverty proposed by Greater Manchester Poverty Action.



The *Let's do it!* strategy has the eradication of poverty at its heart, through the overarching aims of driving growth and tackling deprivation. The following sections take each pillar in turn

A borough-wide delivery plan with priorities for the next 12 months is in production across Team Bury. Pending this, the Council's areas of focus across each political portfolio are summarised below

5.1 Food Poverty

Greater Manchester Poverty Action have studied food insecurity across the region and concluded than nearly a third of households in Fernhill and Pimhole and experiencing food insecurity, with high rates also present in Radcliffe and Whitefield.

Food insecurity rates – highest prevalence in the Borough (GM Poverty Action)			
Fernhill & Pimhole 32.9%	*Radcliffe 29.66%*	*Buckley Wells & Fishpool 25.8%*	*Besses 25.77%*

Data from recent research commissioned by the Council has also indicated the presence of 'E-food deserts' running across from Ainsworth, through to East Bury. A risk of "e-food desert" is based on the proximity and density of grocery retail units, transport and accessibility to these and e-commerce. Whilst Prestwich displays greater access it should be noted areas of considerable access neighbour areas with some of the least in the Borough and provides insight to use in targeting provision.

The Council has supported the ongoing development of Bury Community Support Network (BCSN), which is comprised 18 members and led by the Bury Voluntary, Community and Faith Alliance (VCFA). The BCSN provides a community-led gateway to food and wider support for people at risk of poverty. It has been successful in attracting funding from the Albert Gouby Foundation and has been working with Sabine Goodwin at the Food Aid Network on the impact of Covid and beyond. There is an opportunity to build on

this work to further develop a pantry model to increase resilience – this is one of the key actions set out in the delivery plan below.

Priority	Key Actions	Lead	By when
Ongoing development of the Bury Community Support Network	Ensure shared understanding and awareness of schemes (including apps) to eradicate food waste, including Fareshare, to maximise local uptake	Bury Community Support Network (BCSN) Chair	Q2
	Increase reporting consistency	Bury Voluntary and Faith Alliance (VCFA)	Q2
	Promotion of social eating schemes (currently at Green Café; Welly Café; Listening Ear; Attic Project)	VCFA Networking Officer	Q2
	Build on connections with Sabine Goodwin at Good Food Network	BCSN Chairs	Q2
	Strengthened partnership activity on identifying place-based offers experiencing the greatest hardship, including flexible use of buildings and assets	VCFA Networking Officer	Q2
	Resilience support activity to food banks and pantries on group development, volunteer support and sustainability	VCFA Networking Officer	Q3
	Development of a sustainable food pantry model	BSCN Chairs	Q3
	Increased membership of food clubs	BCSN Chairs	Q4
Deliver the Bury Food Strategy and Partnership	Promote use of Essential Parent as education resource for health nutrition and build in guidance on Healthy Start voucher and cookery sessions	Project Lead, Public Health	Q2
	Establish a Lead Member for Food Poverty to drive forward local efforts to end hunger in our Borough, as per the Labour Group Motion of 16th March 2022	Cabinet Member for Communities and Finance	Q2
	Raise promotion of the Bury Good Food Charter through local businesses (including Bury Catering Award) and communities through the Hub network	Nutrition Lead, Public Health	Q2
	Continue to identify food deserts	Nutrition Lead, Public Health	Q2
	Continue to strengthen voluntary and community sector representation within the partnership	Project Lead, Public Health; BCSN Chairs	Q2

Priority	Key Actions	Lead	By when
	Develop food growing opportunities including community garden schemes, working with partners such as Incredible Edibles; with a focus of areas and groups with the greatest food insecurity	VCFA Networking Officer	Q4
	Improve uptake of Free School Meals among eligible families through improvements to school catering offer	Nutrition Lead, Public Health	Q3
Inclusivity of emergency food provision	Build on Kosher voucher scheme developed during Covid and breadth of provision through BCSN to ensure inclusivity in provision including pantry model	Community Hub Team Leader	Q2
Delivery of Household Support Fund	Targeted provision of Household Support Fund support for individuals identified through the Bury Community Support Network as trusted referrers; with associated referral to partners including Citizens Advice for resilience guidance	BCSN Chairs	Q2
Fit and Fed	Additional proactive targeting of Fit and Fed activity within areas of greatest food insecurity	Project Lead, Public Health	Q2
Market related campaigns	Healthy Eating for Less campaign at Bury Market promoting nutritious ingredients and suggestions on low-energy cooking techniques	Head of Commercial Services	Q2
	Satellite provision of Healthy Eating for Less within Moorside ward – Fernhill and Pimhole to promote engagement with the campaign	East Public Service Leadership Team	Q2
	Healthy Eating for Less campaign in Radcliffe, including with the newly located Village Greens in Radcliffe Market.	West Community Hub Manager; Public Health Lead for Radcliffe	Q2
	Review approaches to food growing and social enterprises to address e-food deserts, including geographical focus in Bury East, Besses and Rainsough and consideration of different cultural practices	VCFA Networking Officer	Q3
Cookery sessions	Targeted programme of Cooking Well for Less sessions prioritised to Fernhill, Pimhole, Radcliffe, Fishpool and Besses, working with local anchor community groups and facilities	Bury Adult Learning Centre (BALC) Lead	Q2
	Bespoke sessions for larger families	BALC Lead	Q2

5.2 Poverty and Wellbeing

The relationship between poverty and wellbeing can cause a spiral of decline in physical and mental health, in turn impacting on the ability to work or live a fulfilling life.

Locally there is a correlation between individuals of excess weight, and underweight children, with areas of relatively higher levels of deprivation.

In Bury almost 1 in 10 reception age children are obese; this doubles to 1 in 5 by the end of year 6.	*In Bury less than half of adults are eating the recommended 5 portions of fruit and veg a day*	*Physical activity is lowest in Bury East at 56.2% compared to a high in Tottington and North Manor*	*43% of people accessing Bury CAB debt support provision reported having a long-term health condition*

At a ward level, the highest proportion of underweight children at reception age are in Radcliffe West (5.4%), Bury West ward (5.3%) and Moorside (4.6%); the highest proportion of very overweight are in Besses (9.5%), Radcliffe East (9.4%) and Radcliffe North and Ainsworth (7.9%)

A recurring theme of this strategy, which will continue, is to increasingly target advice, information and direct provision of activity whilst raising overall awareness to opportunities – enabling and empowering our communities to be able to support themselves. The following deliver plan outlines the key actions to support this in relation to this pillar.

Priority	Key Actions	Lead	By when
Proactive targeted engagement and support	Co-designed sessions led by Healthwatch Bury in localities of greatest health and income deprivation on access to self-care/self-support	Healthwatch Bury	Q2
	Focus within Health and Care Integrated Neighbourhood Teams on cause and effects of poverty and ill-health, including increasing awareness of preventative opportunities	INT leads / Older People Staying Well Leads	Q3
Maximise Social Prescribing	Beacon Service Link Workers to review casework to identify poverty related causes of referrals and develop neighbourhood based pathways to address principle causes	Beacon Service Manager	Q2
	Joint initiative between Beacon Service and Ingenus to link clients aged 18-24 into Social Prescribing and assist young people to move into employment and training.	Beacon Service Manager	Q2
	Explore opportunities for BeeWell young persons social prescribing services to address childhood related poverty	Beacon Service Manager	Q3
Tackling stress and anxiety	Targeting of Getting Help Helpline to LSOAs experiencing highest rates of deprivation	Integrated Commissioning Officer (Mental Health)	Q2

Priority	Key Actions	Lead	By when
	Engage in discussions on mental wellbeing support capacity in relation to additional pressures being felt on household income and expenditure	Integrated Commissioning Officer (Mental Health)	Q2
	Evaluate impact of travel costs and other expenses on accessing mental wellbeing provision as a barrier to access	Integrated Commissioning Officer (Mental Health)	Q4
Specific wellbeing awareness campaigns	Promotion of Ask for Jesse campaign through Early Years setting – a project between Boots and The Hygiene Bank	Project Lead, Public Health	Q2
	Increase uptake of Daily Mile and nutrition related accreditation at schools and early year settings particularly in Besses, Bury West, Moorside and all Radcliffe wards	Project Lead, Public Health	Q2
	Awareness and access to menstrual equality provision, such as promoted through the Bloody Good Period project	VCFA Networking Officer	Q3
Targeting an increase in financially accessible physical activity	Actively promote Health Improvement Fund projects as a means of accessible provision within neighbourhoods	Live Well Lead	Q2
	Review Radcliffe Move More Local Delivery Pilot and associated Community Investment Fund to tackle barriers to activity driven by financial hardship and poverty	Wellness Team/ VCFA	Q3

5.3 Finance and debt

Locally, Bury has areas of extreme income related deprivation, with a disproportionately high number of Lower Super Output Areas in the top 10 and 20% most income deprived nationally. These locations tally with demands experienced across welfare support provision and the Co-operative Group's Community Wellbeing Index insight on household income and relative affluence, which identifies Fernhill and Fern Grove as areas where targeting of support and information should be prioritised.

The data shows a considerable concentration of financial vulnerability in the East of Bury but importantly shows that there are elements of vulnerability in every neighbourhood. This is important when targeting activity as within relatively affluent corners of the Borough there are those experiencing financial hardship and provide hyper-local concentrations as areas of focus for partnership activity.

Citizens Advice Bureau Bury and Bolton data			
In 2021/22 CABB supported 3,645 people across 22,711 issues, with the average amount of debt at £1,826 (3rd highest of local CAB branches)	Top benefit issues presented locally : Personal independence payment; initial claims and limited capacity for work element of UC.	*Biggest debt issues people requested support with were Council Tax Arrears and Fuel Debts. 13% of those seeking support were in full time employment.*	*Income gain through CABB in 2021/22 of £8.32m benefiting over 770 residents*

Wards with highest number of Council Tax Support claims			
Moorside 1,398 (979 working age/ 419 pension age)	*Bury East 1,302 (919 working age/ 383 pension age)*	*Radcliffe West 1,201 (843 working age/ 358 pension age)*	*Redvales 1,153 (759 working age/ 394 pension age)*
Followed by Besses 1,029; Radcliffe East 1,027; Radcliffe North & Ainsworth 965; St. Mary's 798			

Bury's approach to increasing financial inclusion and resilience is embedded within the strengths-based principle of the LET'S strategy:

- person-centred approaches
- supporting budgeting to focus on prevention
- early intervention and resources for people and families in debt to access information and support to reverse the detrimental cycle impacting on their income and wellbeing.

These principles run throughout the deliverables for this pillar, set out below.

Priority	Key Actions	Lead	By when
Money Advice Referral Tool	Multi-agency partnership to work with Greater Manchester Poverty Action to co-design tool on back of successful Expression of Interest	Head of Revenues and Benefits	Q2
	Bury Money Advice Referral Tool to be piloted and rolled out, including on The Bury Directory	Strategic Partnership Manager	Q3
Reviewing Cost of Access	Review of free or low-cost numbers across Team Bury advice/ information services	VCFA Networking Officer	Q2
Neighbourhood level advice and support	Anti-Poverty focus within refreshed Borough placemats including localised budget/financial advice	Community Hub Managers	Q2
	CAB presence within Primary care settings, in particular Moorside, Radcliffe and Whitefield	CABB Advice Lead	Q2
	Targeted Pension Credit uptake campaign, building on the Greater Manchester initiative through the Independent Age, particular at those Wards with	Integrated Commissioning Manager (Older	Q2

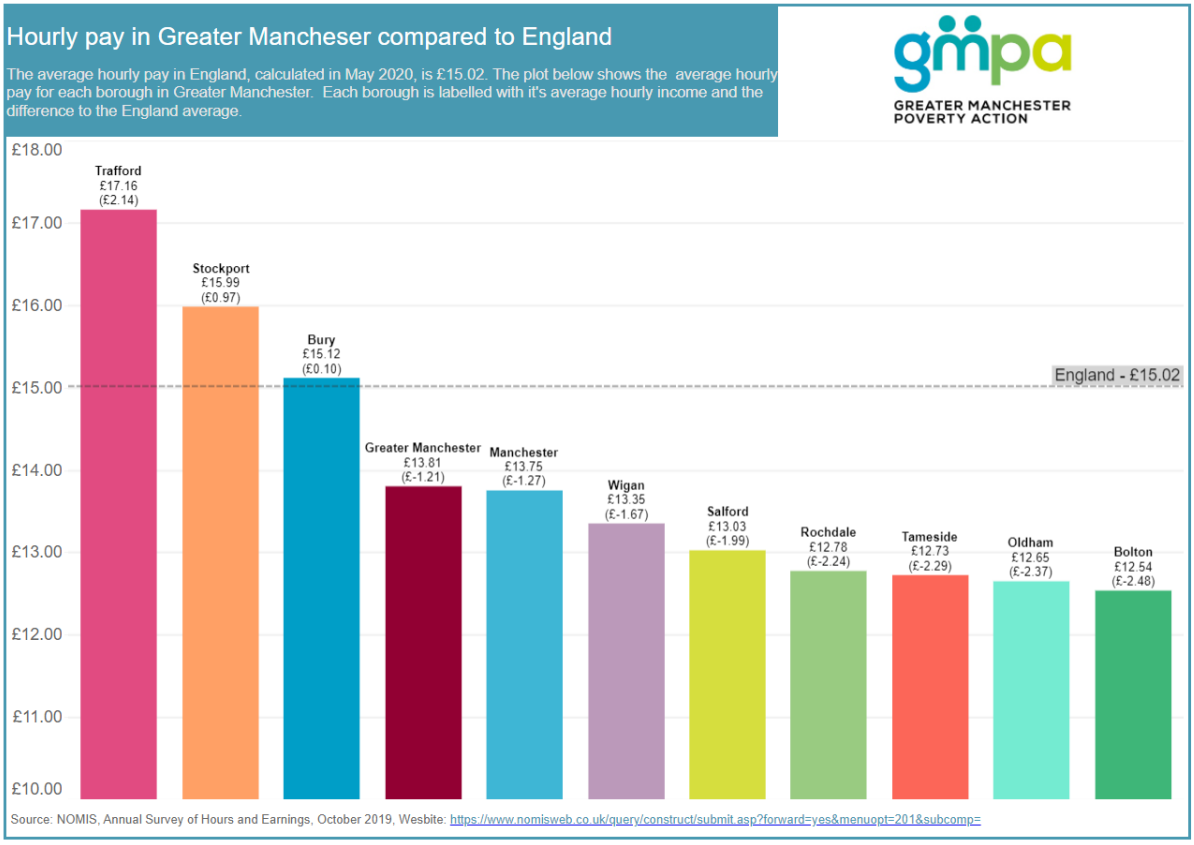
Priority	Key Actions	Lead	By when
	largest current underclaimed values. Partnership activity through the Older People's Network, AgeUK Bury, DWP and Six Town Housing	People) / Older People's Network	
	Bury Adult Learning Centre to further develop and deliver family Learning offer on budgeting and money management, particularly targeting Moorside, Radcliffe West and Redvales	Bury Adult Learning Lead	Q3
Community Wealth Building and Financial Inclusion	Secure commitment from Barclays in relation to Thriving Local Economies pilot legacy and their social value associated with provision of finance, budgeting and money management support to different communities of Bury	Unit Manager, Economic Development	Q2
	Review Credit Union arrangements in Bury to ensure provision meets financial inclusion requirements of the Borough and explore sustainable, ethical lending options	Business Manager, Six Town Housing	Q2
	Extend to social value from each Team Bury partners banking contract	Unit Manager, Economic Development	Q3
	Explore Fair4All Finance work with community development finance institutions to grow sustainable access to affordable credit	Business Manager, Six Town Housing	Q3
	Ensure Bury actively involved in the implementation of the Greater Manchester Community Wealth Building Hub	Unit Manager, Economic Development	Q3
Review provision of advice provision locally	Structured review of public service contracts and grants providing funding/commissioning of finance and debt related advice, information and direct support – in particular with a view of geographical and demographic considerations	Strategic Partnerships Team	Q2
	Drafting of refreshed, co-ordinated, commissioning intentions in light of VCSE Accord	Strategic Partnership Manager	Q2
	Commissioning process to be undertaken and agreements from April 2023 to be drawn up and agreed	Strategic Partnerships Manager	Q3, sign off Q4
Maximising Levelling Up and Shared Prosperity	Define opportunities for Bury to maximise opportunities of the British Bank Regional Investment Funds and new Global Britain Investment fund to increase access to finance for SMEs	VCFA Networking Officer	Q3

Priority	Key Actions	Lead	By when
Opportunities for Bury	Lobby to ensure that Bury benefits from the Local Government Pension fund by matching or exceeding the levelling up target of 5% of assets investment in projects which support local areas	Payroll Services	Q4
	Explore opportunities for Bury to benefit from the Regional Angels programme supporting high potential businesses with early-stage equity finance; and similar support to community organisations to increase their resilience	Unit Manager, Economic Development / VCFA	Q4
Enabling Bury's enterprising spirit to alleviate financial pressure	Explore opportunities for developing a local social enterprise to support with the cost of white goods, in the manner of Emmaus Leeds, Under One Roof Lancashire, StandFirm Social Enterprise, Glasspool UK and Changing Lives Together (Cheshire)	VCFA Networking Officer	Q3
Increasing awareness of pinch points in resilience	Cataloguing known transition points of financial pressures and local wrap around offer at these points, examples being becoming parents; leaving care; leaving prison; entering retirement; bereavement	Community Hub Team Leader	Q2

5.4 Work and Wages

Within Bury currently there is inequality in terms of employment and wage levels that are often hidden when considering Borough wide level data – for instance, the data and graph below shows an economically active population in work higher than the regional and national average and wage rates at a favourable level compared to elsewhere in Greater Manchester

% of working age population economically active (and of which self-employed)	*% of households that are workless*
Bury 79.1% (9.9%) *North West 76.9% (8.3%)* *GB 78.5% (9.5%)*	*Bury 14.2% - equated to 8,300 households* *North West 15.5%* *Great Britain 13.6%*



The Borough picture masks local variations, for instance, there are as many 16–18-year-olds not in education, employment or training (NEET) in Radcliffe East as there are in Bury West, North Manor, Pilkington Park, St. Mary's and Tottington wards combined.

The Council is leading work to drive economic growth and increase the number of high quality jobs for local people. The Economic Development Strategy will further this work and formalise a community wealth building approach, along with a broader suite of actions listed below.

Priority	Key Actions	Lead	By when
Encourage increased uptake of the GM Good Employment Charter	All Team Bury partners to strive to become a Good Employment Charter Supporter by December 2022	Team Bury leads	Q3
	Develop a local support scheme to support businesses in low paid sector roles to adopt principles of the Good Employment Charter	Director of Business Growth and Infrastructure / BBLG	Q3
	All Team Bury partners to strive to become a Good Employment Charter Member by December 2023	Team Bury leads	Q4
Delivery of GM Housing Provider Pledges	Align Steps to Success activity to GM Housing Provider Pledges including identifying and delivering accessible pathways for tenants to access jobs in the growth sectors of Digital and Zero Carbon	Business Manager, Six Town Housing	Q2

	Work collaboratively to support under-represented groups into construction and supply chains	Unit Manager, Economic Development	Q3
Diversification of promoting job opportunities and encouraging careers	Responding to race-listening activity in Bury, identifying recruitment source beyond *greater.jobs* for public service roles.	Director of People and Inclusion	Q2
	Increase awareness of advice, information and support to self-employed individuals given the increased likelihood of experiencing poverty	Unit Manager, Economic Development	Q2
	Support the delivery of 'have a go' sessions at diverse career and technical training opportunities, particularly focused on opportunities through regeneration activity in relation to construction roles, building on activity in Radcliffe in spring 2022.	Unit Manager, Economic Development	Q3
Maximising Levelling Up and Shared Prosperity Opportunities for Bury – with this built into the emerging Economic Strategy for Bury	Ensure Bury's contribution to, and benefit from, Greater Manchester Innovation Accelerator pilot as a cluster of 4th Industrial Revolution Foundries	Director of Business Growth and Infrastructure	Q3
	Determine opportunities for Bury's communities of the Multiply Scheme which targets disparities in numeracy levels with investment in courses for adults	Unit Manager, Economic Development	Q3
	Submit an Expression of Interest to take part in the Local Supported Employment Initiative through DWP to support people with LD, autism or both into work	Unit Manager, Economic Development / Director of Adult Services, OCO	Q2
	Build on local success of Working Well to further target and promote in-work progression offer, including through the Health and Disability Green Paper	Unit Manager, Economic Development	Q4
	Embed Radcliffe Works at the heart of the Radcliffe People and Communities Plan, including expansion of Working Wardrobe initiative and driving a employment and skills key worker model	Unit Manager, Economic Development	Q4
Increase neighbourhood level support	Neighbourhood level focus, including reference to deprivation and impact on skills, aspiration and opportunity, within refreshed Bury Economic Strategy	Unit Manager, Economic Development	Q2
	Enhance DWP neighbourhood based offer within Bury East People and Communities Plan, in particular addressing different communities within the Bury East, Moorside and Redvales Ward	Partnership Manager, DWP	Q2

	Determine and quantify specific local barriers to accessing skills and employment opportunities, eg interview travel costs	Bury Health Employment and Skills Taskforce	Q3
	Target Community Wealth Building activities of pathways into employment, such as Kickstart, apprenticeships and T-levels, in particular reaching individuals currently furthest from employment.	Partnership Manager, DWP	Q4

5.5 Childhood Poverty and Education

The childhood poverty rate (after housing cost) for Bury as a borough is 32.1%. This is down from 34.3% in 2017 but higher than it was in 2015 (30.5%) and currently ranks as 4th lowest in Greater Manchester. It is noticeable that locally the percentage of children living in poverty has some correlation with the areas of greatest deprivation overall, though an exception to this is Sedgley in Prestwich which, after housing costs, has the highest rate of childhood poverty with over half of children experiencing hardship. Of note, the neighbourhooring Holyrood ward has half the level of Sedgley.

Percentage of children living in poverty, before and after housing costs by ward			
After housing costs	*Sedgley ward 50.4%**	*Bury East Ward 45.5%*	*Radcliffe West 42.3%*
Before housing costs (Absolute Poverty)	*Bury East ward 37.2%*	*Redvales 31.2%*	*Moorside 27.4%*

GM Poverty Action Poverty Monitor data also shows a decrease in relative poverty rates before housing costs in the East neigbourhood, but increases in the north of the Borough.

Education attainment, and the respective impact on future access to high wage jobs and opportunities, has been seen to correlate with childhood experiences of poverty – and be a major factor in determining a person's risk of continued poverty through life. In Bury, there is a gap between the school readiness levels of all pupils and those eligible for free school meals (FSM) of 11.6. The table below outlines the geographical spread of those eligible for FSM, which varies from 75 young people in North Manor to 774 in Moorside.

Percentage of pupils entitled to free school meals			
Moorside 35.5%	*Radcliffe West 35.2%*	*Bury East Ward 32.9%*	*Besses 30.2%*
Note, this correlates with the Index of Multiple Deprivation data in relation to the Income Affecting Children domain			

In recent years there has been a decline in the uptake of Healthy Start vouchers. This is a means-tested scheme available to pregnant mothers and those with children under 4 years old, providing families with vouchers that can be used to buy basic foods and vitamins. This national scheme is useful to reduce inequalities and improve access to healthier foods for families who may struggle afford them. However, in Bury, uptake is the 3rd lowest uptake in Greater Manchester. Whilst the decrease is consistent with a

trend across Greater Manchester work is to take place to improve uptake of this scheme, this includes understanding the reasons behind the low uptake rates and addressing these, particularly targeting those wards whether insight demonstrates particularly high childhood poverty rates.

Bury Healthy Start uptake rates			
January 2016	*January 2018*	*January 2020*	*January 2022*
69% 1,075 of 1,564 eligible households	*60% 917 of 1,536 eligible households*	*53% 829 or 1,645 eligible households*	*42% 575 of 1,370 eligible households*

Under the two child limit policy, parents are not entitled to any extra support through universal credit or child tax credit to help with raising a third or subsequent child born after 6th April 2017. Research by Child Poverty Action Group estimates such families lose out on up to £2,935 per year. In Bury there are 320 households in receipt of Universal Credit and 610 households in receipt of Child Tax Credit impacted by this. Sedgley has 459 households with three or more dependent children in the family with the youngest child aged 0-4; more than twice any other ward (Redvales having the next highest rate at 196).

Priorities for this pillar centre on the further co-design of steps to increasingly target support to those families experiencing, or at risk of experiencing, the greatest hardship through the young people's co-production network, including Youth Cabinet representation.

Priority	Key Actions	Lead	By when
Increase update of Healthy Start Vouchers	Targeted promotion through Early Years Settings and Health Visitors	Project Lead, Public Health; Early Help Lead	Q2
	Healthy Start developments as a standing item on the Bury Food Partnership Agenda	Project Lead, Public Health; Early Help Lead	Q2
	Details on how to apply and guidance available to be added to GP/health centre screens	Communication & Engagement Officer	Q2
	Promotion through Community Hub newsletters	Community Hub Team Leader	Q2
	To review the above in relation to 30 hours free childcare provision	Project Lead, Public Health	Q2
Delivery of School Uniform Support Scheme	Co-design of Uniform Support Scheme to deliver £240k of support through Children's Strategic Partnership Board	Director of Education and Skills	Q2
	Exploration of feasibility to develop social enterprise scheme related to school uniforms, in the style of Uniform Reuse by Zero Waste Leeds, Pickni uniforms in Croydon and Uniformity by Tauheedul Islam Boys' High School in Blackburn	BCSN Chair	Q2

Priority	Key Actions	Lead	By when
Maximising Levelling Up and Shared Prosperity Opportunities for Bury	Specific engagement with Youth Cabinet through a Circles of Influence approach, and with Children's Strategic Partnership Board on maximising opportunities of the future whilst addressing pressures of today	Youth Participation Co-Ordinator	Q2
	Development of local proposals that outline opportunities to tackle childhood poverty and attainment through Bury's position as an Education Investment Area and Local Skills Improvement Plans	Director of Education and Skills	Q4
	Explore specific local opportunities in relation to local attainment for Bury's neighbourhoods through the UK National Academy	Director of Education and Skills	Q4
	Co-develop proposals for young people, particularly those in areas of greatest deprivation to benefit from the emerging National Youth Guarantee Scheme, and GM Opportunity Pass	Director of Education and Skills	Q4
Targeted and proactive local provision	Further engage participants at Sedgley Children's Centres, community leaders in Sedgley and the Early Help Team in Prestwich to conduct a deep dive into specific local conditions exacerbating childhood poverty and deliver a suite of mitigations to address these.	Children's Early Help Lead (Prestwich)	Q2
	Work with local school to review a 'Cost of the School Year' calendar, as per the Child Poverty Action Group, to identify and quantify costs within a school year and local opportunities to manage these https://cpag.org.uk/cost-school-day-calendar-2021-22	Director of Education and Skills	Q2
	Embed anti-poverty principles at the heart of the development of the Family Hub pilot in Bury East	Assistant Director Early Help and School Readiness	Q2
	Develop a series of free cooking on a budget sessions across childcare settings in wards of greatest childhood poverty, in particularly focused on larger families given the disproportionate impact of family size on poverty	Bury Adult Learning Lead	Q3

5.6 Housing related Poverty including Fuel Poverty

Data from Greater Manchester Poverty Action states that 13.4 of households in Bury are fuel poor (up from 10.6%) – in that they have required fuel costs that are above average (the national median level)

and were they to spend that amount they would be left without a residual income below the poverty line. Whilst the average for the Borough is 10.6% there are areas with significantly higher rates

Lower Super Output Areas with greatest levels of households who are fuel poor				
007E 32.9% Moorside Ward (Kingfisher Drive/ Thrush Drive)	008E: 27.1% Bury East Ward (East Street/ Lord Street/ Cecil Street)	021B: 25.3% Besses ward (Ribble Drive/ Westminster Avenue)	008F: 25.1% Bury East Ward (James Street/ Alfred Street/ Openshaw Street)	018D 23.2% - Radcliffe West (Hawthorn Avenue/ Greendale Drive)

National Government support measures in relation to the energy price cap rise include a £200 discount of energy bills (to be repaid in £40 instalments over 5 years); £150 Council Tax rebate for those in bands A-D; new discretionary funds for those ineligible for the Council Tax Discount. As of March 2022, in Bury there are c. 73,000 Council Tax accounts in Council Tax bands A-D and such will receive a £150 rebate from May 2022. Of these 50,000 pay by Direct Debit, with the remaining 23,000 being written to for bank details for the rebate to be paid.

The experience of being in poverty also influences the type, quality and size of dwellings households are able to access. At worst, households in poverty can experience destitution, homelessness or rough sleeping. Poor housing quality, overcrowding and a reliance on temporary accommodation for vulnerable families also contribute to unnecessarily poor health and quality of life for many.

Poverty rates are highest for social and private renters, nationally at 3-4 times the rate of those buying with a mortgage or own a property outright. Median housing costs for low-income private and social renting households have increased substantially over the last 25 years, while for those buying with a mortgage costs had fallen.

For Bury, Greater Manchester Poverty Action data on the lower quartile monthly rent figures when benchmarked against lower quartile monthly gross earnings position the borough 4th lowest in the region at 37.7% - at £525 vs £1391. By comparison those in Manchester are paying over 60% of their earnings on rent whilst Wigan is lowest at just under one-third. As with other measures, however, this isn't felt equally across the Borough and is in part driven by changes in house prices which vary significantly. In Prestwich in particular, but also areas just north of Radcliffe Town Centre and on the eastern edge of Bury Town Centre there have been price increases of over 100% in the last decade

In addition, just over 6,000 Bury residents are accessing financial support from United Utilities; by proportion of population this is the 4th lowest in GM (Manchester 12.3%/Stockport 3.7%)

Priority	Key Actions	Lead	By when
Increasing fuel poverty support awareness	Targeted distribution of Household Support Fund immediate resilience support to meet fuel costs, with funding payments conditional on referral to increased resilience support, through CABB or Energyworks	Head of Revenue and Benefits/ Public Service Leadership Teams	Q2
	Deliver local discretionary support to households outside of government rebate scheme associated with energy price cap rise; in particular HMOs where individual householders likely to not benefit directly from a rebate	Head of Revenue and Benefits	Q2

Priority	Key Actions	Lead	By when
	Continued targeting of support through integrating services such as LEAP (Local Energy Advice Partnership) into existing community/ public service activity, including Six Town Housing Summer Roadshows and Community Hub engagement events	Public Service Leadership Teams	Q2
	Target Warm Homes Discount promotion in the 5 LSOA neighbourhoods with the greatest level of fuel related poverty	Unit Manager, Housing	Q2
	Appraise opportunity to utilised Policy in Practice Low Income Family Tracker tool to deliver targeted discretionary housing payment campaign – as utilised in Gravesham – to retain tenancies, prevent homelessness, and increase resilience through increasing access to eligible payments.	Head of Revenue and Benefits / Unit Manager, Housing	Q2
	Borough wide Fuel Poverty event delivered in conjunction with Ingeus	Health and Employment Officer/ Katie Davis	Q3
	Explore opportunities to develop social and community enterprises supporting people to meet housing repair costs in an affordable manner, such as DELPHER (Disabled and Elderly Plumbing and Heating Emergency Repair)	VCFA Networking Officer	Q3
Increasing awareness of support to mitigate potential behaviour change impacts driven by fuel poverty	Partnership delivery of fuel safety messages, including promotion of Fire Service Home Safety Assessments, to spread guidance and preventative support in relation to alternative fuel usage	GMFRS Community Safety Lead	Q2
	Public Health guidance in relation to consequences of behaviours potentially driven by fuel cost pressures, such as concern of potential increase in co-sleeping with babies in households experiencing fuel poverty	Public Health Lead (Early Years)	Q3
Delivery of Affordable Warmth Schemes	Determination of additional resource required to develop a specific Fuel Poverty Action Plan	Unit Manager, Housing	Q2
	Targeted delivery of the Green Home Grant Local Authority Delivery activity, supporting energy efficiency measures	Unit Manager, Housing	Q3
	Active involvement in the development of the GM Retrofit Accelerator, including partnership activity with E-On and the Growth Hub, and target local engagement into areas of greatest fuel poverty and financial insecurity	Unit Manager, Housing	Q4

Priority	Key Actions	Lead	By when
	Delivery of the Department for Business, Energy and Industrial Strategy Testing Toolkit Pilot, to enhance enforcement of the Energy Efficiency regulations in relation to private rented property, based on identified clusters of F and G rated EPC properties using data from Landmark	Unit Manager, Housing	Q4
	Review the Energy Company Obligation Local Authority Flex arrangements with the Greater Manchester Combined Authority to ensure this best meets the needs of the low income, vulnerable and fuel poor households of the Borough	Unit Manager, Housing	Q4
Delivery of the GM Housing Provider Pledge	Proactively identify preventative measures to address avoidable arrears, and where these do occur to manage through refreshed tenancy sustainment arrangements and if required Improving Adult Lives case management	Tenancy Sustainment Lead, Six Town Housing	Q2
	Six Town Housing to deliver on the pledge through improving energy efficiency and energy (carbon) literacy of tenants to reduce their outgoings	Business Manager, Six Town Housing	Q4
Maximising Levelling Up and Shared Prosperity Opportunities for Bury	Delivery Bury's Housing Strategy and house-building priorities within Regeneration Masterplans across the Borough including developing ways to use Modern Methods of Construction to accelerate the delivery of good quality new homes	Director of Business Growth and Infrastructure	Q4
	Develop local proposals in light of white paper on introducing legally binding Decent Homes Standard in the private rented sector	Head of Housing & Homelessness/ Head of Public Protection	Q4
Fuel costs for community venues	Delivery of energy advice sessions for voluntary, community, faith and social enterprise organisations to explore options for mitigating rising fuel and running costs of community assets	VCFA Networking Officer	Q2

6. Tackling deprivation

Tackling deprivation requires a collaborative approach, hence the borough wide delivery plan with priorities for the next 12 months with partners across Team Bury. Within the Council, tackling deprivation will be a focus across each political portfolio are summarised below:

LETS Principle	Council Portfolios	Priorities to prevent poverty & tackle deprivation
Local	Finance and communities	A People and Communities' plan for every neighbourhood, starting with Radcliffe and Bury East, to develop the skills, strengths and successes of individuals and communities in order that some of the great causes of inequality may be tackled: a poor start in life; blinkered horizons; poor education and poor-quality work
	Environment	Targeted delivery of the Green Home Grant Local Authority Delivery activity and promotion of measures to increase sustainable, affordable warmth.
	Housing	Implementation of our Housing Strategy which drives up standards of housing including for those in the private rented sector; tenancy sustainment support for Six Town Housing residents and proactive help for people with complex lives who are at risk of homelessness
Enterprise	Strategic Growth	Continuing to take advantage of the national Levelling Up agenda including delivery of the two schemes agreed to date, to boost productivity, employment and pay, particularly in areas where this has previously lagged behind national levels. An ambitious programme of regeneration across our townships including a Strategic Regeneration Framework for Radcliffe which has the highest proportion of deprivation of all of the Borough's townships
	Culture and Economy	The development of an Economic Strategy to drive growth in the borough including: • an all-age skills strategy which ensures adults have the education and aspiration to be connected to the opportunities that will come • community wealth building
Together	Finance and communities	The development of our Voluntary, Community and Faith Alliance to help the sector continue to develop and provide support for communities in need Over £1m of participatory budgets passed to our neighbourhoods, to support community economic recovery and drive health improvement Leadership through Cabinet Member for Finance on demonstrating the principles of socio-economic duty in decision making
	Corporate Affairs (Inclusion)	To apply the socio-economic duty of giving due regard to reducing the inequalities caused by deprivation and poverty in decision making and service delivery, as per Bury's Inclusion Strategy

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LETS Principle	Council Portfolios	Priorities to prevent poverty & tackle deprivation
Strengths	Health & Wellbeing	Neighbourhood teams providing targeted support to the most vulnerable, including direct referrals for those who need crisis or hardship help and addressing the wider determinants of wellbeing.
	Children & Young People	Continued co-production of targeted support with those families experiencing or most at risk of the experiencing the greatest hardship, including through pastoral teams and Youth Cabinet.

7. Enablers

Two enablers have been identified to support all workstreams and evolve the council's offer.

- Challenging and addressing stigma and unconscious bias in relation to poverty
- Digital inclusion

7.1 Challenging and addressing stigma and unconscious bias

Amongst the stresses of living in poverty is the stigma faced by individuals and families in seeking to access support. Indeed the word poverty is a loaded term that can add pressure and bias to describing an household and through which there is a danger of generalising, missing the detail of the individual lives of local people.

The *Let's Do It!* strategy sets out to take a strength-based approach to improving the lives of local people and reducing inequality. This means an approach which is built around respect, empathy, compassion and fairness; one in which people are empowered to live their best lives, direct their own destiny and recognises for different people this will take a different form.

Language and terminology are central to this. There is the need for open and honest conversations on terminology which undermines or degrades individuals even when it is not set out to do so. The voice of those experiencing hardship is critical to this, so that collectively we can develop a shared understanding and language locally which is clear and respectful; understood and constructive.

The Council's Inclusion Working Group is working on inclusive language across inclusion and equality terminology and will seek to explore options with those with lived experience. In the meantime, a specific initiative to enable requests for Household Support Fund monies to be made via text through local shops is being explored, and the table below outlines further actions which will be taken.

Section 1 of the Equality Act 2010 contains the duty for public authorities to actively consider the way in which their decisions – such as in policy development or changes to services – could increase or decrease inequalities that result from socio-economic disadvantage. This duty was never enacted in England and so is not currently a legal requirement for public authorities such as Councils. However, in recognition of the importance of considering socio-economic disadvantage in our decision making and in support of our *Let's do it* ambition to improve the lives of all our residents and mitigate the impact of inequalities on life chances, the Council's Inclusion Strategy considers socio-economic disadvantage alongside the other legally recognised protected characteristics. As such this is specifically referenced within our standard Equality Impact Assessment template and guidance to ensure due regard is given in decision making to the potential impact on socio-economic disadvantage.

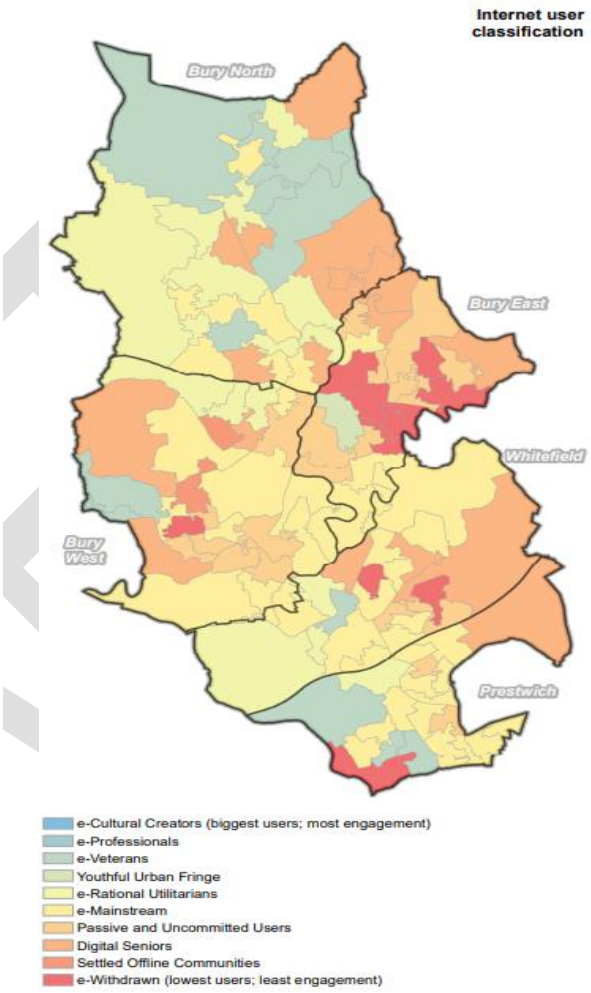
This ensures Members are fully informed of how Council decisions may impact our most disadvantaged communities and provides a framework for us to put in place mitigations to any potential negative impacts. A recent report by Greater Manchester Poverty Action on the scale of socio-economic duty in England has shown that 55% of local authorities have taken such an approach, which helps give due regard in light of intersectionality with other protected characteristics (though not all authorities went as far as including socio-economic vulnerability as a local protected characteristic), whilst 14% who had not built this into existing inclusion frameworks have voluntarily adopted the Socio Economic Duty.

Priority	Key Actions	Lead	By when
Poverty listening session	Conduct listening sessions and facilitated focus groups to capture additional insight on lived experience of socio-economic vulnerability in the Borough to identify most prevalent local stigmas and experiences of bias	VCFA; BCSN; Strategic Partnerships Manager	Q2
Develop strengths-based language and terminology	Develop session with Bury Inclusion Working Group, based on their previous work on inclusive language, to determine options of language and terminology in keeping with the principles of Let's Do It and the learning from the above listening session	Director of People and Inclusion	Q2
	Review this Anti-Poverty Strategy in light of the previous actions	Strategic Partnerships Manager	Q3
Further strengthen inclusive practice	Further training on Equality Impact Assessments, which in Bury include due regard to socio-economic vulnerability, through the newly appointed Inclusion Manager; increasing the robustness of assessment completion and analysis	Inclusion Manager	Q2
	Council and CCG staff to have additional training with regards to this duty in the context of this strategy (in terms of data and activity)	Inclusion Manager	Q3
	Review of Council communications and engagement to identify and address any barriers to people who are socio-economically disadvantaged from accessing information, in particular in relation to the following of the duty	Head of Communications and Engagement	Q3

7.2 Digital Inclusion

There are a number of determinants of digital poverty in itself and of the impact digital exclusion has on hardship:

- Affordability of devices and connectivity
- Capability to utilise technology through lack of access to skills
- Lack of awareness of capability of online platforms, ie benefits available through having online access to retail, webchats with support organisations; awareness of support organisations, such as through the Bury Directory.
- Support into digital inclusion – enablers and access to (peer) support
- Cultural sensitivities and norms with regards to the use of technology



Bury's communities experience different approaches to utilising digital services and online offers. This map from research by Temple indicates not just geographic areas to target digital inclusion activity but also the prominent means of online access to inform targeted on broader anti-poverty approaches, for example a social media campaign to increase uptake in pension credit is less likely to be successful in the southwest corner of Prestwich than in other parts of the Borough

A key delivery outcomes of *Bury's Let's Do It!* strategy is improved digital connectivity through improvement in the borough rank for digital connectivity based on the percentage of people over 16 who state they have not used the internet in the past 6 months.

The table below outlines how the means by which digital connectivity will be considered and acted upon as a tool to enable people to tackle hardship in the Borough.

Priority	Key Actions	Lead	By when
Build on existing digital inclusion offer	Review the Bury offer in light of the Good Things Foundation approach of Affordable Internet, Digital Skills and Community Support – with a workstream against each of these	Digital Inclusion Lead	Q2
	Explore linkages with the Digital Poverty Alliance including Tech4Families and Tech4PrisonLeavers campaigns	Digital Inclusion Lead	Q3

Priority	Key Actions	Lead	By when
	Maximise local connectivity into regional funding and policy initiatives related to digital through the Greater Manchester Combine	Digital Inclusion Lead	Q3
Identify opportunities for local social enterprise development	Explore opportunities for social enterprise development such as Wavelength CIC which provides TVs, radios and tablets to isolated people and those living in poverty	VCFA Networking Officer	Q4
Target digital inclusion provision in light of Temple data	Develop bespoke approaches for promotion of digital awareness, access and infrastructure provision to match geographical online usage preferences	Digital Inclusion Lead	Q2
	Determine locations for partnership activity to increase access to digital equipment, including loans	Digital Inclusion Lead	Q3
	Determine locations for partnership activity to increase access to skills and confidence development, including through the Staying Well Team and Social Prescribers	Digital Inclusion Lead	Q3

7 Outcomes Framework and Measuring Success

Each theme, described above, details key local baseline data against which progress may be measured. A summary and proposed outcome shifts is proposed below, noting that shifts in outcomes will take time to achieve but the actions in this strategy will contribute towards the delivery of these.

Source	Outcome measure and imperative
Let's Do It! Outcome	• Reduce the life expectancy gap within the Borough to under 13 years for men and 10 years for women • Narrow the gap between school readiness of all pupils and those eligible for free school meals, to be no more than 8.5 • Narrow the gap in average attainment 8 score for all pupils and those eligible for free school meals to improve on 8.8% • Reducing the number of adults with no qualifications with the gap between adults with no qualifications and those of NVQ Level 3 and above to over 58.5% • Maintain position in top 3 GM ranking for average total household income and increase the proportion of households in the top quartile • Improvement in the borough rank within GM for digital connectivity based on the percentage of people over 16 who state they have not used the internet in the past 6 months or ever.

<table>
<tr>
<td>Index of Multiple Deprivation</td>
<td>The table outlines the number of Lower Super Output Areas (LSOA) within Borough with the highest levels of deprivation. There are 120 LSOAs across the Borough.
<table>
<tr><th>IMD Domain</th><th>Top 1%</th><th>Top 10%</th><th>Top 20%</th></tr>
<tr><td>Overall deprivation domain</td><td>1</td><td>12</td><td>27</td></tr>
<tr><td>Income deprivation domain</td><td>1</td><td>12</td><td>30</td></tr>
<tr><td>Income domain affecting children</td><td>2</td><td>11</td><td>29</td></tr>
<tr><td>Income domain affecting older people</td><td>0</td><td>8</td><td>21</td></tr>
</table>
Target:

To have no LSOAs in top 1% most deprived in every domain
To reduce the number of LSOAs in the top 10% most deprived to 8.
To reduce number of LSOAs in 20% most deprived to 20.

</td>
</tr>
<tr>
<td>Strategy specific measures</td>
<td>

Reduce food insecurity across all priority neighbourhoods
Reduce the proportion of underweight children at reception age
Reduce childhood obesity by the end of year 6
Increase in physical activity in the neighbourhoods with the highest levels of deprivation, with the activity rate above 60% in all wards.
Maintain percentage of working age population economically average to remain above the North West and national average
Reduce the number of households that are workless to meet the national average
Maintain hourly pay rate for the Borough at a rate above the national average
Increase the number of organisations which are Living Wage employers and members of the Good Employment Charter
Reduce the percentage of children living in poverty before and after housing costs
Reduce the percentage of households that are fuel poor

In addition, the following measures will be reported on

Citizens Advice demand volume, nature of demand and income gain for local residents
Foodbank demand volume
Council Tax support data
Number of households supported through Household Support Fund
Number of households engaged in Fit and Fed

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8 Governance

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It is proposed that the Bury Health and Wellbeing Board (HWB) assumes accountability for driving forward the activities set out in this strategy, in the context of its mission to reduce inequalities and improve quality of life.

Each of the thematic priorities will have a named officer lead drawn from across the Team Bury system who will come together as a Partnership Delivery Group, which will ensure delivery against the plans, track progress of activity, share good practice across thematic areas and work together to unblock any barriers. The group will report on progress to the HWB, with regular oversight through the portfolio of the Cabinet Member for Finance and Communities.

Priority leads

Theme	Role
Cost of Living Crisis	Strategic Partnerships Manager, Bury Council
Food poverty	Chair, Bury Community Support Network
	Bury Food Network Lead
Wellbeing and poverty	Consultant in Public Health
Finance and debt	Bury and Bolton Citizens Advice Lead
	Bury Council Welfare Support Lead
Work and wages	DWP Partnerships Manager, as chair of Bury Health Employment and Skills Taskforce
Childhood poverty	Children's Early Help Lead
Housing and fuel poverty	Six Town Housing Lead
	Affordable Warmth Officer, Bury Council

Enabler Leads

Theme	Role
Digital	Digital Inclusion Lead, Bury Council
Stigma and communications	Communications Officer, Bury Council and CCG
	Inclusion Manager, Bury Council

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Appendix 1: Index of Multiple Deprivation – Top 5 most deprived Lower Super Output Areas in the Borough

Overall income deprivation domain	Income Deprivation Affecting Children Index	Income Deprivation Affecting Older People Index
Bury 007E Moorside ward East neighbourhood *(around Kingfisher Drive/Thrush Drive)*	Bury 007E Moorside ward East neighbourhood *(around Kingfisher Drive/Thrush Drive)*	*Bury* 008E Bury East Ward East Neighbourhood *(around Bury Town Centre, South Cross Street and Cecil Street)*
Bury 016C Radcliffe North and Ainsworth , West neighbourhood *(around Coronation Road/ Westminster Avenue)*	Bury 021B Besses ward, Whitefield neighbourhood *(around Ribble Drive and down to Westminster Avenue)*	Bury 007E Moorside ward, East neighbourhood *(around Kingfisher Drive/Thrush Drive)*
Bury 021B Besses ward Whitefield neighbourhood *(around Ribble Drive and down to Westminster Avenue)*	Bury 007D Bury East ward East Neighbourhood *(around Hazelwood High/ Bridge Hall Lane)*	Bury 008C Moorside ward East neighbourhood *(around Park Road/ Castlecroft Road)*
Bury 007D Bury East ward, East neighbourhood *(around Hazelwood High School)*	*Bury 025B* *St. Mary's ward* *Prestwich neighbourhood* *(around Rainsough Brow/ Kersal Road)*	Bury 016B Radcliffe West ward West neighbourhood *(around Water Street & Bolton Road junction)*
Bury 020C Unsworth ward Whitefield neighbourhood *(around Rufford Drive/ Rippon Avenue)*	Bury 016E Radcliffe East ward West Neighbourhood *(around Milltown Street/ Irwell Street)*	Bury 008F Bury East Ward East Neighbourhood *around Alfred Street/ James Street)*

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Appendix 2 – Tackling financial hardship and anti-poverty activity 2021/22

Food Poverty

- The Council has supported the ongoing development of Bury Community Support Network (BCSN), which is comprised 18 members and led by the Bury Voluntary, Community and Faith Alliance (VCFA). The BCSN provides a community-led gateway to food and wider support for people at risk of poverty. It has been successful in attracting funding from the Albert Gouby Foundation and has been working with Sabine Goodwin at the Food Aid Network on the impact of Covid and beyond. There is an opportunity to build on this work to further develop a pantry model to increase resilience.

- Development of a multi-agency Bury Food Strategy with priorities built on the Sustainable Food Places network which focuses on healthy and sustainable food in Bury being accessible to all. This includes a Good Food Charter with the stated ambition to tackle food poverty and diet-related ill health.

- Urgent winter hardship has been provided through food vouchers as part of the national Government Household Support Fund. In Prestwich this included the development of a voucher exchange programme to allow households to use the voucher in kosher retailers who provided an uplift in the voucher as social value.

- Brandlesholme Community Centre are providing slow cookers as an incentive for participation in their Cooking on a Budget course, with participants identified in conjunction with the neighbourhood Children's Early Help Team.

- Fit and Fed campaign addressing holiday hunger in school children, run by Families Active officers from the Live Well Service, working in partnership with the Public Health Team, School Catering Team, local schools, community centres and foodbanks.

- Proactive engagement with Fair Futures CIC through the Traveller Education Service and African Caribbean Women's Network to raise awareness of tactical anti-poverty support, embedding as trusted referrers into the Household Support Fund and increasing awareness of their offer across public service leadership team colleagues.

- The Bury Food Partnership have been successful in receiving a Bronze Sustainable Food Places award in June 2022.

Poverty and Wellbeing

- Promotion of the *Helping Yourself to Wellbeing* approach - a 7 week course designed to help individuals to practice self-care and improve their health and wellbeing. The course provides participants with the knowledge, skills and tools to improve their confidence and motivation to set realistic goals for making changes to their lifestyle. Topics include: behaviour change, self-esteem and confidence, dealing with stress and anxiety, lifestyle choices, healthy eating, alcohol and smoking.

- The Older People's Staying Well Team have been a key trusted referrer into the Household Support Fund, maximising their engagement contact to not just provide immediate support but

to link people into broader services to improvement movement, social connections, access to financial and wellbeing support, and how to Keep and Live Well.

- During the Covid-19 pandemic the Getting Help Helpline was set up and continues to operate. Run through Early Break, this provides non-urgent, non-clinical support for anyone experiencing difficulties with their mental wellbeing, including anxiety or concern over their financial or broader situation. People can leave a message to receive a call back to avoid having to worry about phone charges.

- Citizens Advice Bury and Bolton are actively engaged with the Beacon Service and their social prescribing link workers to connect

- Delivery is taking place of the 'Live Well, Move More' Local Delivery Pilot, including engagement with Youth Cabinet. Key priorities include increasing movement amongst those who are unemployed and there is specific place-based focus in Radcliffe. This includes linking people with community sports and recreation groups in some of the areas of greatest deprivation locally to test and learn new approaches to increasing participation in physical activity.

- Refresh of the Armed Forces Covenant which has included Community Hub manages completing online training on supporting included Defence related money advice provisions and linked into Armed Forces Breakfast session

Finance and Debt

- Sustained funding support to Citizens Advice Bureau Bury and Bolton (CABB) from Bury Council and Six Town Housing, including additional funding within 2021 to sustain dedicated case management support. CABB have in particular provided support for individuals to ensure they're received all benefits they're entitled to and debt management support if required to those who have received immediate financial hardship support through Covid related grants.

- Targeted direction of the government's Household Support Fund based on combination of welfare data and local insight from public services and community leads, including school pastoral teams and foodbanks. This provided direct financial support for food, fuel and winter essentials, including emergency boiler repairs and support with essential white goods.

- Joint work with Bury Community Support Network to explore possibilities of increasing access to and offer of Credit Union provision, putting service user voice and experience at the heart of considerations.

- Neighbourhood based pop-up support, advice and information on financial and money management, including partnership guidance in Chesham at the Step into Bury East event; Radcliffe Neighbourhood Pitch; Prestwich Library pop-up

- The Family Learning provision via Bury Adult Learning Centre has been delivering family budgeting courses, including within community settings such as at Trinity Foodbank. Courses

include, *Family Finance -Budgeting for the Family*; and *Keep Calm and Budget* (for learners with mild to moderate mental health issues)

Work and Wages

- In December 2021 Bury became the only Greater Manchester council to be both a Greater Manchester Good Employment Charter Member and a Real Living Wage accredited employer. This means that all council jobs and contracts will be paid at least Real Living Wage value and has given a direct increase in earnings to over 4,000 local people who are involved in the supply and delivery of Council services. The Council is now setting an example across the Bury system about high quality employment – Dunster's Farm and Six Town Housing are also Good Employment Charter Members.

- The development of a People and Communities Plan for Radcliffe and for Bury East (with other neigbourhoods to follow) to specifically link local people to the opportunities being born out of two successful Levelling Up bids for Radcliffe town centre hub and Bury Flexihall.

- Additional Job Centre Plus capacity in the Millgate Centre, Bury, to support the government's Plan for Jobs and Way to Work campaign.

- Six Town Housing have signed the GM Housing Provide Pledge which commits to a series of actions to supplement the local Steps to Success scheme:

    - Paying the real living wage and seeking accreditation on this
    - Working collaborative to identify and deliver accessible pathways for tenants to access jobs in the growth sectors of Digital and Zero Carbon
    - Work collaborative to support under-represented groups into construction and supply chains
    - Embedding employment support work across all activities, including pathways into entry level jobs
    - Creating job opportunities for all ages with an emphasis on supporting those from vulnerable and diverse backgrounds that have been significantly disadvantaged

Childhood Poverty and Education

- As referenced previously, Bury Council has announced £240k of funding to support families in poverty with the costs of school uniforms.

- Specific focus on children and families within the local utilisation of Household Support Funding, maintaining provision during all school holidays for those eligible for Free School Meals, in conjunction with a vibrant multi-agency Holiday Activity Fund offer.

- Proactive role of school and early years setting pastoral teams in the identification of children and families with whom to target resource, including immediate assistance in relation to food, fuel, essential winter clothing and linkage to financial resilience guidance.

- Early Help Locality Teams targeting resources in neighbourhoods to prevent families reaching crisis, connecting people to local support within their communities

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- Brandlesholme Community Centre have been delivering the Bury Family Bank during the Covid pandemic to help provide baby products and children's clothing, which is offered alongside referring families into broader hardship support.

- Start of targeted drop-in antipoverty activity at Sedgley Children's Centre in conjunction with the Jewel Foundation, as a response to data-driven insight on poverty levels affecting children, to tailor local offers and bring support closer to families in this neighbourhood.

Housing related poverty including fuel poverty

- Foundation Funding has been secured to undertake 130 energy efficiency visits during 2022 by disabled facilities grant surveyors to provide energy efficiency advice and distribute small scale energy efficiency measures

- A further £100k of funding has been identified by Bury Council to support individuals facing hardship due to the cost of living, targeting those who would not ordinarily be eligible for support through existing schemes, such as those not currently receiving benefits.

- Proactive, multi-agency targeting of national funding, including the Household Support Fund and vulnerable renters scheme through the Homeless Partnership Board. In relation to the latter 36 households supported to avoid tenancy failure through a combination of a new process agreed with DWP to utilise the duty to refer portal; with Revenue and Benefit colleagues to highlight suitable cases through Discretionary Housing Payment requests; and through Citizens Advice and their mortgage rescue cases.

- Six Town Housing offers free energy efficiency training to tenants who can act as ambassadors in the community, helping others to understand how to cut down on energy usage and be more environmentally friendly. Neighbourhood Advisors proactively identifying properties for energy audits. 8 staff are trained in city and guilds energy awareness, 4 staff trained city and guilds fuel debt advice in the community and 22 front facing staff and contractors liaison advisors trained energy awareness and identifying vulnerable situations and fuel poverty

- Successful in attracting funding from the Social Housing Decarbonisation Fund to improve thermal properties of homes which are not suitable for cavity wall insulation

- Local Energy Advice Partnership (LEAP) and Energyworks attendance at Community Hub activity including Neighbourhood Pitch in Radcliffe

Digital Inclusion

- Over the past 12 months the Council has led the digital eco-system to:
    - engage over 1,177 residents in community digital activity and over 250 learners via an adult learning digital course (since February 2021). The project aims to engage 1,500 residents by June 2022.
    - Deliver 172 digital drop-in activities since June 2021, offering bespoke and reactive support 684 times. To encourage sustainability, each community partner is receiving a package of support with connectivity, to train volunteers and access digital equipment

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- Distribute over 300 refurbished Samsung tablet devices which were received via the GM Tech Fund. 175 tablets were distributed to Bury schools, the remainder have been retained by the digital eco-system for a Loan Scheme which was launched in August 2021 for Bury Council services, local partners, organisations and residents.

- Six Town Housing have signed up to the GM Housing Pledge which includes the commitment to reduce the digital divide through the provision of training, funding, and support for digital inclusion measures, and by engaging with the GMCA Digital Inclusion Task Force to maximise the opportunities available for tenants and residents

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Appendix 3– Proposed Household Support Fund Allocations

Families	Continuation of the Free School Meals for Whit half term and six week summer holiday	7 weeks at £90k **£630k**
	Continue school/early year pastoral teams and locality Early Help teams proactively identifying young people and families who would most benefit from the scheme (in particular those who are not eligible for FSM)	**£50k**
Pensioners	Direct payment to pensioners in receipt of Council Tax Support 4,700 cases that are householders where pensioner is lead claimant; if one partner isn't a pensioner the household is treated as working age)	4,700 x £100 voucher **£470k**
	Targeted identification of individuals/ households through public service colleagues including the Older Peoples Stay Well Team, and trusted referrers through the Older People Network, supported through Age UK Bury. The Bury Older People Network were keen there was this option recognising pressures felt by those beyond those in receipt of certain welfare support measures.	**£120k**
	Capacity support to Older People Network via VCFA/Age UK Bury to assist with targeting activity	**£15k**
Broader population	Ongoing targeted identification of households through public service leads in neighbourhoods and trusted referrers, including Bury Community Support Network. Immediate resilience in conjunction with wider financial resilience advice and information. Connection through Community Hubs where individuals not engaged in wider services	**£175k***
	Resilience support to foodbanks across the Borough, consistent with previous levels of support	**£40k**
Administrative Support	Capacity for Welfare Support Service to administer scheme in timely manner.	**£34k** (c.2% of total allocation)
	Total	**£1.534m**

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EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partner organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

For support with completing this Equality Analysis please contact corporate.core@bury.gov.uk / *0161 253 6592*

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY *Refer to Equality Analysis guidance page 4*	
1.1 Name of policy/ project/ decision	**Cost of Living and Anti-Poverty Strategy**
1. 2 Lead for policy/ project/ decision	**Lynne Ridsdale/ Chris Woodhouse**
1.3 Committee/Board signing off policy/ project/ decision	Cabinet
1.4 Author of Equality Analysis	Name: Chris Woodhouse Role: Strategic Partnerships Manager Contact details: c.woodhouse@bury.gov.uk
1.5 Date EA completed	Updated 17/06/2022
1.6 Date QA completed	31/05/2022
1.7 Departmental recording	Reference: CC/COL/EA/202205 Date: *31/05/2022*
1.8 Next review date	*14/07/2022*

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT *Refer to Equality Analysis guidance page 5*	
2.1 Detail of policy/ decision being sought	To approve the *Cost of living and anti-poverty strategy* for Bury, in light of the *Let's Do It!* strategy and with a particular focus on local support measures to address the current cost-of-living pressures.
2.2 What are the intended outcomes of this?	The strategy is integral to delivering the *Let's Do It!* vision of achieving faster economic growth than the national average with lower than national average levels of deprivation by 2030. To achieve this there is a requirement to be data and insight driven to best target resources and support to deliver on both the outcomes set out in the *Let's Do It!* framework and specific improvements to be sought in relation to Bury data, including reducing food insecurity, and children experiencing poverty as set out in section 7 of the strategy.

SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS *Refer to Equality Analysis guidance pages 5-8 and 11* Please outline the relevance of the activity/ policy to the Public Sector Equality Duty		
General Public Sector Equality Duties	**Relevance (Yes/No)**	**Rationale behind relevance decision**
3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	This strategies outlines a targeted focus on giving due regard to socio-economic vulnerability - recognised as a local protected characteristic through the joint Council and CCG Inclusion Strategy – and the intersectionality of this across our communities. The Strategy outlines a proactive, targeted approach to drive inclusive practices across both immediate and long term financial resilience support, information provision and the engagement on these. This includes co-designing approaches to address specific sensitivities and risks both within and between communities.
3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not.	**Yes**	
3.3 To foster good relations between people who share a protected characteristic and those who do not	**Yes**	
3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not detrimental to the Human Rights of any individual affected by the decision being sought.		
The strategy is built upon the pillars of poverty recognised by Greater Manchester Poverty Action, to consider the different elements in which individuals and families may experience socio -economic vulnerabilities, including access of essentials including food and warmth. The proposals seeks to maximise the reach of funding and support to those most vulnerable.		

SECTION 4 – EQUALITIES DATA *Refer to Equality Analysis guidance page 8*			
Protected characteristic	**Outcome sought**	**Base data**	**Data gaps (to include in Section 8 log)**
4.1 Age	Reduction in poverty rates across all communities of identity, place and experience,	6,470 young people in the Borough eligible for Free School Meals from 3,346 families. Highest prevalence in Moorside, Radcliffe West and Bury East wards Children living in poverty after housing costs: Sedgley ward 50.4% Bury East Ward 45.5% Radcliffe West 42.3% Healthy start uptake rate 2022: 42%	

<table>
<tr><td></td><td rowspan="6">in particular those wards where the local rate is above the national average, as outlined in the Strategy data tables.</td><td>75% of children living in poverty have at least one parent in work (CPAG)

The poverty rate for children in families with 3 or more children in the family is twice that of 1 child families (ONS)

2018 Mid-Year Estimate (latest data available) of over 70s in Bury : 24,843</td><td>Breakdown across the Borough of family sizes</td></tr>
<tr><td>4.2 Disability</td><td>Over 21,224 people in Bury have a limiting long-term illness, health problem or disability equating to 11.24% of our resident population, compared to 18.8% of the population of England and Wales</td><td></td></tr>
<tr><td>4.3 Gender</td><td>Female 51% Male 49%
<table><tr><td>% of working age population economically active</td><td>Bury</td><td>NW av.</td><td>GB av.</td></tr><tr><td>Males</td><td>82.6</td><td>80.3</td><td>82.2</td></tr><tr><td>Females</td><td>75.8</td><td>73.6</td><td>74.8</td></tr></table></td><td></td></tr>
<tr><td>4.4 Pregnancy or Maternity</td><td>Live births rate for the Borough from latest data: 2,104

Healthy start uptake rate 2022: 42%</td><td></td></tr>
<tr><td>4.5 Race</td><td>Bury has a non-white population of 10.8% compared to 14.7% of the population of England and Wales</td><td>Seek specific breakdown for Bangladeshi and Pakistani populations in Bury as identified by GMPA as experiencing greatest risk of poverty</td></tr>
<tr><td>4.6 Religion and belief</td><td>Christian (62.7%, nationally 59.3%), Muslim (6.1%, nationally 4.8%) and Jewish (5.6%, nationally 0.5%). 18.6% identified as having no religion</td><td></td></tr>
<tr><td>4.7 Sexual Orientation</td><td>There is currently no national or local data on sexual orientation. However, estimates provided by the LGBT Foundation and Stonewall that between 5% and 7% of the population identify as Lesbian, Gay or Bisexual nationally</td><td></td></tr>
</table>

4.8 Marriage or Civil Partnership		70,088 recorded as married through census and 253 recorded status as being in same-sex civil partnership.	
4.9 Gender Reassignment		There is currently no national or local data on gender identity. However, estimates provided by the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation that 1 in 4,000 people in the UK seek support to change their birth gender.	
4.10 Carers		19,954 (Census 2011) 440 (Bury Carers Hub)	
4.11 Looked After Children and Care Leavers		358 Looked After Children 140 Care Leavers	
4.12 Armed Forces personnel including veterans		6,447 (GP registers)	Specific question being asked in 2021 census; first data expected July 2022
4.13 Socio-economically vulnerable		15,700 Housing benefit / Council Tax support claimants 4,700 households in receipt of Council Tax support where lead claimant is a pensioner. NOMIS Claimant Count: 5,430 (April 2022) down from 6,610 (September 2021) NOMIS Wage levels for full time workers: Male (Bury/UK): £530/ £612 Female (Bury/UK): £496/ £558	

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT *Refer to Equality Analysis guidance page 8 and 9*		
	Internal Stakeholders	External Stakeholders
5.1 Identify stakeholders	Cabinet Members, in particular Leader and Cabinet Member for Finance and Communities; Joint Executive Team; Revenue and Benefits Team; Staying Well Team; Assistant Director Education; Assistant Director Early Help; Consultant in Public Health; Housing Service Manager;	Bury Community Support Network including foodbanks and pantries; Bury Voluntary and Community Faith Alliance and related networks; Commissioned service providers including Beacon Service; Citizens Advice Bureau; Six Town Housing; Single Points of Contact at other local authorities; national government
5.2 Engagement undertaken	Household Support Fund/Anti Poverty working group meetings; update to Cabinet Portfolio Holder; update to	Public Service Leadership Teams across neighbourhoods including Health and Care INT leads; Six Town

	Leader; Policy Advisory Group; Informal Cabinet. Overview and Scrutiny Committee 15/06/2022	Housing neighbourhood advisors; Beacon Service; Public Health Leads and GMP Neighbourhood Inspectors VCFA engagement including Older People's Network; MEG-N group following Borough wide race listening session; VCSE Leads Group; Bury Community Support network leads; meeting with Chief Officer and colleagues at Citizen Advice Bureau. GM Poverty Action Money Advice lead
5.3 Outcomes of engagement	Breadth of targeted support widened to include Care Leavers and wider pastoral teams within learning settings. Determination of blended approach to provide direct credits alongside trusted referral schemes. Updated financial information on national funding support and more explicit focus on Socio Economic Duty	Increased awareness of the scheme and greater linkages into existing anti-poverty activity. Learning shared from previous funding schemes, including payment mechanisms and routes for promotion. Additional connections into support including African Caribbean Women's Centre and BRAC group Additional engagement opportunities including Talking About My Generation platform, including aligning with Pension Credit campaign.
5.4 Outstanding actions following engagement (include in Section 8 log)		Ongoing engagement with VCFA and Bury Community Support Network Further specific engagement with Bury Health Employment and Skills Taskforce and new Chair of Health and Wellbeing Board

SECTION 6 – CONCLUSION OF IMPACT
Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

Protected Characteristic	Positive/ Neutral Negative/	Impact
6.1 Age	Positive	Childhood poverty is a specific priority pillar within the strategy with a series of actions set out to reduce childhood poverty. Previous iterations of the Household Support Fund have included strong input from school pastoral teams. Additional focus on larger families seek to address some of the most vulnerable. There is a requirement within Household Support fund that at least one-third of funding is on families. One third is also to be on pensioners. Older Peoples Staying Well team as part of the Bury Live Well Service have been engaged in previous iterations of this funding as key front-line professionals to identify individuals at risk and who would benefit from food/fuel support. The Older People's Network actively engaged with in the development of local support, including tackling stigma in claiming of pension credits and means to ensure communication on support means are in an inclusive manner for older people.
6.2 Disability	Positive	Disabled people face a higher risk of poverty and have done so for at least the last 20 years. This is driven partly by the additional costs associated with disability and ill-health, and partly by many disabled people being less able to access work. Nationally the disabled working age adult poverty rate is 38% compared to 17% for those not-disabled. Among families where someone is disabled, the workless rate is 26%, compared with 10% of families where no-one is disabled. Bury has a strong track record through the Working Well Work and Health programme which this strategy seeks to expand upon. Discussions have taken place to consider measures of increasing access to information, including easy read approaches through Bury People First and Bury Blind Society. Alongside the humanitarian aid support in relation to food and fuel will be guidance in relation to promoting positive wellbeing including the 'Getting Help Line' launched in Bury on 17 August 2020 to offer non-clinical, non-urgent support for anyone experiencing low level emotional health and wellbeing difficulties. The new helpline is being launched on behalf of Bury Council and NHS Bury Clinical Commissioning Group (CCG) and is available to Bury residents of all ages. The 'Getting Help Line' will be open Monday to Saturday from 8am until 8pm
6.3 Gender	Positive	Specific reference within the wellbeing pillar to addressing specific financial pressures including addressing concerns over period poverty.

6.4 Pregnancy or Maternity	Positive	Targeted work through Early Help, and with their health colleagues, will help identify those who are pregnant and new parents who may be facing additional costs and pressures this winter.
6.5 Race	Positive	Data from Greater Manchester Poverty Action highlights that non-White British ethnic groups experience considerably greater levels of poverty, with this most acutely seen within the Bangladeshi and Pakistani communities. Working with the MEG-N group of the VCFA and with community leaders, targeted activity to increase welfare access, employability information and access to immediate financial resilience will be strengthened. The Bury Community Support Network is made up on community groups across the Borough, working with residents of different races, including promotion of support through local networks and channels
6.6 Religion and belief	Positive	As 6.5 but in relation to faith and the Community Support Network has supported cultural food requirements in terms of kosher and halal provision arranged through the Borough's foodbanks. The strategy will build on examples including the Kosher voucher exchange in Sedgley and will seek to explore the role of faith organisations and cultures in addressing culturally specific poverty drivers.
6.7 Sexual Orientation	Neutral	No specific impact in relation to this proposal.
6.8 Marriage or Civil Partnership	Neutral	No specific impact in relation to this proposal.
6.9 Gender Reassignment	Neutral	No specific impact in relation to this proposal.
6.10 Carers	Neutral, to become positive.	Around 1 in 12 adults are informal carers and just over three-quarters are of working age. Informal carers are more likely to live in poverty and this increases with the amount of time spent caring. The poverty rate for working age adults who are caring 35 hours a week or more is 44%, more than double the rate of those caring for under 20 hours Further engagement is to take place with N-Compass who took on the Bury Carers Hub contract during 2020 in terms of their role in targetting support to socio-economically vulnerable carers.
6.11 Looked After Children and Care Leavers	Positive	Targeted provision with Children's Services and the Children's Strategic Partnership Board , in conjunction with 6.1
6.12 Armed Forces personnel including veterans	Neutral, to become positive.	Refresh of the Armed Forces Covenant in Bury has included Community Hub managers completing online training on supporting included Defence related money advice provisions and linked into Armed Forces Breakfast session; engagement will continue to target support to socio-economically vulnerable personnel and veterans, including their families.

6.13 Socio-economically vulnerable	Positive	This strategy and delivery of immediate cost-of-living support takes a blended approach to facilitate direct and immediate provision to individuals and families that are facing extreme economic pressures, utilising existing interactions with services alongside targeted engagement to reach vulnerable residents not currently known to services and to nurture longer term resilience through addressing the conditions to tackle deprivation through Let's Do It. The proposals also increase the resilience of the Bury Community Support network which has seen isolated food banks develop into a thriving, strong, neighbourhood-based network of 18 food banks and pantries.
6.14 Overall impact – What will the likely overall effect of your activity be on equality, including consideration on intersectionality?	Positive – The HSF proposals provides a blended approach of direct support and targeted engagement to maximise the impact of national funding across the Borough across protected characteristics and communities of interest.	

SECTION 7 – ACTION LOG *Refer to Equality Analysis guidance page 10*			
Action Identified	Lead	Due Date	Comments and Sign off (when complete)
7.1 Actions to address gaps identified in section 4			
Breakdown across the Borough of family sizes	HS	15/06/2022	Received 30/05/2022. Sedgley ward has highest proportion of three or more dependent children aged under 4, ahead of Redvales and Bury East Ward.
Seek specific breakdown for Bangladeshi and Pakistani populations in Bury as identified by GMPA as experiencing greatest risk of poverty	HS	15/06/2022	Redvales has highest demographics – 2,164 Pakistani residents and 57 Bangladeshi; followed by Bury East ward (1,935 and 37 respectively). Ramsbottom has 52 Bangladeshi residents (2nd highest in the Borough)
7.2 Actions to address gaps identified in section 5			
Ongoing dialogue with VCFA and Bury Community Support Network	CW	13/06/2022 01/08/2022	Constructive discussion at Bury Community Support Network on 13/06/2022
Further specific engagement with Bury Health Employment and Skills Taskforce and new Chair of Health and Wellbeing Board	CW	15/08/2022	
7.3 Mitigations to address negative impacts identified in section 6			
N/A			

7.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics			
Further Liaison with Bury Blind Society and BIG to ensure inclusive promotion of HSF	CW	15/07/2022	
Liaison with NCompass and Bury Carers Hub to further awareness	CW	15/07/2022	

SECTION 8 – REVIEW *Refer to Equality Analysis guidance page 10*			
Review Milestone	Lead	Due Date	Comments (and sign off when complete)
Following Overview and Scrutiny Panel	CW	16/06/2022	Discussed at Scrutiny on 15th June 2022; strategy updated to reflect latest national funding support and additional reference to Socio Economic Duty
Immediately following Cabinet	CW	14/07/2022	
One month following Cabinet	CW	21/08/2022	

Please make sure that every section of the Equality Analysis has been fully completed. The author of the EA should then seek Quality Assurance sign off and departmental recording.

SECTION 9 – QUALITY ASSURANCE *Refer to Equality Analysis guidance page 10*		
Consideration	**Yes/ No**	**Rationale and details of further actions required**
Have all section been completed fully?	Yes	
Has the duty to eliminate unlawful discrimination, harassment, victimization and other conducted prohibited by the PSED and Equalities Act been considered and acted upon?	Yes	Consideration made specifically in relation to socio-economically vulnerable individuals, in light of the Joint Bury Inclusion Strategy. Consideration made as to the inclusive distribution of public monies, targeted interventions and enabling access to advice and support, by means that do not result in unlawful discriminatory activity, and indeed share good practice in increasing access.
Has the duty to advance equality of opportunity between people who share a protected characteristic and those who do not been considered and acted upon	Yes	
Has the duty to foster good relations between people who share a protected characteristic and those who do not, been consider and acted upon	Yes	
Has the action log fully detailed any required activity to address gaps in data, insight and/or engagement in relation to inclusion impact?	Yes	Action log contains activity, clear lead and due dates. These will be updated at each review point outlined in section 8.

Have clear and robust reviewing arrangements been set out?	Yes	Mix of milestone and regular review points outlined with named lead for these included. EA to be included in consideration of the strategy delivery through Cabinet Portfolio meetings and at Health and Wellbeing Board
Are there any further comments to be made in relation to this EA	No	

Agenda Item 9

Classification: Open	Decision Type: Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Children's Services Restructure Proposals	
Report of	Cabinet Member for Children and Young People	

1. Introduction

1.1 This report is to seek Cabinet approval to progress with transformation of Children's Services.

1.2 The proposal requires additional investment of £2.633m to fund an additional 56.75fte posts, within a proposed service restructure, which would therefore require the department to formally consult with the affected employees. This includes estimates for associated costs including parking permits, retention payments, and ICT and telephony.

1.3 It is proposed that there will be two phases to the transformation, phase 1 is set out in this report and focuses primarily upon Early Help, Early Years, statutory social work, our duties to care leavers and placement sufficiency. A further Cabinet report setting out further detailed proposals for education, referred to as phase 2 will follow

1.4 Phase 2 will then focus on the transformation of services in relation to education and skills. The recently published schools white paper sets out a significant agenda for change, impacting on the role of the local authority. The Government has now published its schools bill setting out proposals for legislative change, re-defining the future role and responsibility of the local authority. Phase 2 will focus on increasing the effectiveness of Bury Council's Statutory Education functions and also a review of the non-statutory functions.

1.5 In phase 2 of the restructure, there still remains a need to review education functions which have historically been financed by the High Needs Block and therefore the expectation is that the education transformation agenda will require either limited or no additional financial investment at this time.

2 Background

2.1 This proposed restructure and request for additional funding is informed by the Inadequate findings from the recent ILACS Inspection and the need to re-align Education statutory functions within the Education Directorate. This restructured service will support the deliver our statutory requirements, it will improve our effectiveness and provide a service which delivers sustainable outcomes for our children and young people.

2.2 The proposed restructure redefines the areas of Early Help, Social Care, Education and Skills in order to provide a system wide focus on driving improved service delivery and transformation. The proposed team structures reflect the wider corporate strategic

intention of flatter organisational tiers and spans of control of 1 – 6 in most areas and recommends the disestablishment of 11 assistant team managers and 3 service managers in most areas within Social Care. This will strengthen management lines of accountability and promote stronger staff relationships, and where relevant reduce social work caseloads. This will support improved practice and are in line with expectations from Ofsted.

2.3 The strategic approach is aligned to our Let's Do It Strategy, and is a phased approach of initially doing the basics well focusing upon the statutory responsibilities and functions of Children's Services to evolving into more ambitious transformation, reflecting the public services reform agenda – effective early help services delivered within localities, strengths based approaches that includes the establishment of specialist teams that are asset based and re-negotiate our relationship with the community, by empowering and enabling families to grow in confidence and make sustained change that improves the lived experience of children and thereby their outcomes through childhood and beyond whilst seeking to reduce service dependency.

3 Early Years

3.1 Early Years Current Position

3.2 During the 2019 restructure all Early Years workers were aligned to the Early Help (EH) locality teams. The EH teams are case holding teams, supporting targeted EH support for families with emerging needs at a neighbourhood level, in line with Working Together 2018 and our Let's Do it approach.

3.3 As all staff in early years were moved to targeted support, we need to strengthen services delivery in fulfilling our duties within early Years, particularly given that previously, some of the key roles in the early years' service were moved into other divisions and directorates, which has left the early years delivery fragmented. The risks in terms of school readiness are apparent and we need to build back an offer that provides for our families in line with more effective delivery of statutory requirements.

3.4 The Local Authority also has a duty to provide a universal offer as part of its early years delivery as set out in the Children Act 06 and set out in related guidance 2013. This places duties to '*improve the wellbeing of young children'* and includes the requirement to have services locally to parents including access to recreation, education, and protection to reduce inequalities and provide the best start in life.

3.5 The early years offer is regulated by Ofsted and whilst inspection activity was suspended this has not been discharged and the current government drive to re-focus on early years, the first 1001 days of life to ensure the best start in life leading to children who are school ready, suggests that there will be some form of inspection framework agreed to test this. We need to be ready for this potential inspection framework.

3.6 Early Years Proposal

3.7 The restructure will create an additional project post (Grade 12) to link with the national agenda for early years and support the development of programmes such as speech and language pathways, 1001-day support as well as interfacing with GM to embed

our 8-stage delivery model. The post will also provide some additional support to horizon scan and bid for additional monies to both increase our offer. And improve sustainability.

3.8 The restructure will create three early years workers (grade 8) to start to deliver a more coherent universal offer to families in line with our statutory responsibilities around our parenting offer which is one of our duties.

3.9 The restructure will allow the opportunity to move some of the resource back from other directorates to enhance and coalesce the early years offer. This will include the Family Intervention Service, lead.

3.10 The proposed costs of the Early Years element of the restructure in respect to the 4 additional posts outlined above is £0.148m

4 Early Help

4.1 Early Help Current Position

4.2 The Early Help Division was created in 2019 and included three new locality teams each with an early help manager, early help social workers and early help workers. Since the creation of the division and associated teams, there has been a renewed focus from central government and national focus on effective early help through the Family Hub initiatives, the Strengthening Families agenda as well as government's expectation that LAs develop system maturity in respect to our targeted early help support to families means that we need to build on the original model of the locality early help teams and extend this to provide an integrated offer at a neighbourhood level.

4.3 The statutory guidance as set out in Working Together 2018 clarifies the requirement under the Children Act 1989 and enhanced by the Children Act 2004 to promote inter-agency cooperation to improve the welfare of children through a coordinated early response to needs. This includes a duty on all practitioners to provide services to children as well as to those adults with children to ensure that we are identifying problems early and through assessment providing services to reduce concerns. The regulatory framework includes inspection of children's early help services.

4.4 Intervention at the earliest opportunity is the least intrusive way to support families and deflect from accessing specialised and more expensive services. This is a key component principle of our Let's do it for Children Improvement Plan, and as such we are revising our Early Help Strategy and our threshold document to support to both strengthen accountability, increase wider partnership agency delivery of early help and further develop our local early help system where services are targeted, monitored and delivered within communities.

4.5 The Early Help Teams are starting to evidence impact with a reduction in referrals into social care from our schools by 22% since inception. We are also seeing rising levels of satisfaction by families in receipt of early help and low levels of re-referrals into the service (At 4% compared to national averages of over 20% of re-referrals into social care). The current evidence suggests that further investment in line with the national

agenda will potentially lead to an even greater at grade reduction in numbers of families and children being referred into expensive and intrusive social care services

4.6 The proposal will support the development of a new team that will bring together the resources under one management span and support a single approach to intervention. Moving resource into the Early Help Division so that we focus on early intervention and prevention, reducing demand into specialist services.

4.7 **Early Help Proposal**

4.8 The restructure will create a senior lead role (Grade SM1) who will lead on building integrated systems across the Council and wider partnership and oversee the delivery of support services with a stronger outcome framework by establishing a new resource panel to oversee the allocation of support and provide support and advice to practitioners as well as moving some resources

4.9 Included in this is a new Family Group Conference Service which will be created and will provide assurance and respond to Public Law recommendations. This will include

- Creation of a Family Group Conference Service
- Coordination of Family support
- Holiday Activities & Food (HAF) Programme
- Victoria Family Centre

4.10 The post will also allow some capacity to horizon scan and bid for additional monies as appropriate to our needs. This post will allow us to develop a strategic approach to our family offer and ensure that we are responding to our data and outcomes and providing services that best meet needs and reduce demand on more expensive specialist services. To realise our ambition to reduce costs over three and five years we will need a robust, coherent offer to families to meet needs as they emerge and support children quickly to de-escalate concerns.

4.11 In addition, as the Multi Agency Safeguarding Hub (MASH) will locate into the Early Help Division to support early intervention prior to referral to social care we are building an early help element in the MASH to include a manager and three workers.

4.12 The Service Manager Post will be uplifted to Head of Service to recognise the additional span of control

4.13 The proposal will also see the establishment of a family group conference service, to deliver a restorative approach to support change in families and to explore the capacity of wider family to care for children and prevent them from coming into our care. It will allow us to be compliant with expectation in respect of the Public Law outline, and early permanence planning for children.

4.14 The proposed additional costs of the Early Help element of the restructure are £0.581m total to additional staffing of 15.2 fte.

5 Social Care

5.1 **Social Care Position**

5.2 Children's services were subject to an Ilacs inspection in October and November of 2021- Services were deemed to be inadequate, with sub judgments of Inadequate for leadership and the progress and experience of children in need of help and protection and Requires Improvement in relation to the progress and experience of children in care and care leavers.

5.3 As a result, Bury Council is now subject to DfE (Department for Education) intervention and has been issued with an Improvement Notice. The proposed restructure is necessary to support improvement

5.4 **Social Care Proposal**

5.5 In response to the findings a comprehensive Improvement plan has been written which was agreed and approved by Ofsted and the DfE on 4 May 2022. Investment is required to ensure children and young people are happy, healthy, safe, and supported to lead independent and successful lives.

5.6 The focus of the plan is to create the conditions for good practice by strengthening the effectiveness of the multi-agency partnership arrangements and the support provided to children, young people, and families:

- Establish a stable and effective leadership and management team,
- Build a skilled and confident workforce
- Improve performance management, quality assurance and management information systems to develop and support good social work practice
- Improve the Quality of Practice by:
  - Ensuring our structure supports a clear line of sight on to social work practice and enables effective management supervision and oversight.
  - Identifying and effectively supporting children in need of help and protection
  - Ensuring purposeful and timely care planning that directs proportionate and effective interventions for children and improves their outcomes
  - Developing a strategic and co-ordinated approach to providing support for care leavers to improve their outcomes
  - Strengthening our quality assurance arrangements enabling us to drive practice development and improvement.

5.7 The functions and scope of social work teams will be realigned to meet service demands and to develop skills and expertise and drive practice development and improvement. Our primary aim is to deliver an effective safeguarding response and improved outcomes for children via a skilled, stable, and confident workforce.

5.8 Create five new Head of Service roles in place of the current three Strategic Lead and three Service Manager posts, this will provide additional capacity, offer a flattened structure, and provides more manageable spans of responsibility and an improved line of sight to social work practice. Given our current staffing position it is not anticipated that there will be any redundancy risk arising from this proposal.

5.9 Provide permanent funding for the new dedicated Principal Social Worker (Chief Officer Band A) role to develop and lead a new Social Work Academy that will deliver objectives of our workforce development strategy including supporting of newly qualified social workers, implementation of a career development pathway, arrangements for 'growing our own' social workers and leading our workforce learning and development offer.

5.10 Head of Strategy, Assurance and Reform (Band A)

5.11 Further development of co-ordination, analysis of performance and data is required to support and inform the transformation plans across Children's services, this is necessary to provide the Exec Director, the Improvement Board and our regulators with a detailed analysis of performance, and will support and develop effective systems, policies whilst provide expert opinion and challenge to colleagues and partner organisations and to support improvement and strategic planning, and support with the mainstreaming of Project Safety Valve

5.12 Children's Improvement Manager (SM2) to support the implementation of the transformation plans across the directorate and to increase capacity to respond to the schedule of monitoring visits by Ofsted and DfE reviews within social care and DfE submissions within SEND and Project Safety Valve, and delivery of HAF

5.13 Increase team manager capacity from 8 to 19 which affords the opportunity to create more manageable spans of responsibility, improve and strengthen the quality and effectiveness of management supervision which is critical to driving improved practice and outcomes for children and cited as an area of weakness. It is proposed that this increased capacity will be delivered in part by the disestablishment of 11 Assistant Team Manager roles.

5.14 Increased social work capacity from 65 to 73 will enable us to reduce caseloads to average of 15, in order to provide Social Workers with the capacity to deliver good quality practice, improve social worker retention and meet the expectations of Ofsted.

5.15 The establishment of 23 Advanced Practitioner (2 in each frontline social work teams and 1 in each of the CASS and fostering teams) posts across the service will support complex case work, social work career progression, whilst providing the most experienced social workers to continue to practice and support the development of team members.

5.16 The additional capacity described above will enable:

- the Initial Response Team undertaking statutory assessments and support under the auspices of Section 17 Children Act 2004 duties will be strengthened with increased capacity.
- The establishment of the multi-agency Family Safeguarding Model within the Safeguarding team
- The proposed restructure and growth will enable the Council to have a dedicated children in care service that supports effective care planning, practice plans and arrangements for children and young people.

- Develop a strategic and co-ordinated approach to providing support for our care leavers to improve their outcomes is a strategic priority within the improvement plan, we have extended duties to our care leavers up to the age of 25 years. As a result of trauma suffered some care leavers require high levels of support. We are proposing that similar to other authorities we establish a dedicated Care Leavers service with a senior Personal Advisor role which will be established at Grade 10 that offers increased capacity and improved focus ensuring we meet our statutory requirements to care leavers, improve the quality of pathway planning with the intention of more successful transition to adulthood.
- The growth of our internal fostering capacity is central to achieving cost avoidance, via reduced spend on commissioned placements and to meeting our sufficiency duties.
- Our proposal is that the expansion of and development of our fostering services would be progressed via an invest to save approach. The department is currently challenged by escalating costs of commissioned placements. Internal fostering brings a number of benefits and is more cost effective. The reduction in costs, for example, by increasing internal foster care places by 20, would realise £0.417m savings when compared to the cost of 20 Independent Foster Agency (IFA) placements. The department would have a stronger influence upon the care afforded to our children, fostering as a career provides our community with the opportunity of increased economic prosperity.

5.17 We propose to establish a business case that would transform our fostering service by initially improving the offer to foster carers to ensure that we are competitive, for example and that offers improved out of hours support via an out of hours on-call rota. We have the support from the DfE to engage Stockport via Sector Led Improvement partners in establishing a Mockingbird model of fostering, which is an award-winning model, evaluated by the DfE Innovation unit, originally led by The Fostering Network in the UK, delivers sustainable foster care. It is an evidence-based model structured around the support and relationships an extended family provides. The model nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community.

5.18 The growth of the fostering service offers the opportunity to increase our internal fostering capacity to offer dedicated teams to support stronger recruitment strategies and higher levels of support to Bury foster carers (including family and carers) with the aim of improving placement stability and better outcomes for our children. We are committed to our children maintaining relationships, promoting their right to live in their home community where it is safe to do so and ensuring continuity of the services that support them.

5.19 The cost of in-borough fostering places is on average £350 per week. Based on increasing capacity by bringing onstream an additional ten fostering households, approved for two children, this would cost on average for twenty children placed in-borough of £0.365m.

5.20 Compared to the lowest IFA placement cost of £750 per week, which would therefore cost £0.782m, the saving / cost avoidance to be secured through twenty in-house fostering placements would be **£0.417m** in a full year.

5.21 Additional investment into Bury's Fostering Team has been incorporated into the proposed CYP restructure at a cost of £0.128m for enhancement to this service. This additional proposed cost of Bury's Fostering Team would be covered by savings / cost avoidance if only **six** children were placed in-borough rather than in IFA placements.

5.22 We propose to provide an out of hours phone support service to offer advice to foster carers, this will be provided in service by the team, and will enhance the support offer to carers outside of normal office hours, to respond to queries and provide guidance. This will not replace the Emergency Duty Team (EDT) system which provides a crisis response if needed in the evenings and weekends but will enhance the support offer. It is proposed that the telephone support offer will be provided daily across 52 weeks of the year. This will be delivered within the Council's existing on call arrangements and will cost £30 per session (£10,950 = 365 days).

5.23 The development of an Edge of Care service has been approved by the DfE, who have agreed in principle to fund support from Essex County Council via Sector Led Improvement. It is proposed that the team would operate within the safeguarding service. The team would be trained in brief solution focused therapies and work intensively with children over 8 years of age who are thought to be on the edge of care, and provide capacity to ensure that children, and young people are supported to remain in their own families whenever it is safe to do so and will reduce the need for statutory intervention in family life. This team will consist of 1 Team Manager, 3 Social Workers and 3 Family Support Workers at a cost of £307,870. Family Support Workers will come from existing resources.

5.24 The business case for this is funded upon the evidence base of better outcomes for children, where others have implemented this model, they have seen a reduction in entry to care of this age group of children by 20% to 25% which would provide a cost avoidance of between £0.506m to £1.238m dependant on the individual cost of placements that are reduced, and level of overall reduction achieved. Bury will prioritise targeting the highest cost placements and aim for achieving the maximum percentage reduction from year 2. If approved, we expect the team to be operating from January 2023.

5.25 The Local Authority Designated Officer (LADO) is a statutory role that exists to oversee the management of allegations against adults who work with children in a paid or voluntary capacity. Inspection and review have highlighted gaps in capacity that was hindering effective oversight. The proposal is an increase from 0.85 to 1 FTE which will enable a job share arrangement to be established at an additional cost of £8,405.

5.26 Business Support, additional capacity of 7 is required on a permanent basis to ensure we can meet our statutory responsibilities to children in need of help and protection, management of allegations and review arrangements for children in care. These roles would sit within the corporate Business and Executive Support service and have already been established on a fixed term basis and will, in particular, provide additional capacity to ensure the accurate minute taking of statutory meetings at pace which will, in turn, avoid any delays for our Children following Child Protection meetings. The

increased Business Support incorporates 1 Team Leader Grade 8, 5 Support staff at Grade 7, and 1 at Grade 5 at a total annual cost of £0.201m.

5.27 The re-configuration of the services -

- The location of the MASH within the Early Help Portfolio
- The location of the Children with Disabilities service within SEND
- The location of the Virtual School in Education and Skills portfolio.

5.28 The proposed cost of the Social Care & Safeguarding aspects of the restructure, including the additional Business Support capacity is estimated at £1.598m covering an increase of 34.55fte posts (7 Business Support plus 27.55 fte Social Care).

6 Education

6.1 Education Current position

6.2 The Government has recently published its Schools White Paper, which has now been followed by the publication of a Schools Bill, setting out a programme of legislative reform in response to the White Paper, elements of which impact on the respective roles and responsibilities of local authorities, its schools and the multi academy trusts that serve the children and young people of Bury. The changes will re-define the statutory duties of the local authority, and the manner in which it must fulfil them, and set out a clearer accountability framework for local authorities, Trusts and DfE.

6.3 It is clear that the future role of the local authority will very much focus on its strategic role with responsibility for place, influencing the evolving educational landscape across the borough as all schools move to function within strong Trusts; it will be, instrumental in the strategic planning of the education system to support communities; and acting as champion for all children, and ensuring the most vulnerable are supported effectively, particularly those with Special Educational Needs. In focusing in on this core purpose, increasingly the LA will withdraw from the provision of discretionary and traded services, as these activities are delivered directly by Trusts

6.4 The Local Authority role will be defined in a much clearer way. Its core purpose, driven by its statutory duties, will focus on a number of key areas:

- Safeguarding
- Vulnerable children including SEND
- Children Missing in Education and those not in full time education
- Transport/travel assistance
- Virtual School
- Attendance
- Exclusions
- Special Educational Needs
- Electively Home Educated CYP
- Behaviour/Exclusions
- Pupil place planning/sufficiency
- Admissions
- Special Educational Needs and Disabilities

6.5 All of this outlines the important role of the LA in supporting the most vulnerable; and in the strategic leadership of the local area, promoting growth and economic regeneration, through a strong local school system, all linked to a wider skills agenda.

6.6 Currently, a number of the Education statutory functions are not within the line management of the Director of Education & Skills but are located in other parts of the directorate. The Virtual School and the education safeguarding officer are both in Children's Social Care, whilst the School Attendance team (which focuses on education welfare services), Children Missing Education and Elective Home Education, are currently within the Early Help line management structure.

6.7 Currently the Director of Education and Skills has two direct reports; Strategic lead for Education Services and Strategic lead for SEND and Inclusion.

6.8 The Government's levelling-up White Paper places increased emphasis on the importance of the skills agenda, and this theme is carried forward into the schools white paper.

6.9 The Local Authority has a key role in driving the skills agenda and will need to lead on the development of a skills strategy across children and young people and adults, working closely with key partners and stakeholders to ensure that provision matches need and future employment opportunities.

6.10 There is very limited management capacity focussed on Skills in the Education Directorate, and with a small team of 1.5fte staff to support current activity, and also the Connexions Team is currently located within the Early Help Service. The work of this team needs to be re-focused on post 16 education and skills, but effectively supported with additional management capacity.

6.11 **Education Proposal**

6.12 It is proposed to move these education statutory functions to the line management of the Director of Education & Skills.

6.13 Once the statutory functions are within the directorate it will then be possible to re-focus on improving educational outcomes for all our children including the most vulnerable. Following this alignment there will need to be a review of the functions in light of any of the legislative changes expected following the Schools White paper and Education Bill. The need to review all Education functions and increase their effectiveness will form phase 2 of the restructure proposals.

6.14 It is proposed that the Director of Education and Skills will have four direct reports. A revised management structure will be put in place to accommodate the change in the line management of the virtual school, education safeguarding, school attendance, Children Missing in Education and Elective Home Education and the connexions team.

6.15 It is proposed that the Virtual School Children's Social Care line management structure to report to the Education Directorate. It is proposed that this will be a 'lift and shift 'approach with the Virtual School Headteacher reporting directly to the Director of Education & Skills to focus on improved educational outcomes. In addition, the line

management of the Safeguarding in Education function will transfer into the Virtual School. Statutorily there has been an expansion of role regarding Virtual Schools to cover all children known to Childrens Social Care including CP and CIN; the Virtual School Head will therefore lead on Education Safeguarding strategy and it is proposed that the Education safeguarding officer will move from safeguarding to the Virtual School and be a direct report of the Virtual School Headteacher.

6.16 A skills service manager post (Grade SM1) is required to be created and to report directly to the Director of Education & Skills; this will be a new post but is key to delivering a council priority. This service manager will lead on skills strategy across the council and wider partnership and this post will also manage the current 14-19 team, together with the Connexions team which is currently in Early Help. This manager will closely liaise with colleagues across the council and wider Bury partnership to develop a skills strategy and lead on the implementation.

6.17 The Strategic lead for SEND and Inclusion will remain as a direct report. Although in the current structure charts the Children with Disabilities Team reports into this post, this has not previously been actioned. It is proposed to now move the CWD Team to ensure a multi-disciplinary team approach to SEND. In addition, it is proposed to move the Home Tuition service, which currently sits within the School Attendance Team, to this portfolio to ensure effective delivery of the Council's statutory duty under section 19, to provide education for children not able to access education due to health needs. There is no financial impact of these proposals as they are purely realignment of teams.

6.18 The Strategic lead for Education Services will remain as a direct report to the Director of Education & Skills. This post will retain accountability for the Education statutory operational functions including place planning, sufficiency, admissions, transport and retain oversight of the Children's Services capital programme. To ensure oversight of all statutory operational functions, the statutory officer, currently located in Early Help will move to this line management structure.

6.19 In addition, the Schools Quality Standards team are also within the Education Service Lead portfolio. Traditionally in Bury there has been a narrower focus on outcomes and school performance and, and less focus on the wider assurance of the school system which includes attendance, exclusions, safeguarding and governance. This has begun to change, but it is important to ensure clear accountability and so the line management activity linked to school attendance, Children Missing Education and Elective Home Education will transfer to the Education Services portfolio. This will include a proposal to change the line management of the officer who predominantly works on Elective Home Education. It is proposed to review the Attendance team manager role and to recruit to the revised role as it is currently vacant.

6.20 With the school white paper setting out the intention that, over time, all schools will operate as part of a strong trust, there are significant challenges in respect of governance of the LA role, and the changing nature of governance across schools and trusts. It is proposed to create a Governance lead post (Grade 14) which will be important moving forward as Governing Bodies are the key decision makers within the school's white paper.

6.21 The proposed cost of the education and skills aspects of the restructure is £0.195m with an increase of 3 fte posts

7 Recommendations

That Cabinet:

1. Approve the proposed structural changes, including an additional 56.75fte increase to posts, as set out within the body of this report as a basis for consultation with affected staff.

2. Delegates authority to the Executive Director of Children and Young People and the Cabinet Members for Children's Services and HR and Corporate Affairs in consultation with the Director of People and Inclusion and Monitoring Officer to consider responses received from the consultation, produce a final version of the structure and to determine whether the final version is to be implemented or returned to Committee for approval prior to implementation

8 Reasons for recommendation(s)

8.1 The proposal is sets out a plan of transformation of Children's Services, necessary to both integrate and align services to improve the delivery of our statutory responsibilities across early help, social care, education and SEND.

8.2 As Executive director of Children's Services this proposal is in my view necessary to improve outcomes for children and families in Bury and to meet the requirement to improve and imposed upon us by the DfE and to deliver transformation on SEND.

8.3 The proposal will;

- Enable the delivery of the social care improvement plan
- Support the role of the Bury in its duties to vulnerable children and education, and begin to lay the foundations to support the Education White Paper implementation
- Given the scale of change proposed, the work leading up to this proposal has been developed and supported by colleagues across the executive.
- As Children's Services is currently subject of an Improvement notice, imposed by the DfE, the support of our DfE advisor is required, I am pleased to report that the outline proposals have been shared with both the DfE and Ofsted who are supportive of the plan.

9 Alternative options considered and rejected

The rationale for the proposal is driven by the requirement upon Bury Council to improve Children's Services, which includes the need to ensure compliance with statutory responsibilities and deliver the improvement plan - Bury Children's Services are held to account by Ofsted and the DfE on the delivery of this. Given the seriousness of this, the proposal has been the result of collaboration within the council resulting in the proposal presented.

10 Financial considerations

10.1 To further support the improvement journey for Children's services and in order that the wider Council can gain new insights through contextual and budget information and

identify areas for further exploration or improvement, an independent review has been carried out by the LGA.

10.2 This review has used comparative benchmarks to provide insight and intelligence into local issues and cost drivers.

10.3 The proposed restructure and the development of new posts will result in the following impact:

Area	***FTE Current***	***FTE Proposed***	***Cost***
Social Care & Safeguarding			
Senior Management	7	8	£127,483
SC Fostering	21	23	£128,073
SC CASS	26.2	34.6	£468,735
SC Safeguarding	35	46	£307,420
SC IRT	24	28	£294,594
SC Practice Improvement	2.85	4	£61,764
SC EDT MASH	10.5	10.5	-£2,648
Sub-Total Social Care	**126.55**	**154.1**	**£1,385,421**
Proposed Increase	FTE	27.55	
Education & Skills			
Senior Management	0	1	£67,934
ES School Attendance	1	1	£2,648
ES Skills	0	2	£123,970
Sub-Total Education	**1**	**4**	**£194,553**
Proposed Increase	FTE	3	
Early Help & School Readiness			
Senior Management	2	3	£67,934
EH Family Support	1	12	£384,576
EH Early Years	0	4	£147,707
EH EDT MASH	6.8	10	£128,111
Sub-Total Early Help	**9.8**	**29**	**£728,328**
Proposed Increase	FTE	19.2	
Restructure	137.4	187.1	£2,308,302
Foster Care on Call	out of hours rota		£10,950
Business Support	0	7	£201,275
Associated costs where applicable - e.g., Retention Payments, ICT, Telephony, Parking permits, Priority Car User, Mileage			£112,000
TOTAL CYP Restructure	**137.35**	**194.1**	**£2,632,527**
Proposed Increase	FTE	56.75	

Note:

- EDT MASH net proposed cost of restructure is £125,462 with an overall proposed increase of 3.2fte aligned to Social Care and Early Help Teams. The reduction of cost for the Social Care EDT MASH is in respect to a reduced Grade for 1 position on the new structure.

- Social Care Safeguarding recognises the fte capacity of the proposed structure encompassing the support required to deliver the Family Safeguarding developments, the costs of this (£0.337m) are not included above as this is covered on the separate report for Family Safeguarding.

- The associated costs linked to increasing the establishment included above cover the retention incentive payments to support the permanent recruitment to Social Care staff at £2,000 subject to qualifying timelines for individuals to be eligible.

- ICT and Telephony costs take into account recycling existing equipment currently assigned to agency staff that will be replaced post restructure implementation and permanent recruitment.

10.4 The final proposed costing for the restructure is £2.306m. Including the development of the Foster Care on call telephone helpline (£0.011m) referred to in the Social Care overview, increased Business Support capacity (£0.201m), and associated increased establishment costs (£0.112m) is currently estimated at **£2.633m.**

10.5 The restructure proposals outline an invest to save transformational strategy and delivery model that will achieve significant future savings in parts of the service. These savings will be realised from developing internal foster placements and ceasing high-cost Independent out-of-borough placements. The savings / cost avoidance referred to in the report initially include £0.417m on Foster Care and up to £1.238m through Edge of Care placements reviews for children aged 8 and above.

10.6 Increasing the capacity and establishment of the permanent structure to address caseloads will also remove the requirement for high-cost Social Worker managed teams that are currently being delivered through over-establishment agency packages. The forecast cost of these packages supporting Safeguarding and Initial Response Teams is currently £0.990m estimated to December 2022 on the assumption these will be removed once Bury's structure is approved and implemented.

10.7 Permanent recruitment will also ensure the current costs of agency cover are mitigated. Children's Social Care, incurred a net cost, including the managed service costs, of over £2.143m in 2021/22 which can be avoided subject to permanent recruitment and retention to the revised structure.

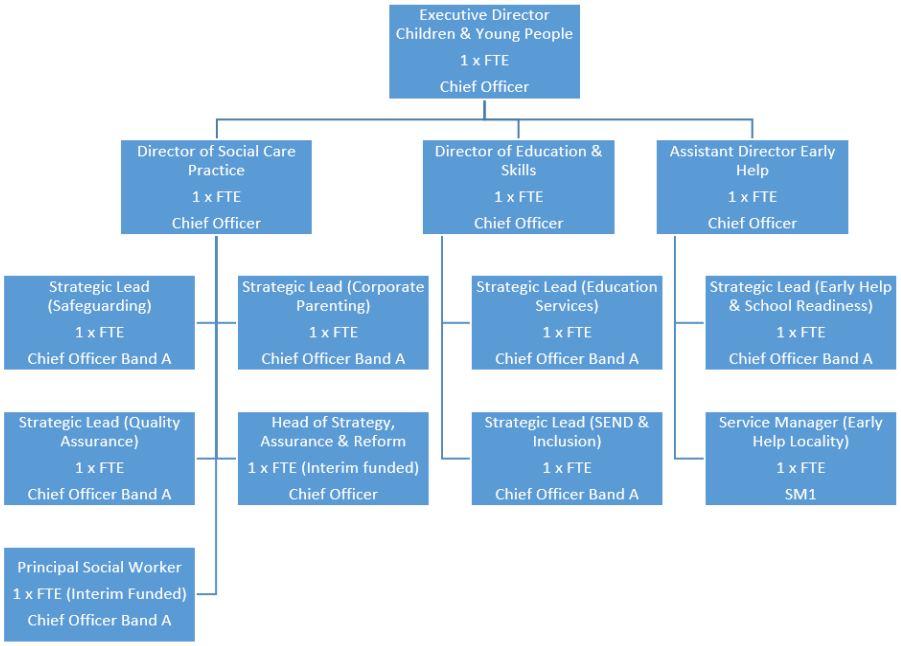
11 Service Restructure Proposals

11.1 The embedded documents below outline both the current Structure and the details of the proposed restructure of Children's Services.

11.2 **Current Structure** (Below and a larger version as Appendix 1)

Children & Young People Directorate Structure Charts June 2022

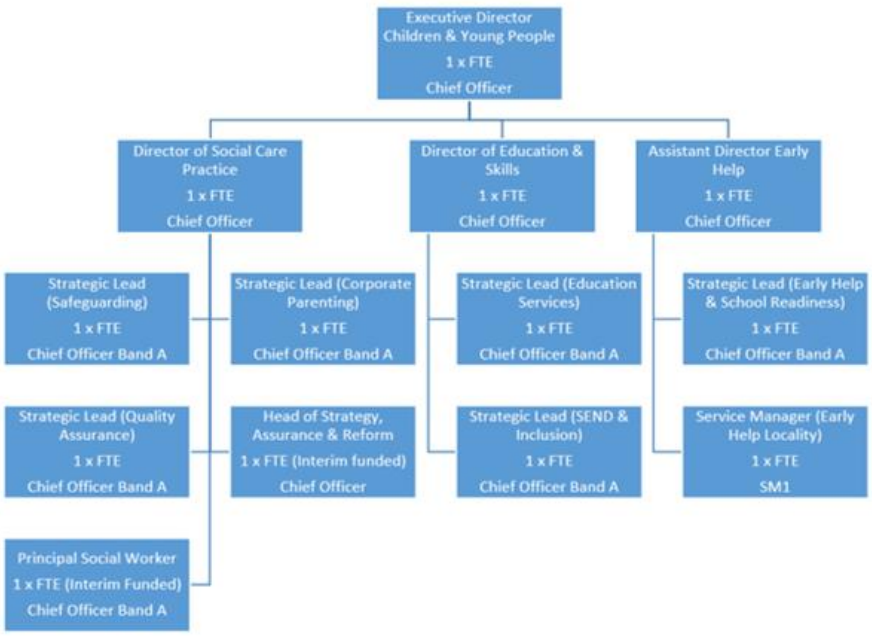
Children & Young People - Senior Management



1

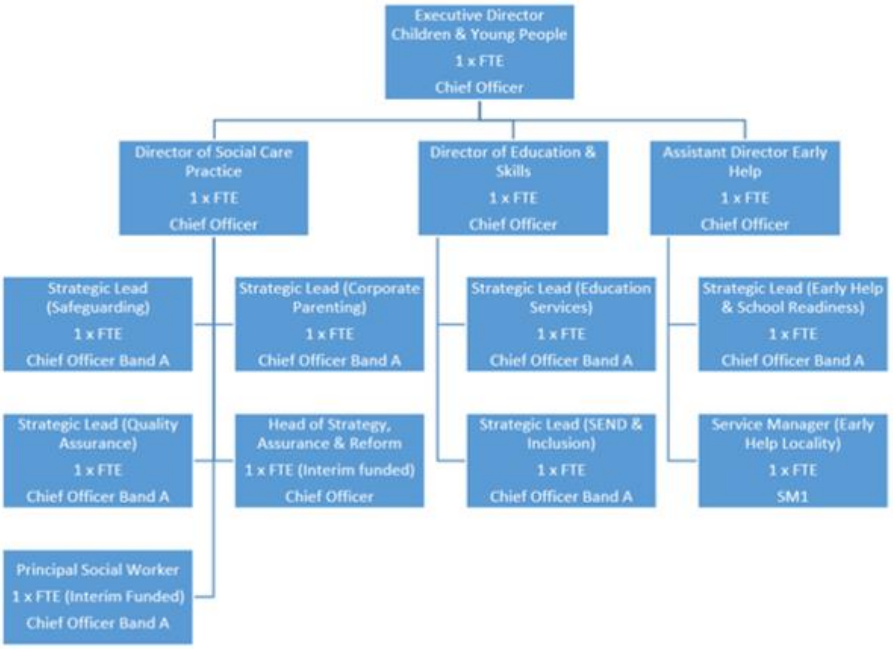
Children & Young People Directorate Structure Charts June 2022

Children & Young People - Senior Management



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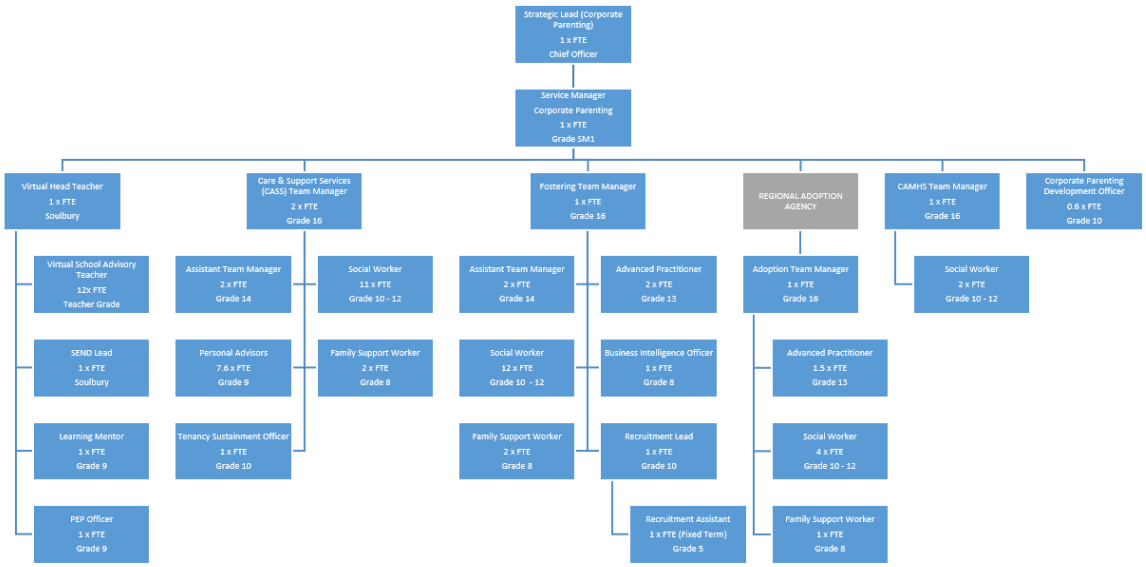
Children & Young People - Senior Management



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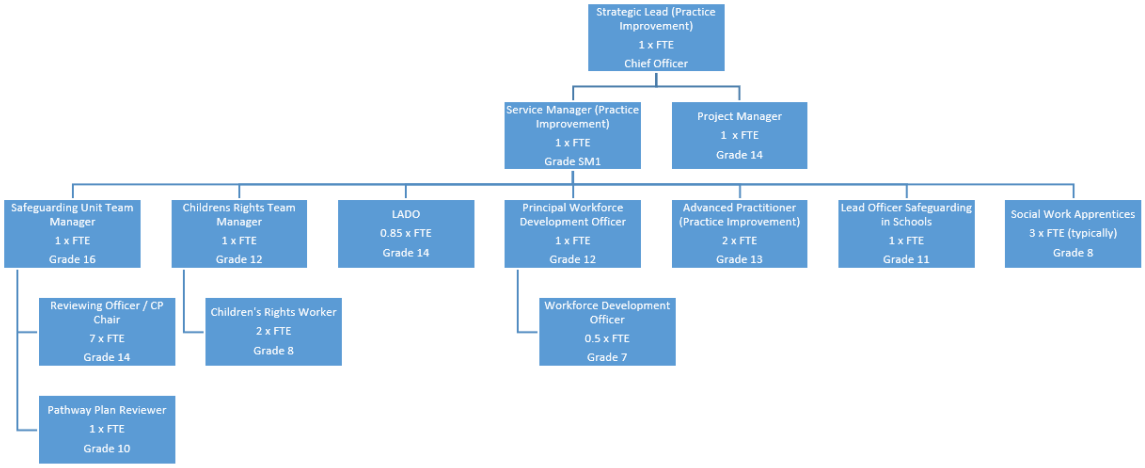
Children & Young People Directorate Structure Charts June 2022

Social Care & Safeguarding: Corporate Parenting



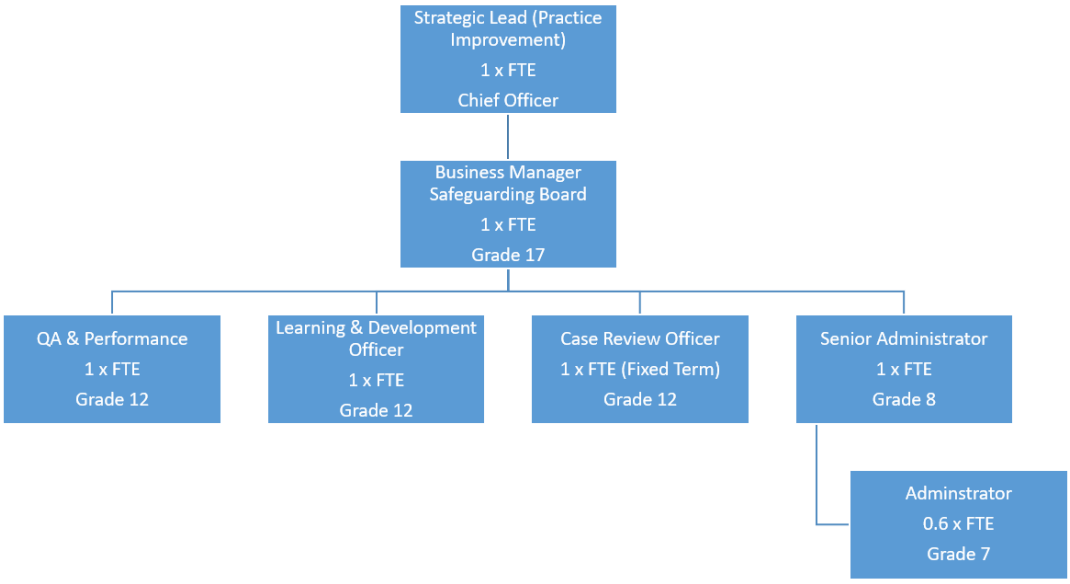
Children & Young People Directorate Structure Charts June 2022

Social Care & Safeguarding: Practice Improvement



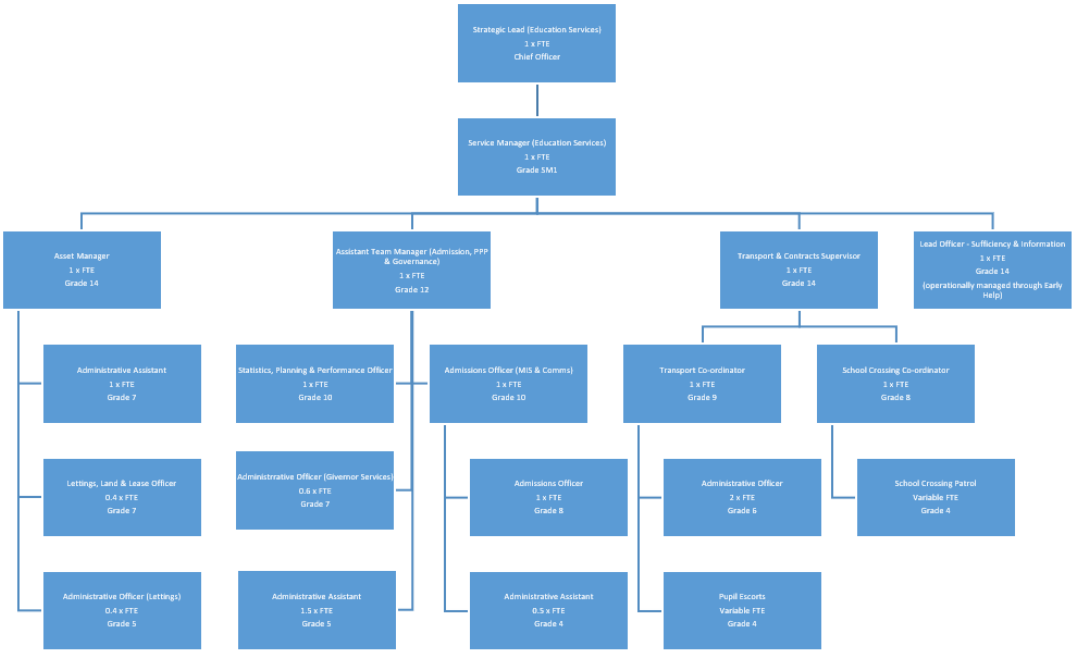
Children & Young People Directorate Structure Charts June 2022

Social Care & Safeguarding: Integrated Safeguarding Board



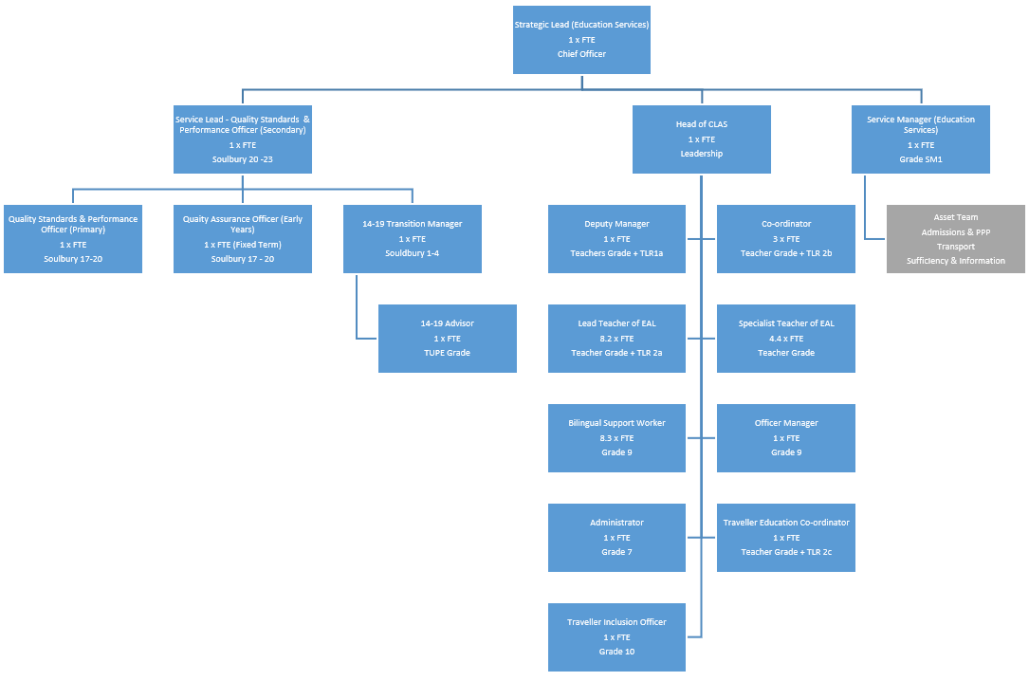
Children & Young People Directorate Structure Charts June 2022

Education & Skills: Education Services (Part 1)



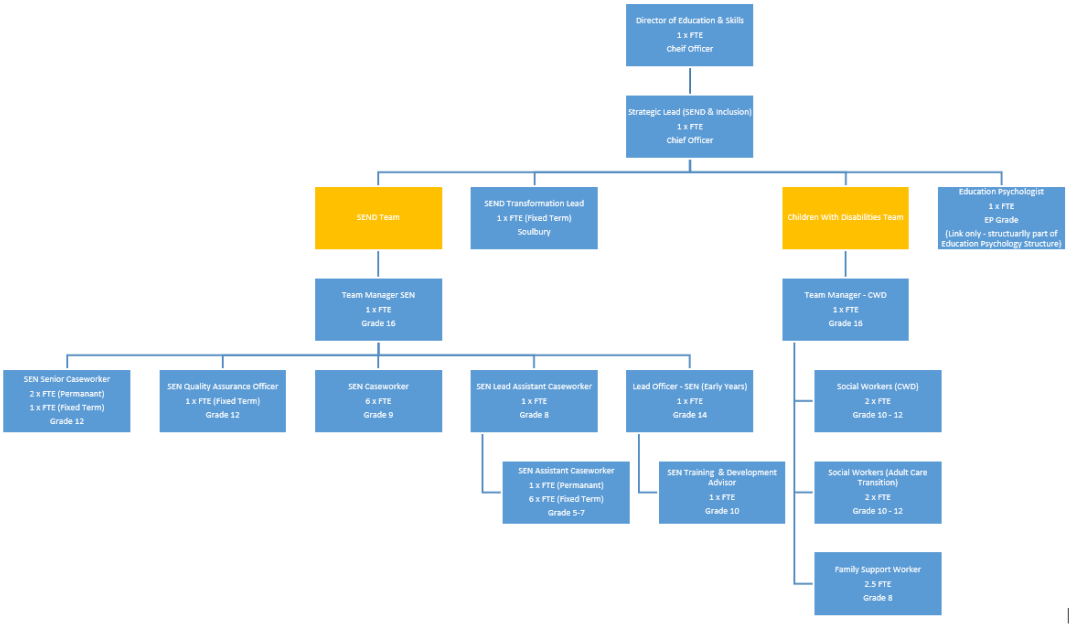
Children & Young People Directorate Structure Charts June 2022

Education & Skills: Education Services (Part 2)



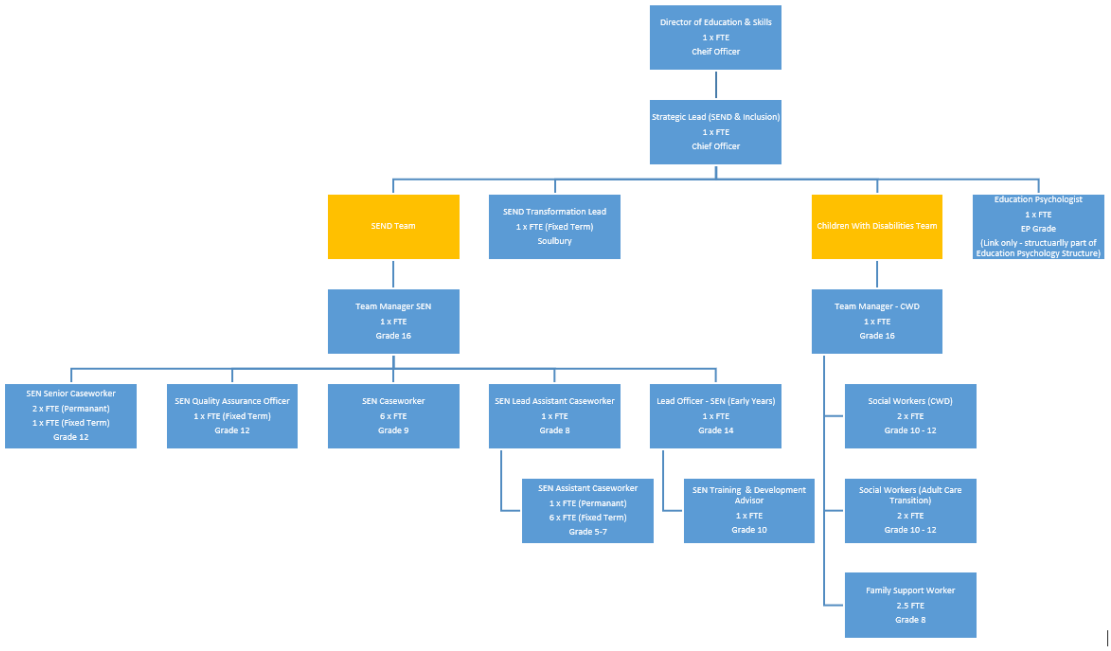
Children & Young People Directorate Structure Charts June 2022

Education & Skills: Special Educational Needs



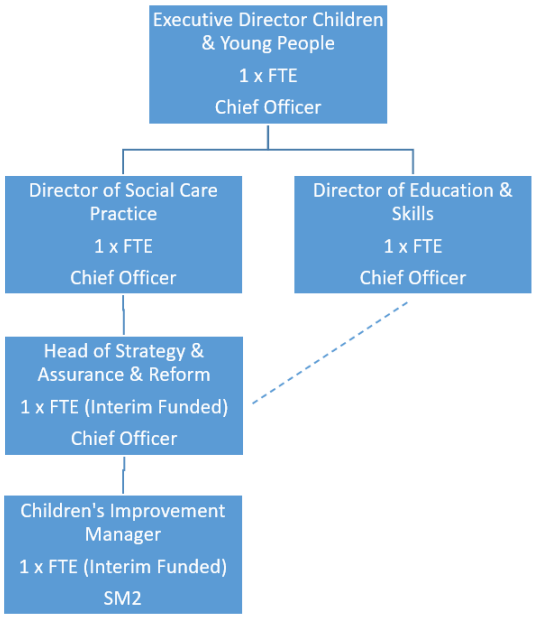
Children & Young People Directorate Structure Charts June 2022

Education & Skills: Special Educational Needs



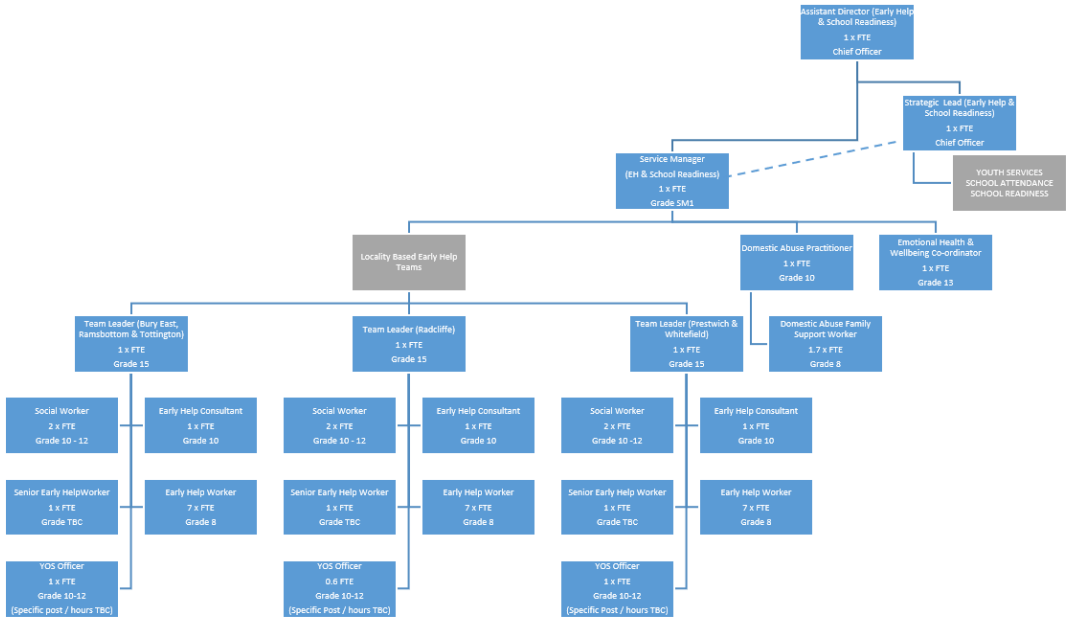
Children & Young People Directorate Structure Charts June 2022

Strategy & Improvement



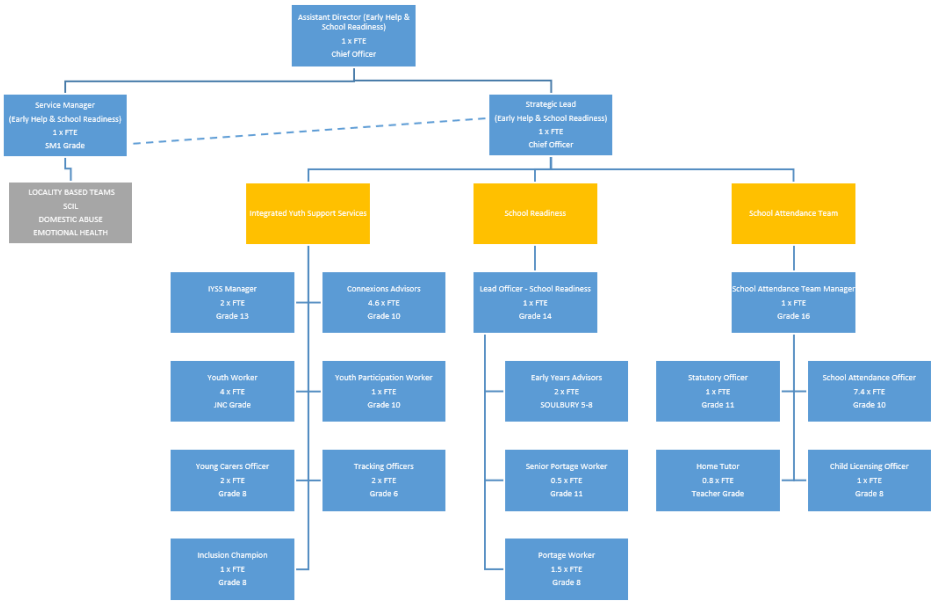
Children & Young People Directorate Structure Charts June 2022

Early Help & School Readiness (Part 1)



Children & Young People Directorate Structure Charts June 2022

Early Help & School Readiness (Part 2)



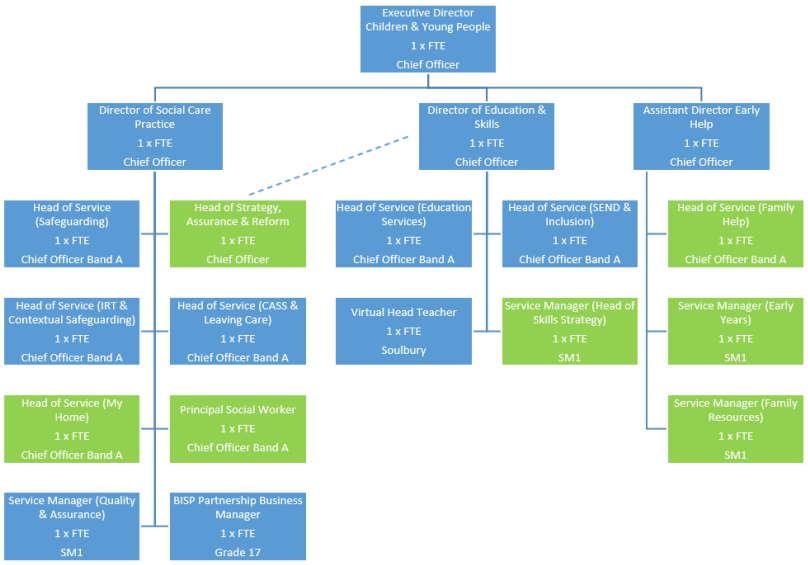
13

11.3 **Proposed Structure** (Below or larger version as Appendix 2)

- Posts highlighted Blue are unchanged
- Posts highlighted Green are proposed new or significantly changed posts
- Posts highlighted Red are proposed transferred from other areas of the Directorate or Council
- Posts highlighted Purple are proposed developments where specific details are being co-produced or remain in development

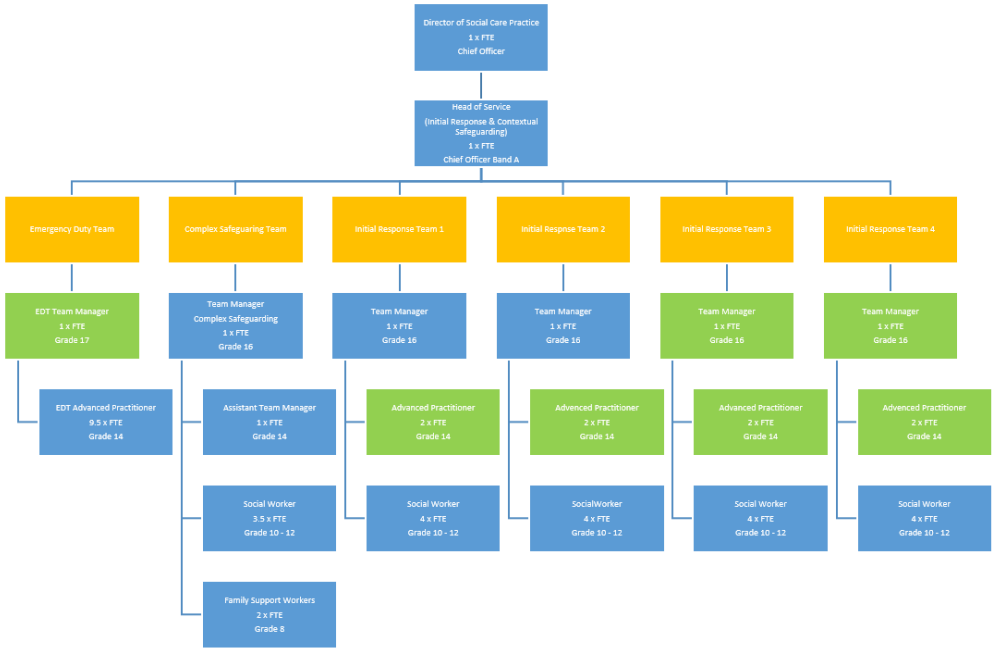
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Children & Young People Senior Management



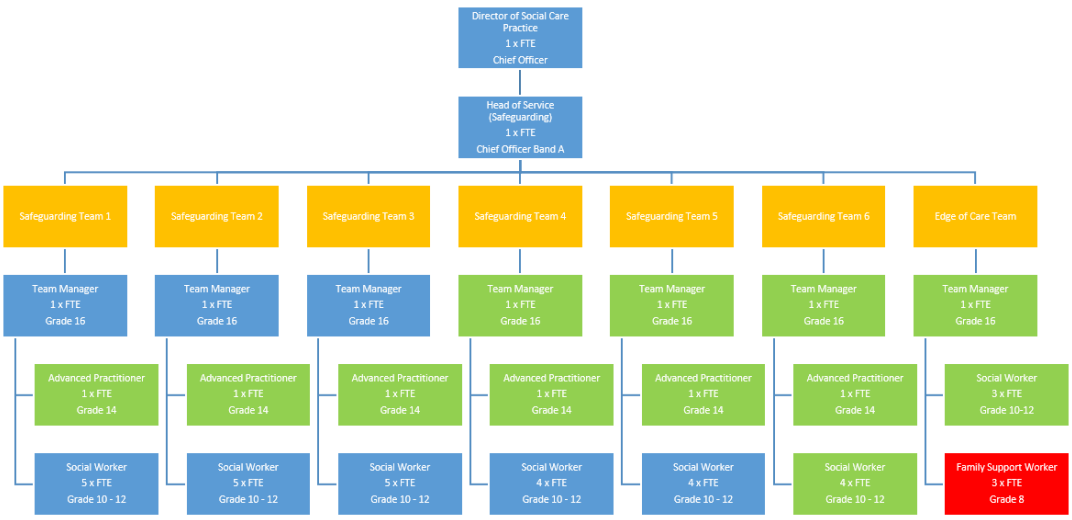
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Initial Response & Contextual Safeguarding



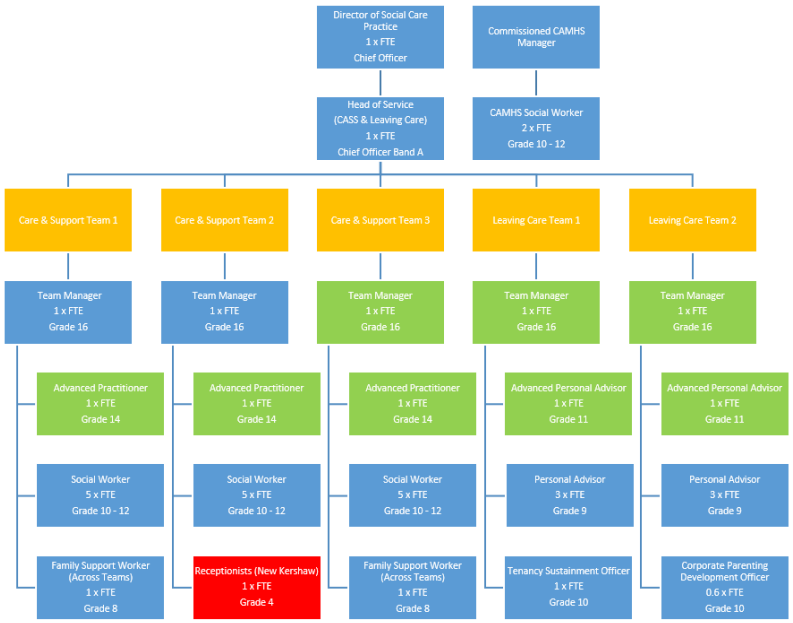
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Safeguarding Service



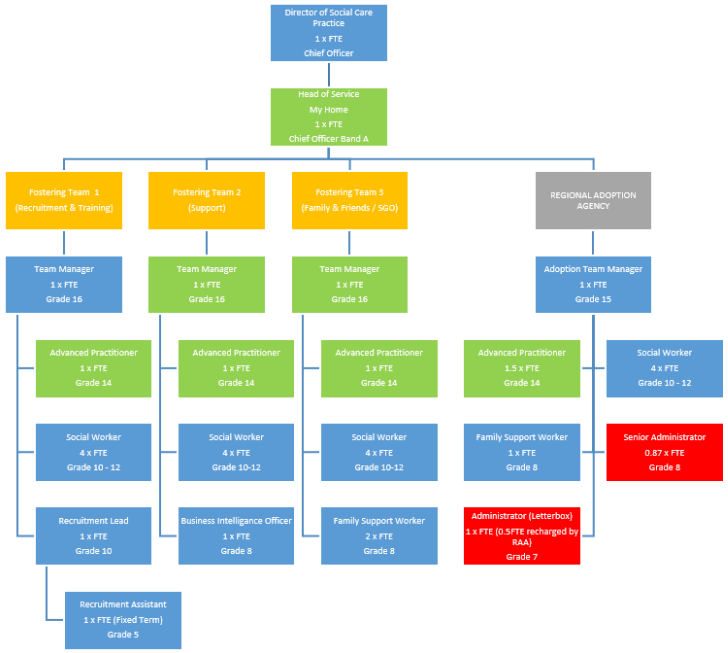
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Corporate Parenting



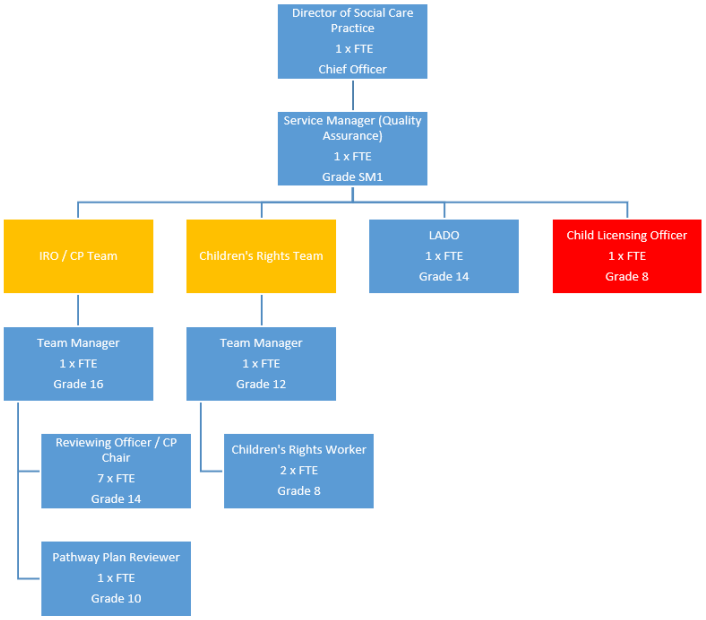
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: My Home



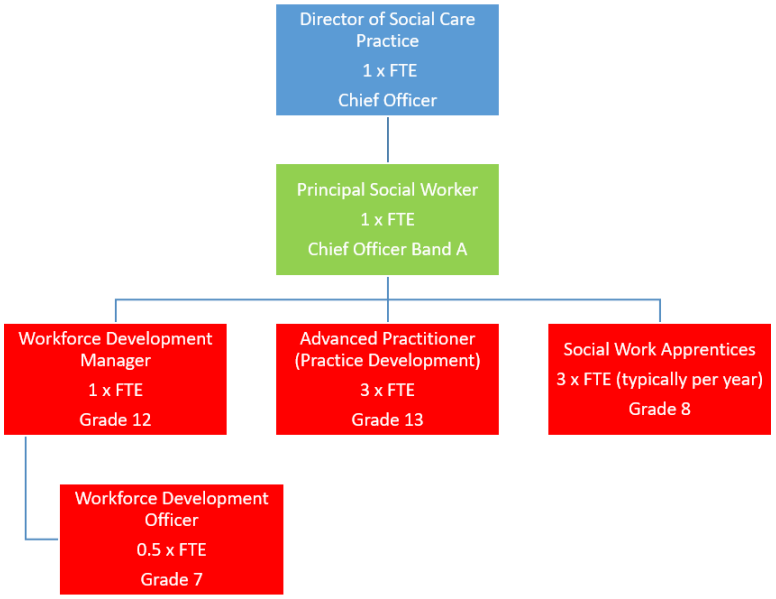
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Quality & Assurance



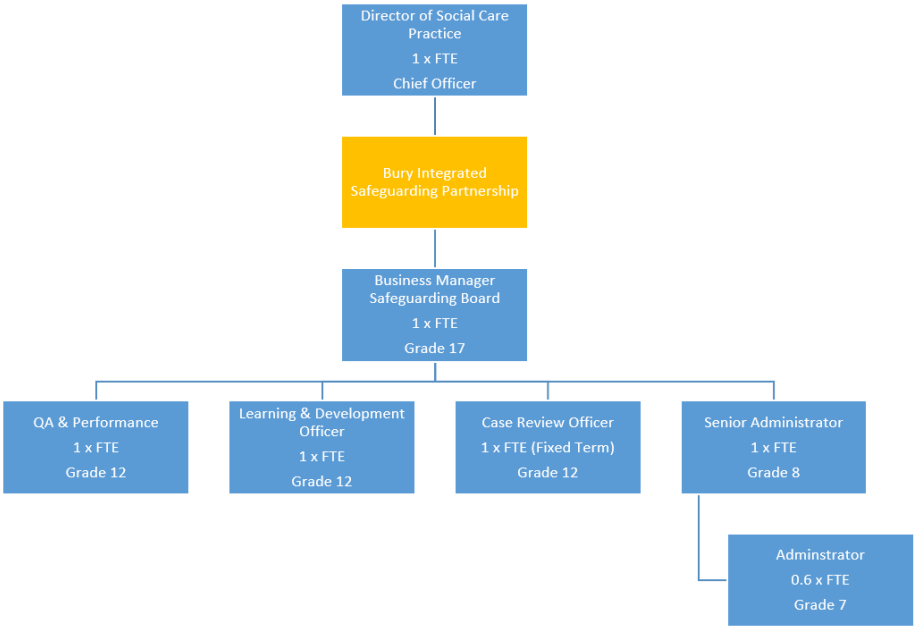
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Social Work Development



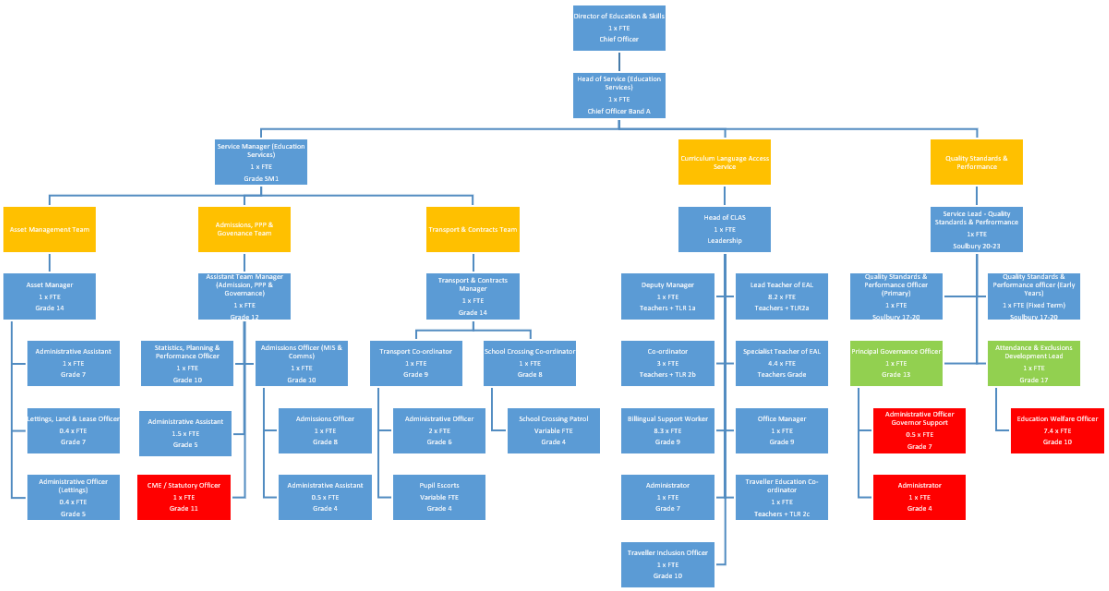
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Social Care & Safeguarding: Integrated Safeguarding Board



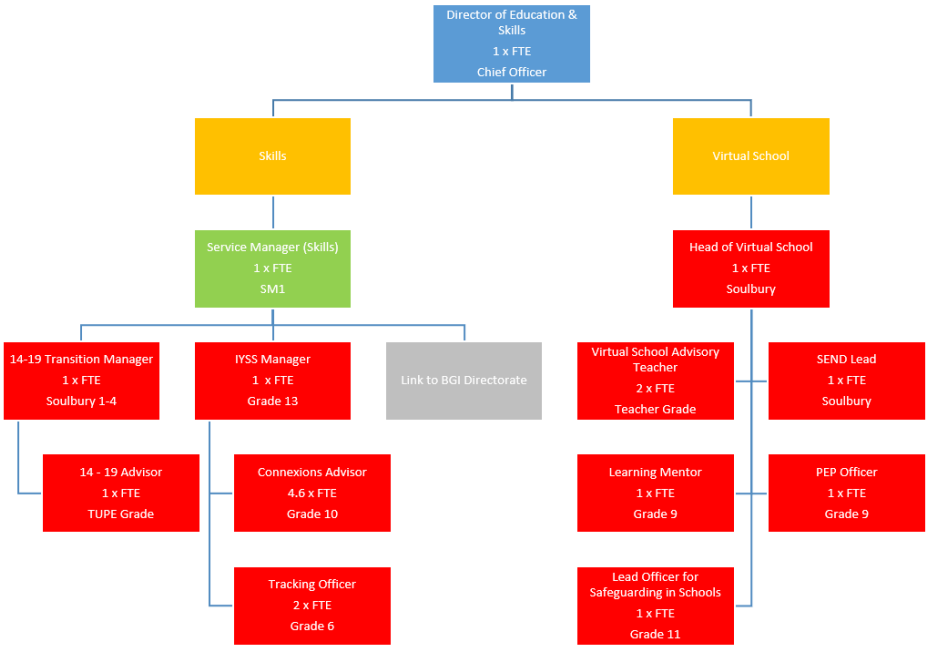
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Education & Skills: Education Services



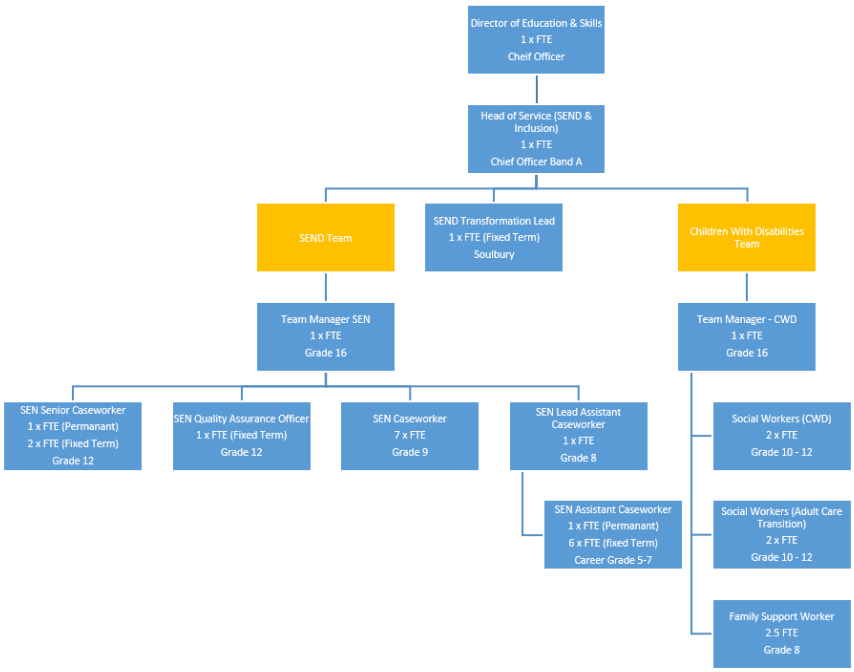
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Education & Skills: Quality Standards, Skills & Virtual School



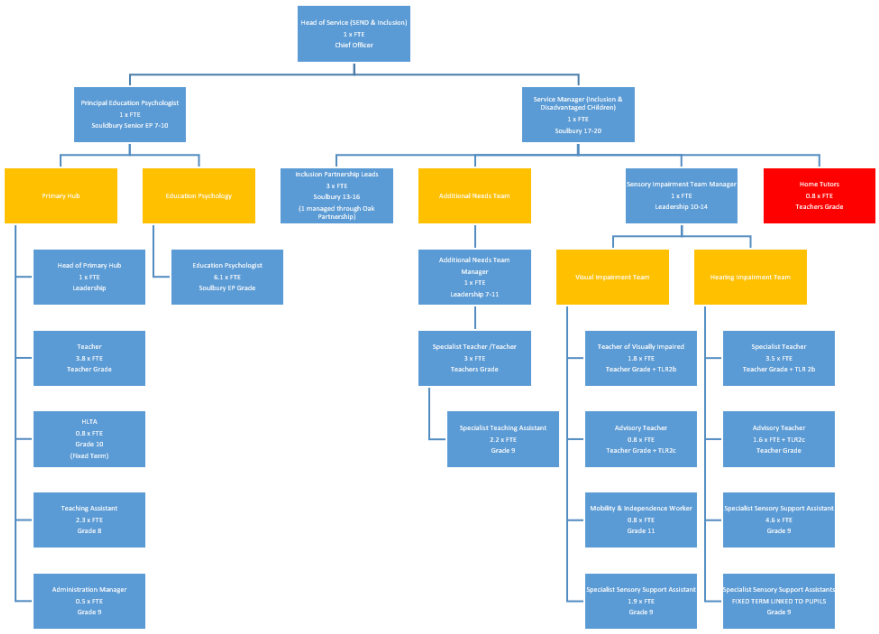
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Education & Skills: Special Educational Needs



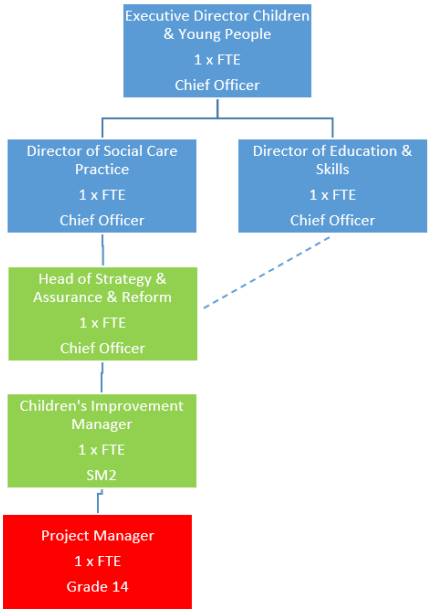
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Education & Skills: Inclusion & Disadvantaged Children



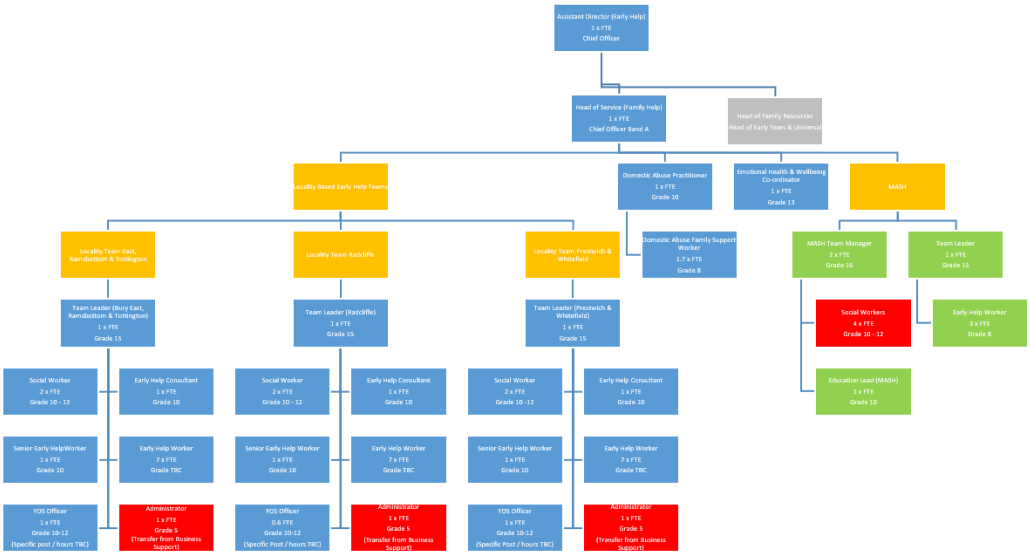
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Strategy & Improvement



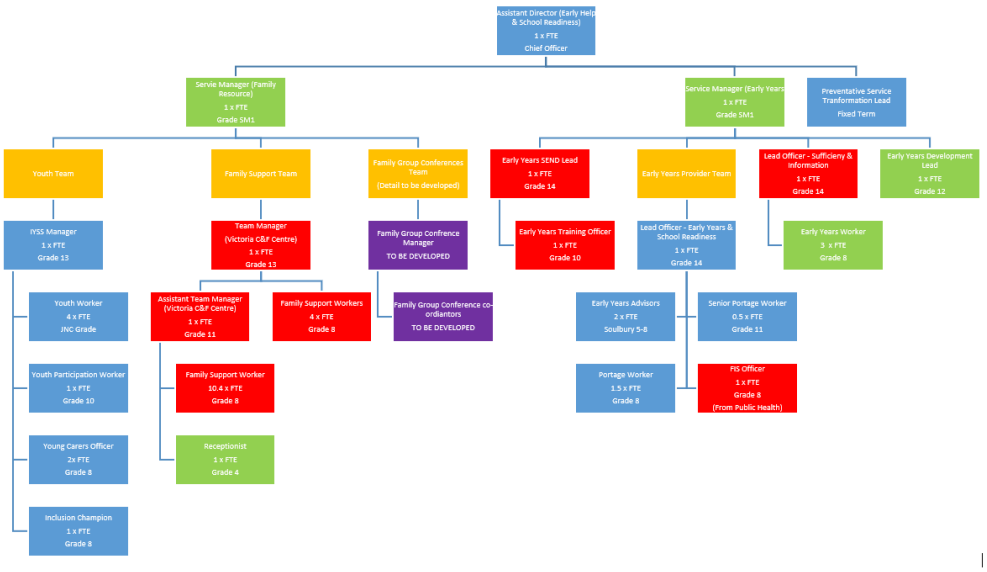
Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Early Help (Part 1)



Children & Young People Directorate Structure Charts PROPOSED RESTRUCTURE

Early Help (Part 2)



Report Author and Contact Details:

Name: Jeanette Richards
Position: Director of Children's Services
Department: Children and Young People
E-mail: j.richards@bury.gov.uk

12 Links with the Corporate Priorities:

12.1 Our vision for Children's Services links to the Let's Do It Strategy and our values and principals.

12.2 With the support of the wider council and its partners we have set out a plan of transformation which is ambitious and seeks to improve the lived experience of children and therefore their outcomes during childhood and beyond, to achieve this a focus upon an effective offer of help and support to those families who face complex issues is required.

12.3 A full departmental restructure is necessary to drive forward our transformation and improve the lived experience of children and young people.

13 Equality Impact and Considerations:

A full equality impact assessment (appendix 4) has been drafted and awaits quality assurance in order that we deliver inclusive and equitable outcomes for staff and service users will be central to the operation of the expanded service The proposed restructure will deliver:

- Longer term financial benefits
- Compliance with our Statutory duties
- Reduction in children coming into the care of the Local Authority
- Families remaining together at home where it is safe to do so
- Families receiving the right help and support to meet their needs to improve the care and protection of their children. Families experiencing issues relating to domestic abuse, mental ill-health and/or substance misuse receive better and more timely support.
- Improved engagement in school and improved academic attainment
- Professional collaboration across partnership organisations which provides a holistic joined up service for children and families.

14 Environmental Impact and Considerations:

- N/A

15 Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Failure to deliver timely improvement in the quality of services will result in the DfE recommending an alternative delivery model for	This proposed restructure will ensure the service has the resources to drive forward the Improvements identified within the Let's do it for Children Improvement Plan

Children's Services and Council control will be lost.	
Our current staffing structure does not provide sufficient capacity to effectively respond to our statutory duties in a timely way. Additional staffing capacity is required across the directorate to support a more effective model of delivery. In relation to case holding practitioners, caseloads are currently too high, this has been identified by Ofsted. Failure to address this will be a barrier to improvement and will result in negative future monitoring visit. Remaining with the status quo will fail to address practice deficits outlined in our improvement plan.	Agreement to move forward with the proposed restructure will provide improved and focused leadership and management, along with sufficient capacity across the directorate to support effective delivery of services. The proposed realignment of services would establish a more coherent and Children's services. It will provide additional capacity in critical areas with the additionality of new services coming on stream to deliver more inclusive and effective services in a timely way, preventing escalation and dependence, with the aim of improving outcomes for our children and families.

16 Legal Implications:

The proposal is compliant with the statutory duties of Children's services as set out in Children Act 2014, The Children and Social Work Act 2017 and Working Together 2018. Members are asked to agree to the proposed significant changes to the Children and Young Persons Directorate. Members will note that there is another report on this agenda relating to a proposed new family safeguarding model. These proposals constitute significant changes. The report sets out how this will involve the realignment of existing roles alongside the addition of new roles. If Members are minded to agree, a staff consultation will take place. The outcomes will be reviewed and inform the structure. Legal advice will be provided at all stages with adherence to the council's consultation tool kit, policies, and procedures.

17 Financial Implications

This restructure represents significant investment into Children's Services of £2.633m once fully recruited to. The part year implementation costs will be funded from the Children's reserve that was created in 2021/22 following the OFSTED judgement in recognition of the investment that would be required to reduce caseloads and commence the improvement journey. This reserve is already funding the managed services teams and interim staff that are supporting the department at the present time. The recurrent costs of the restructure will be built into future years budgets and the medium-term financial plan and as a consequence will increase the financial gap in 2023/24 that officers are currently working on identifying schemes to close.

There are two service areas referenced within this paper which through the increased capacity and investment will deliver savings in future years. These are the fostering service and the edge of care service. Early modelling has informed the figures within this paper which identify that placing 20 children with Bury Council in house foster carers could deliver £0.417m of savings per annum, further work is required and will take place over the next few weeks to

determine the phasing of when these savings should be achievable from. The savings from the edge of care work with children over the age of 8 could deliver savings of £1.238m from year 2 if we reduce the number of children entering care by 25%.

There is a further paper on this agenda, the family safeguarding model, which if implemented also has potential to deliver significant savings from year 3 of implementation which ranges from £105k up to £2.3m at the higher level of aspiration.

18 Background papers:

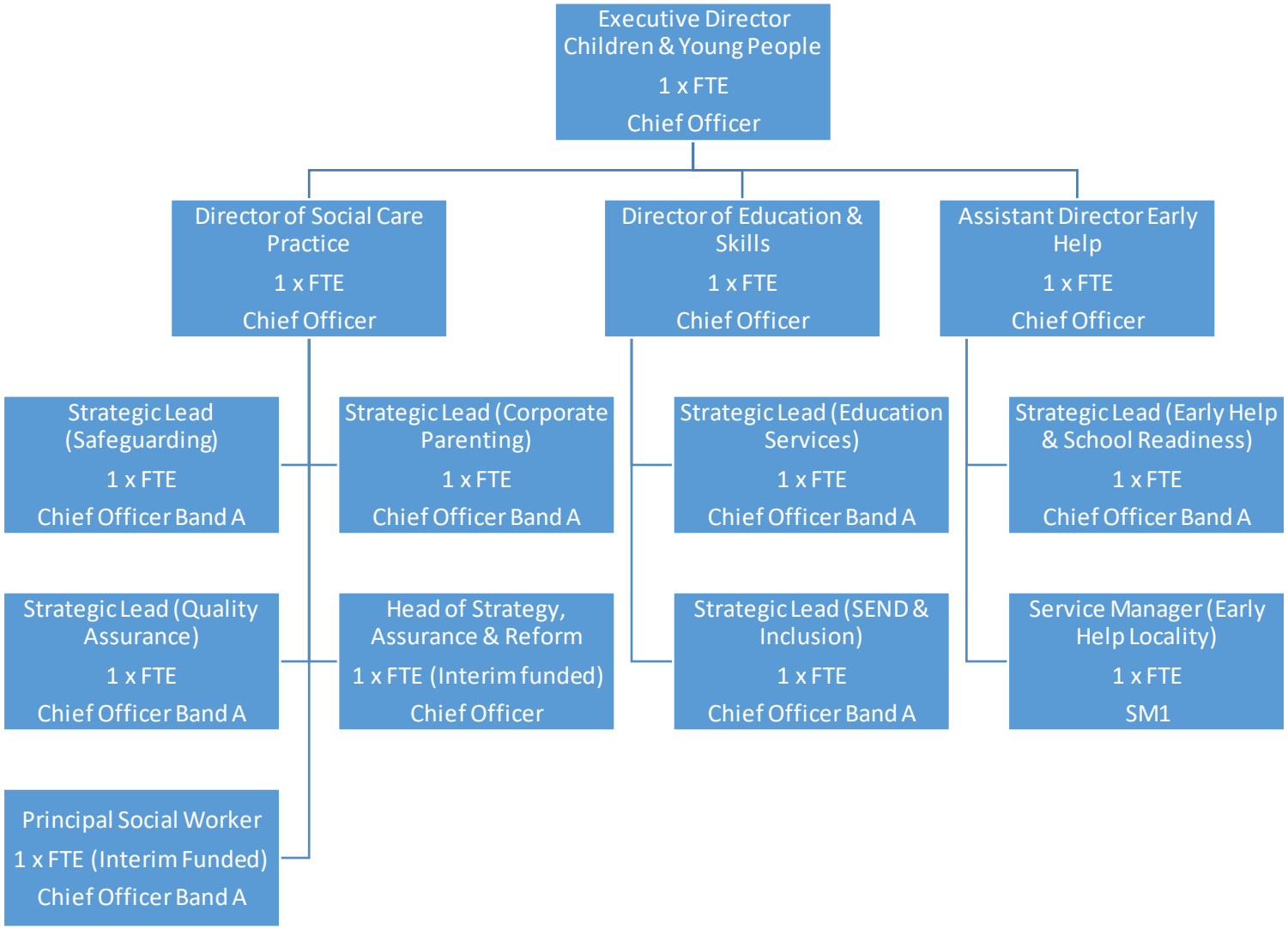
- Appendix 1 – Current Structure
- Appendix 2 – Proposed Structure
- Appendix 3 - CYP Proposed Restructure Costings
- Appendix 4 – Equality Impact Assessment

Please include a glossary of terms, abbreviations and acronyms used in this report.

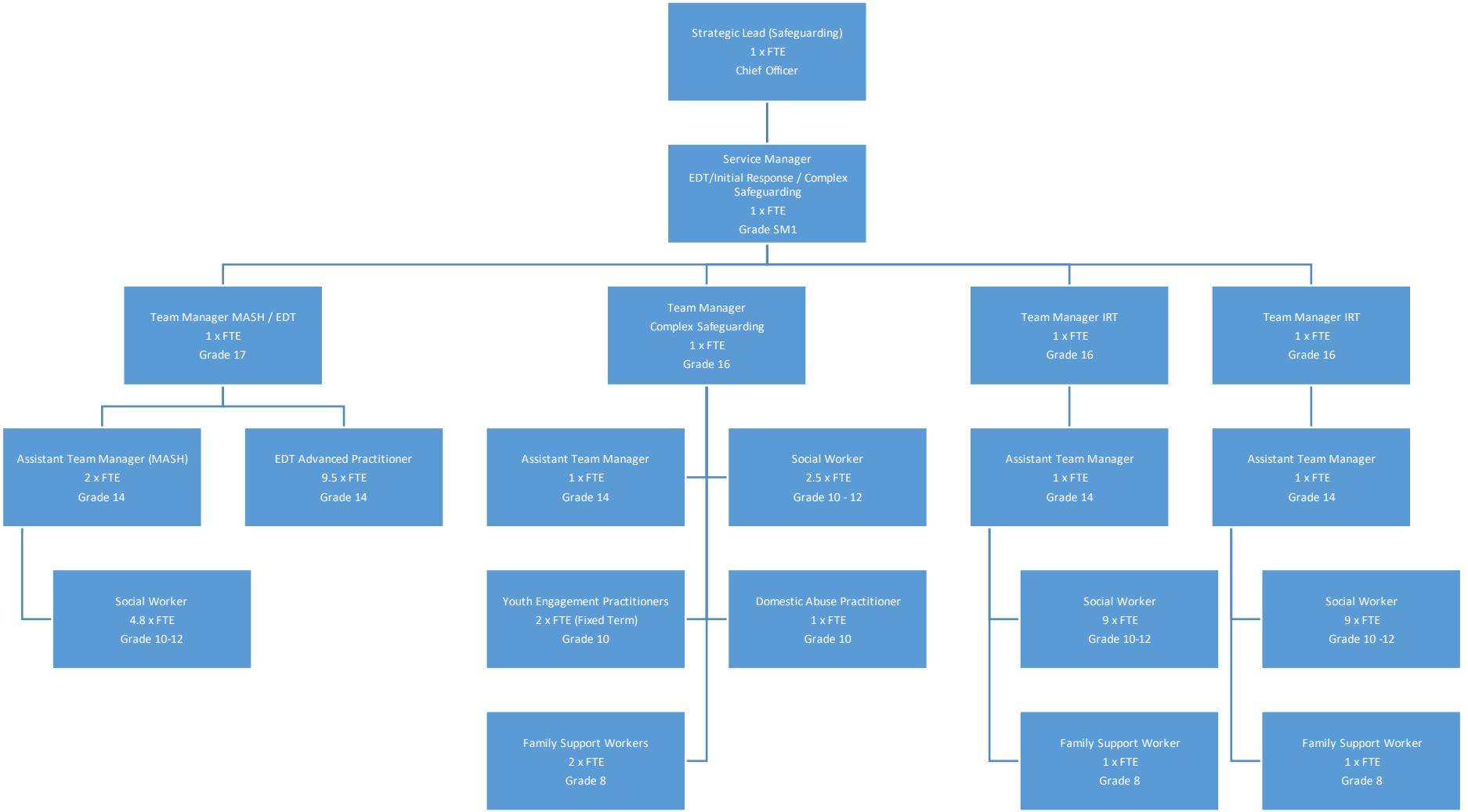
Term	Meaning
CASS	Care & Support Service
CIN	Child in Need
CYP	Children & Young People
CP	Child Protection
CWD	Children with Disabilities
DSG	Dedicated Schools Grant
EDT	Emergency Duty team
DfE	Department for Education
EH	Early Help
ES	Education and Skills
HAF	Holiday Activity & Food
ILACS	Inspection of Local Authority Children's Services
LA	Local Authority
LADO	Local Authority Designated Officer
MASH	Multi-Agency Safeguarding Hub
FTE	Full time equivalent
LGA	Local Government Association
SC	Social Care and Safeguarding
SEND	Special Educational Needs and Disability

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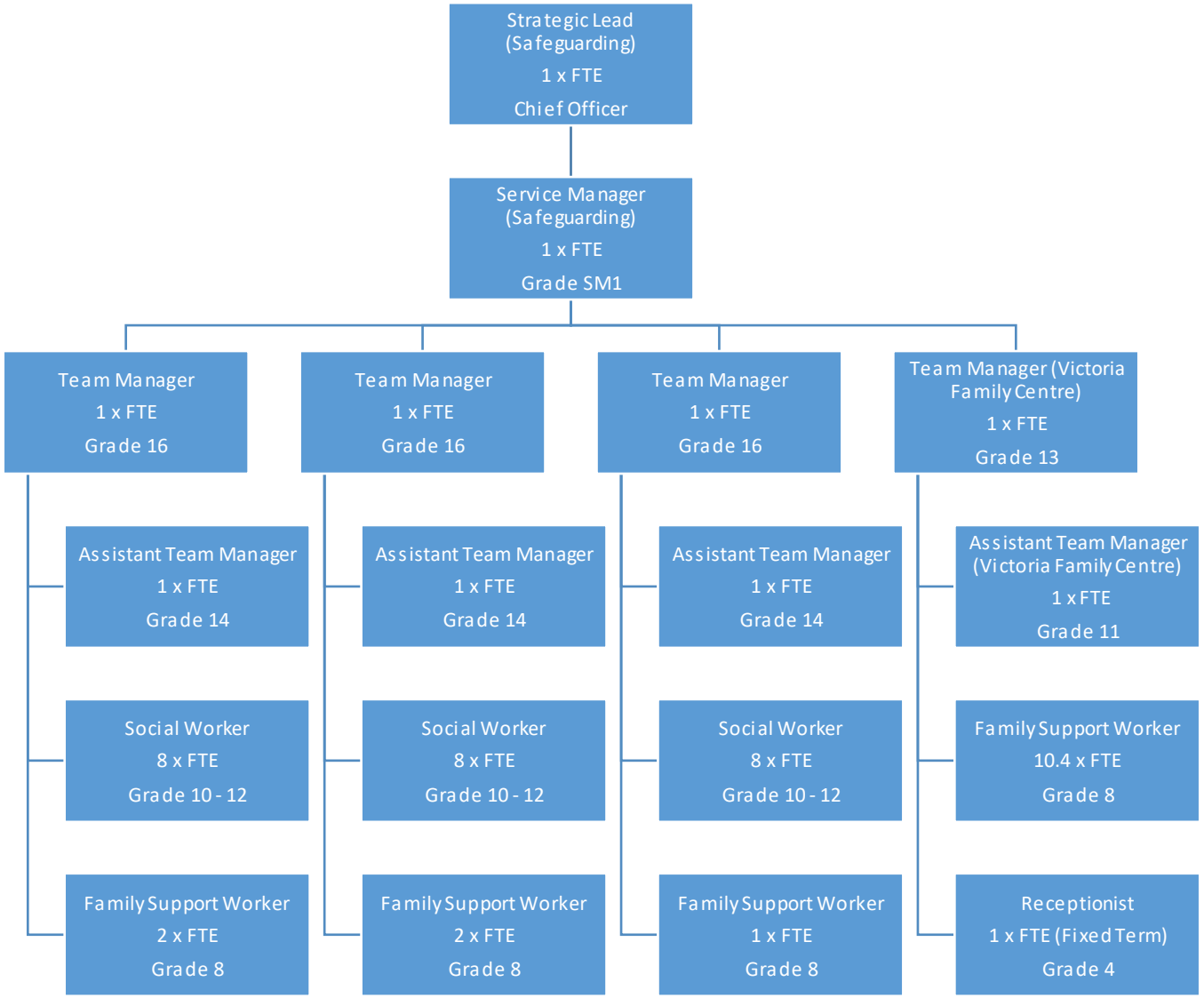
Children & Young People - Senior Management



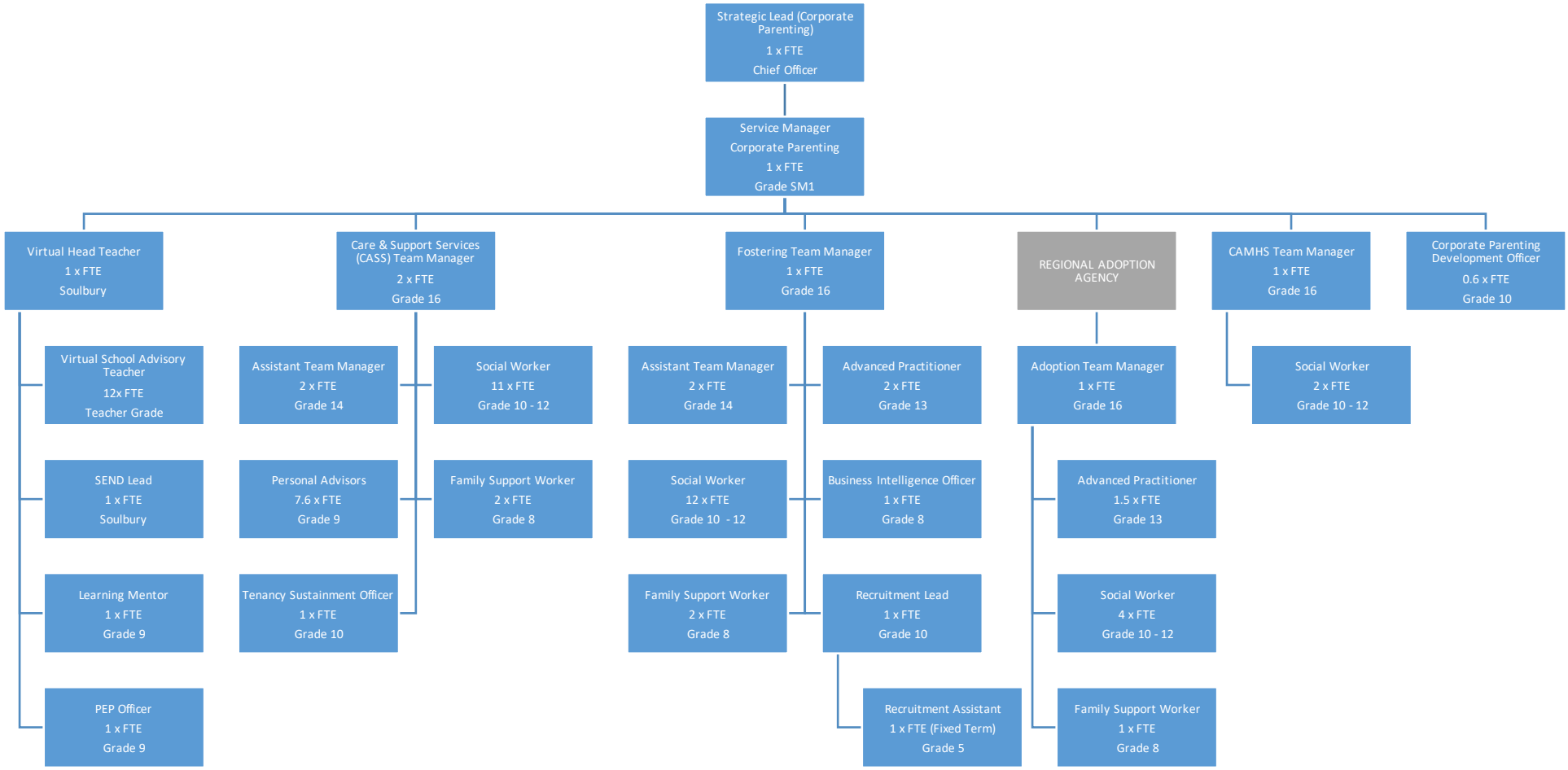
Social Care & Safeguarding: EDT, Initial Response & Complex Safeguarding



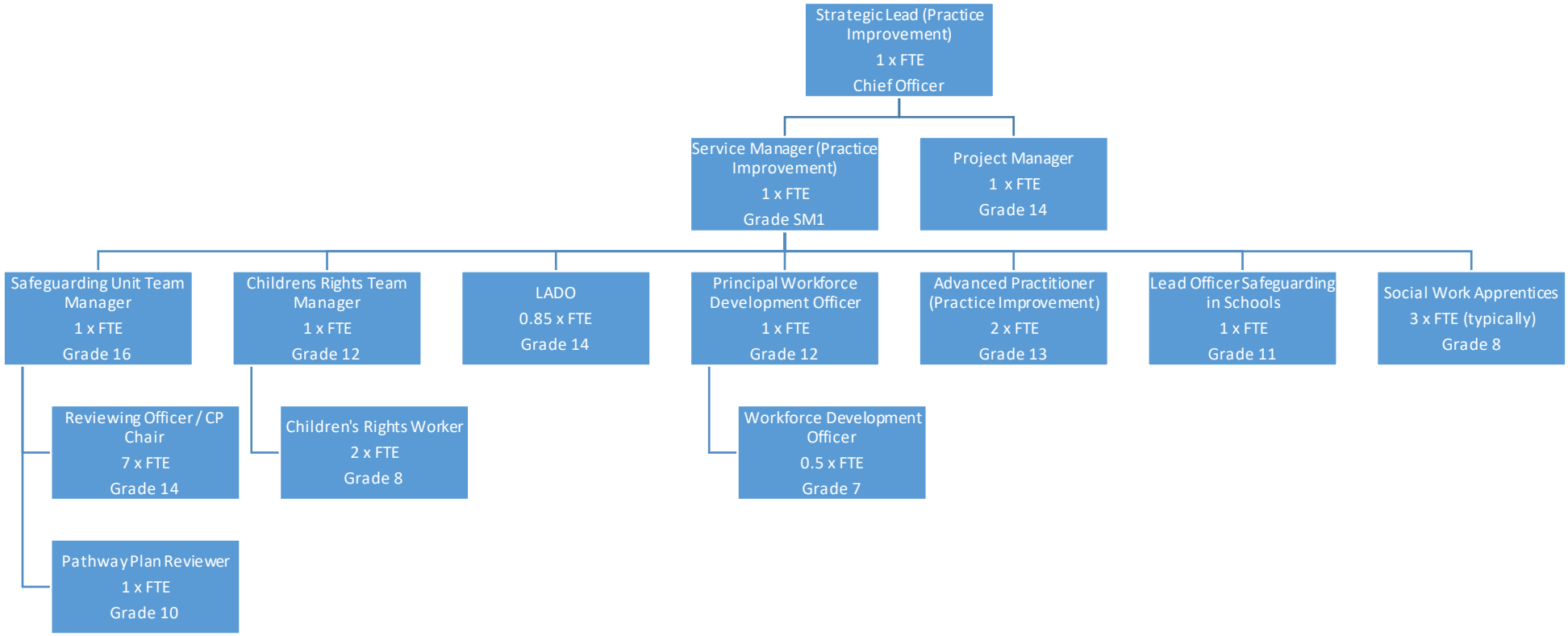
Social Care & Safeguarding: Safeguarding Service



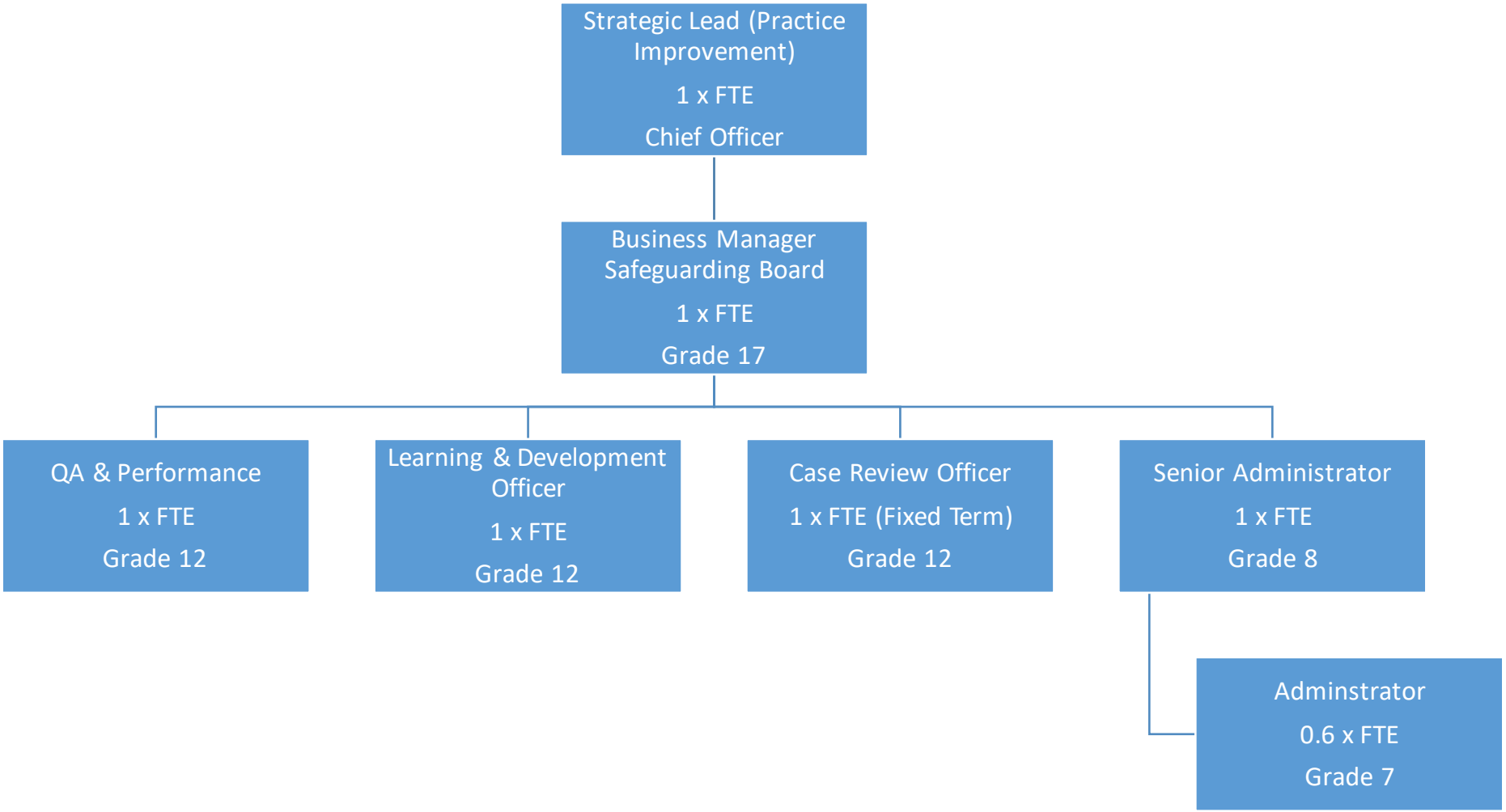
Social Care & Safeguarding: Corporate Parenting



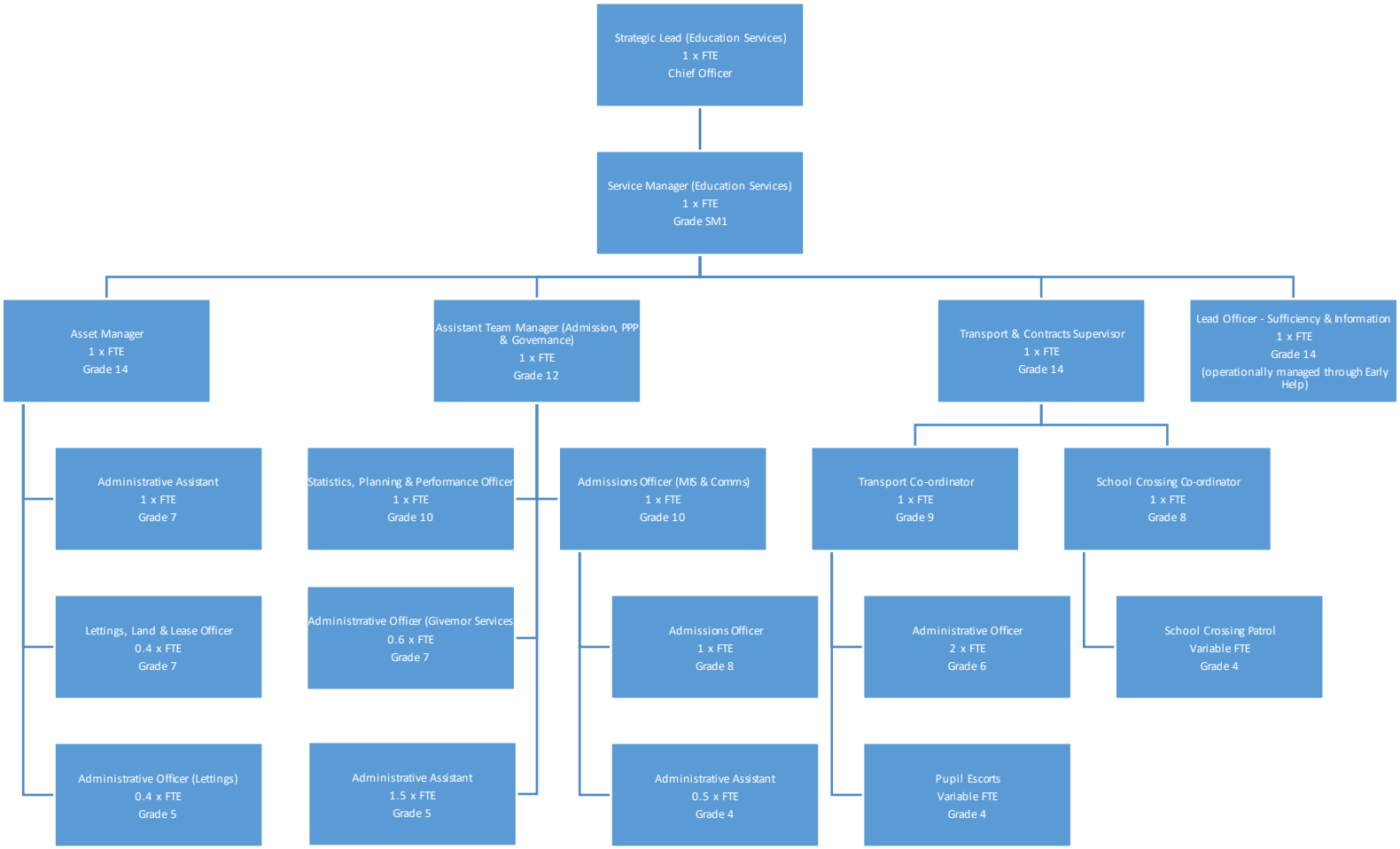
Social Care & Safeguarding: Practice Improvement



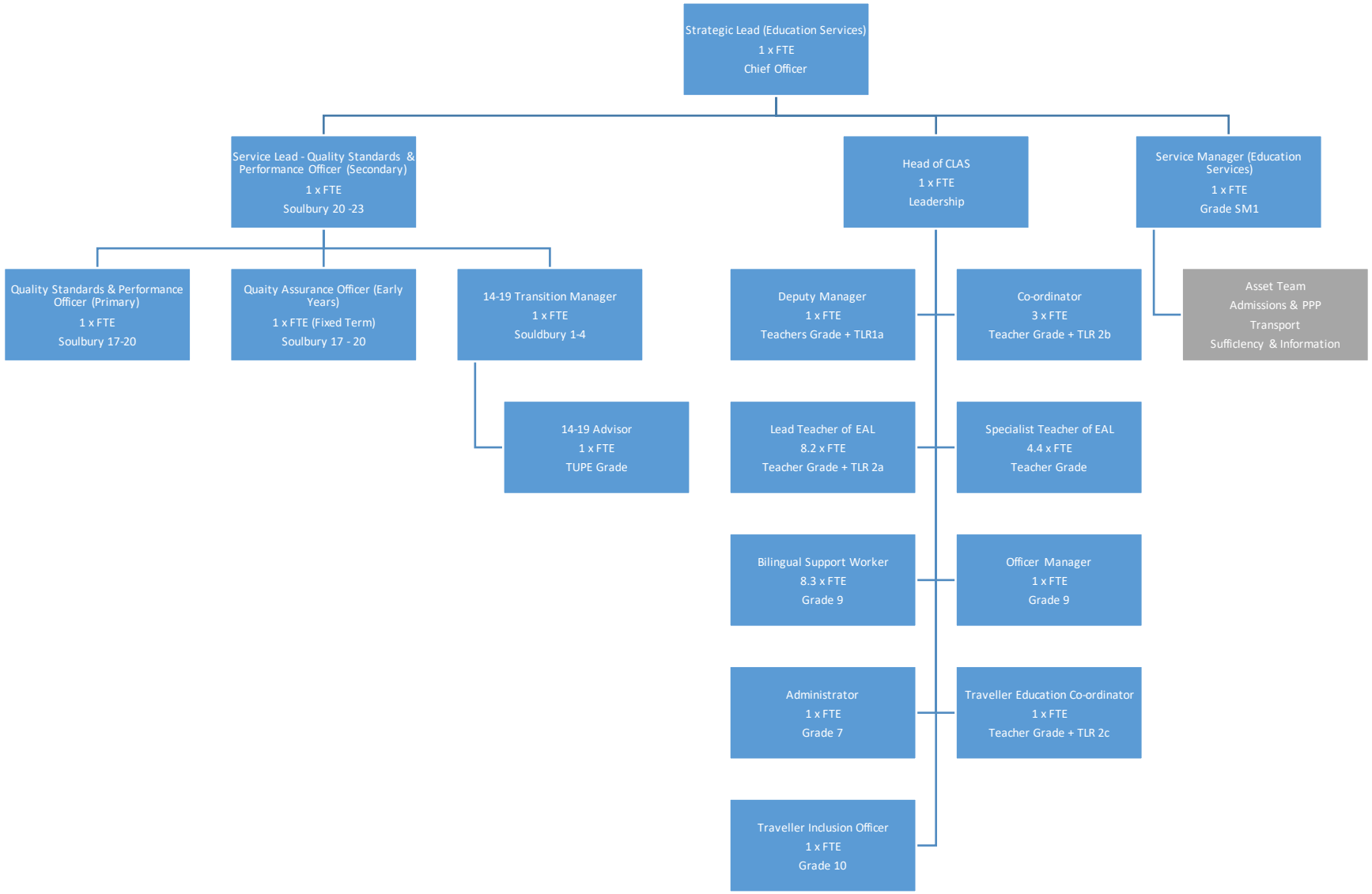
Social Care & Safeguarding: Integrated Safeguarding Board



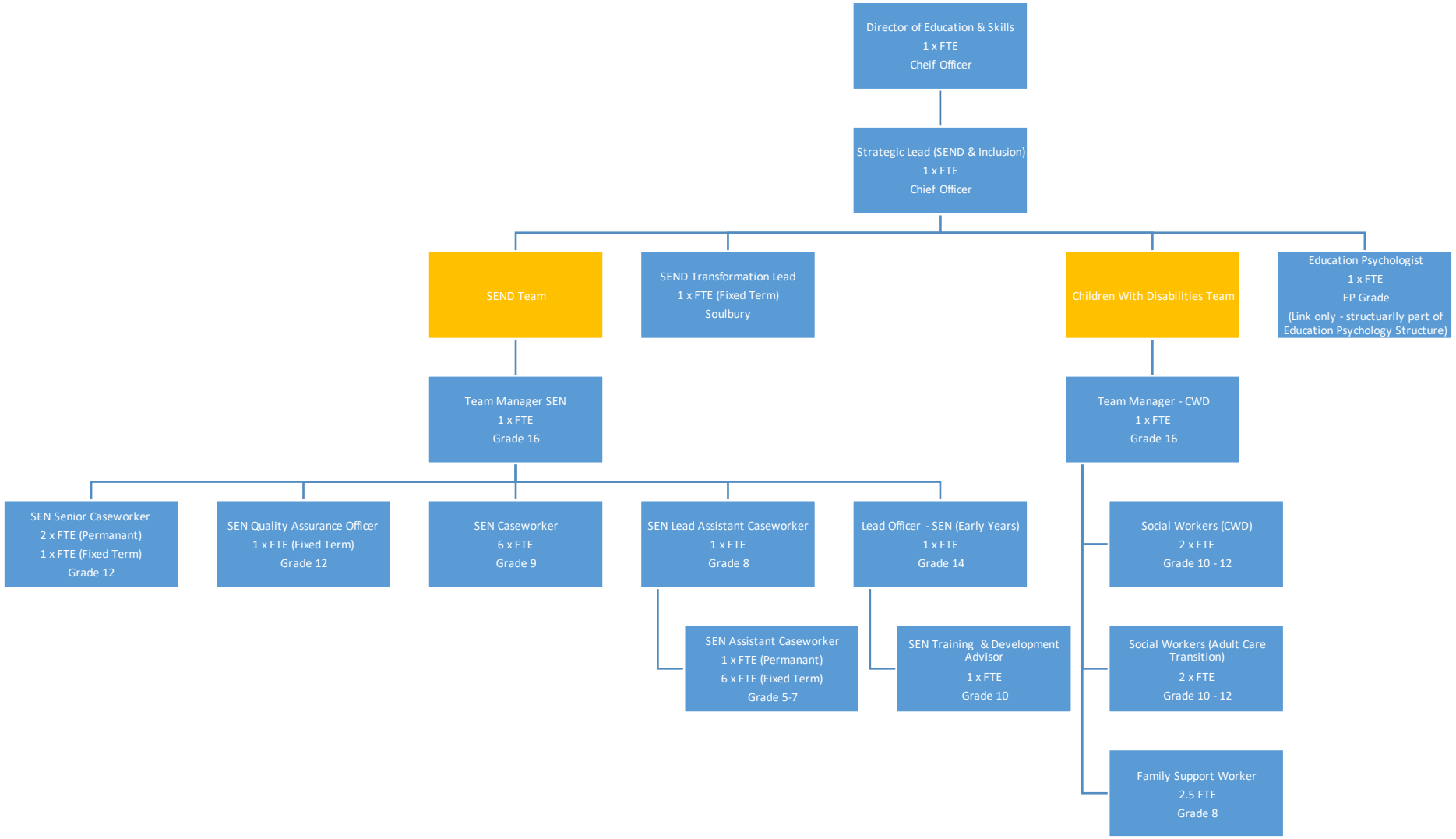
Education & Skills: Education Services (Part 1)



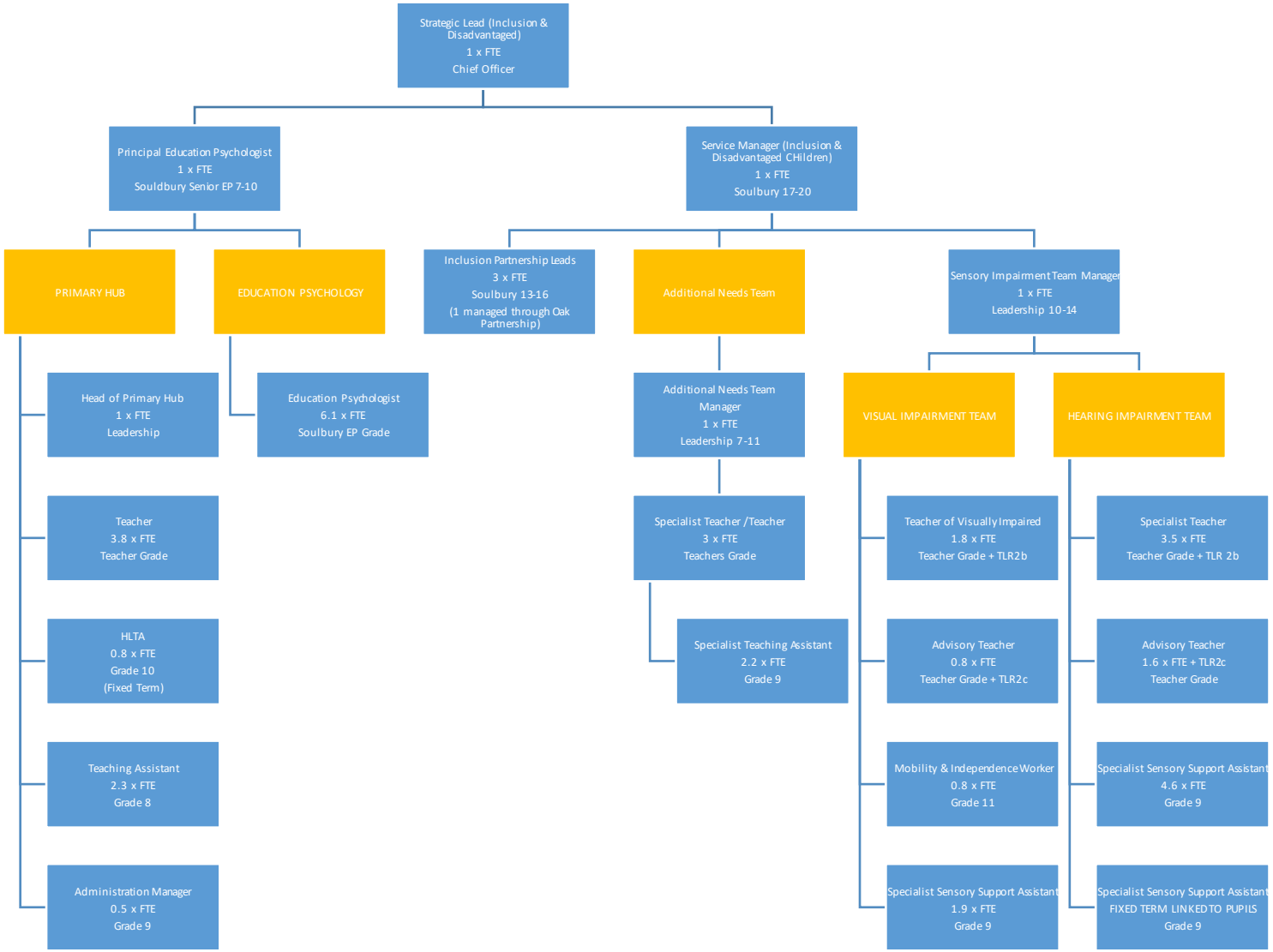
Education & Skills: Education Services (Part 2)



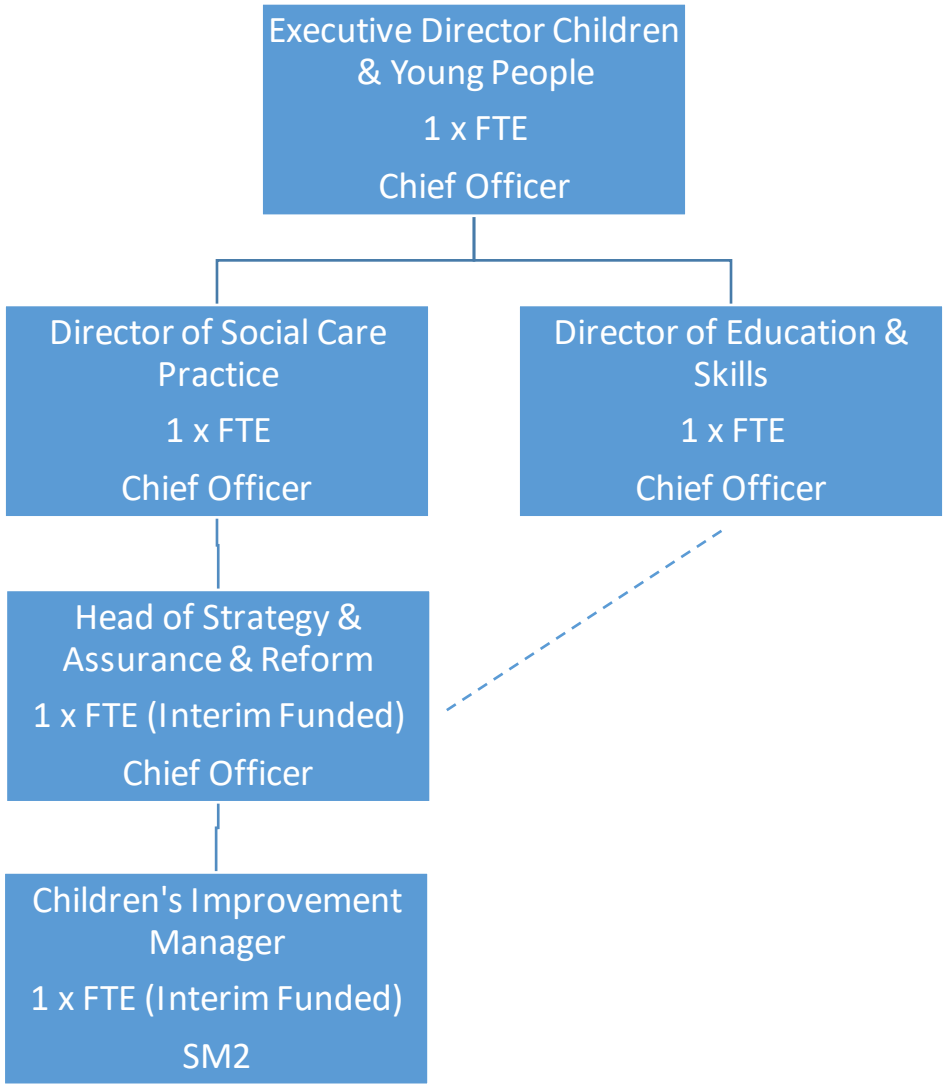
Education & Skills: Special Educational Needs



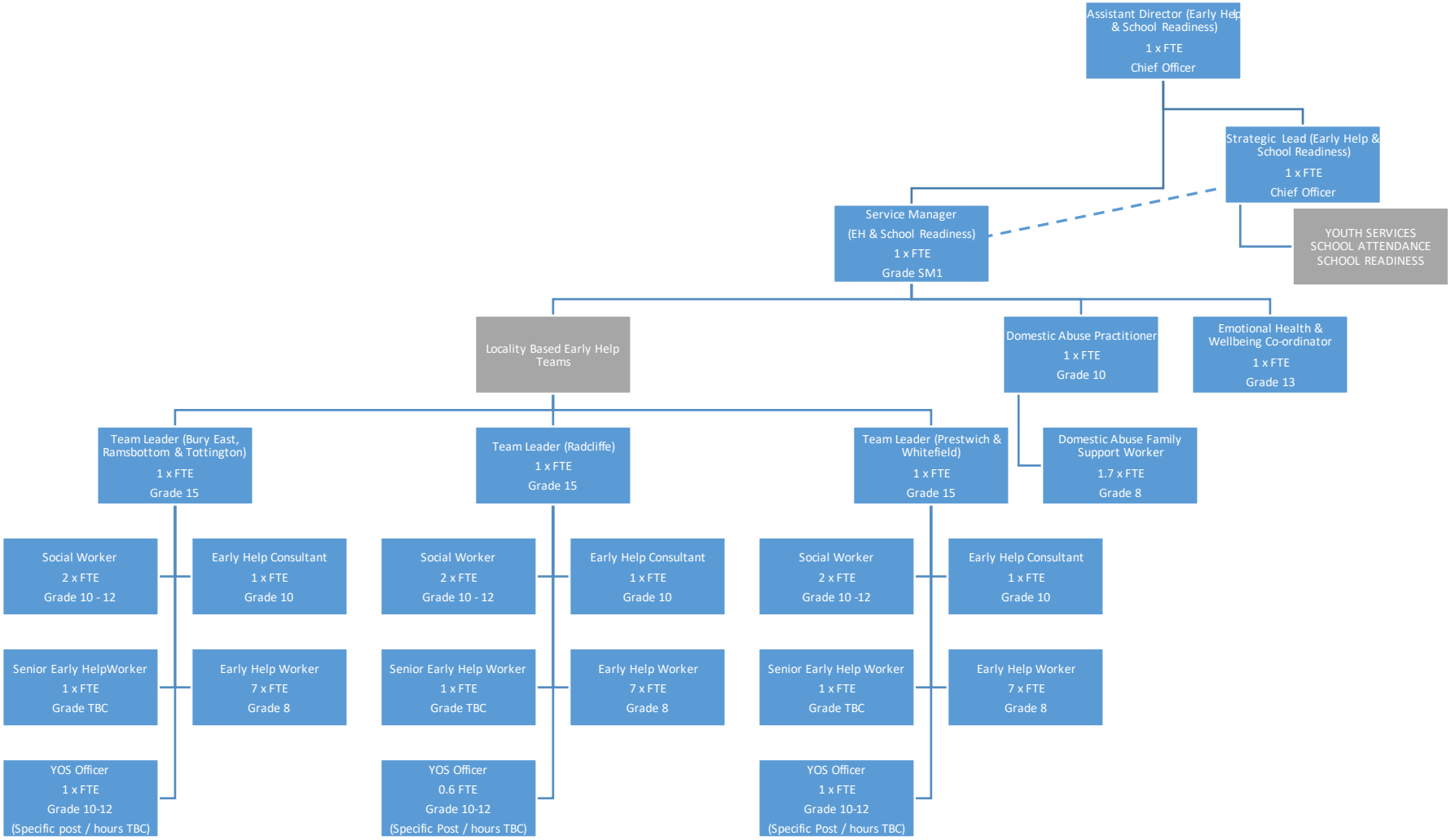
Education & Skills: Inclusion & Disadvantaged Children



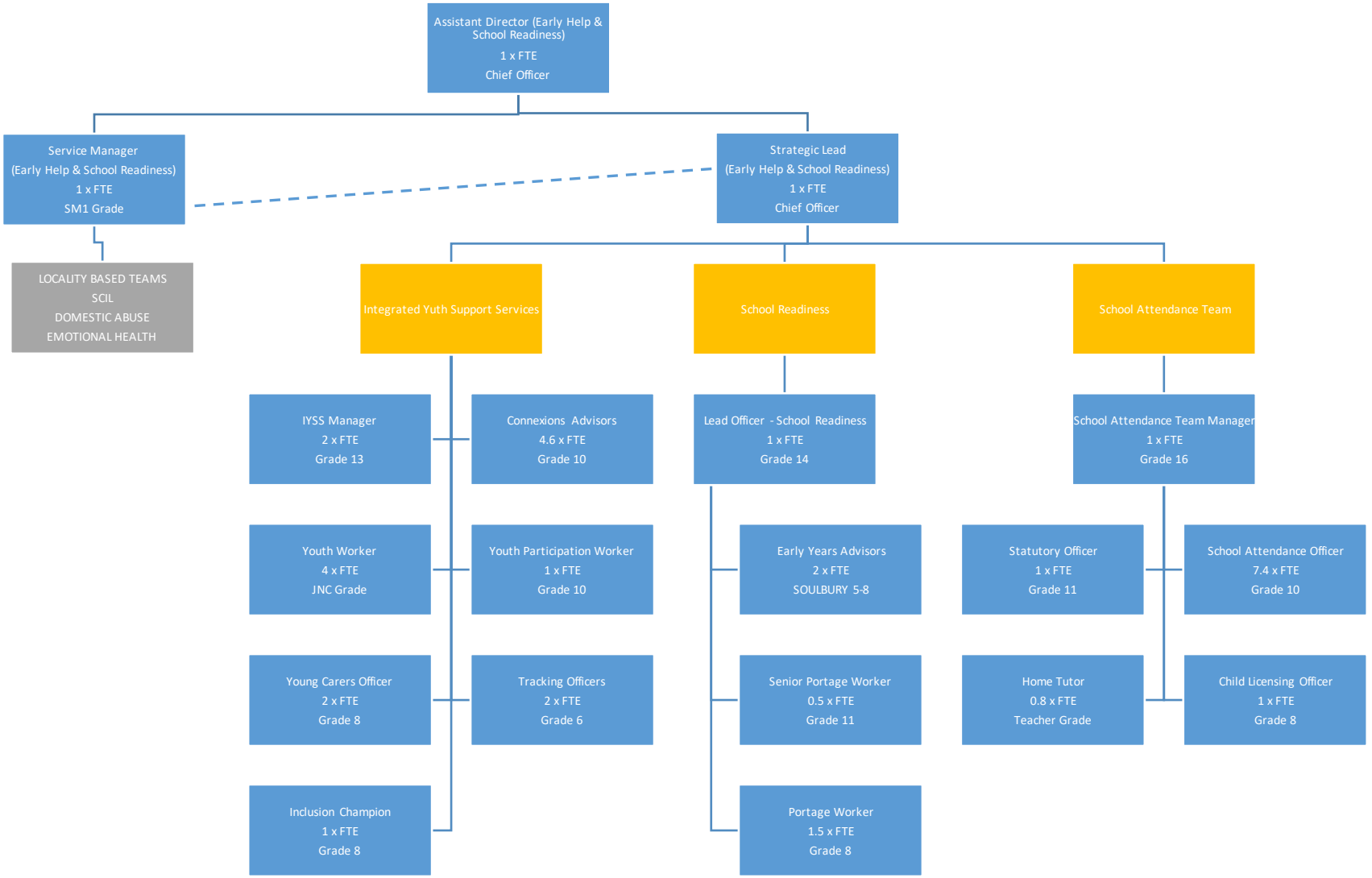
Strategy & Improvement



Early Help & School Readiness (Part 1)



Early Help & School Readiness (Part 2)



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Children & Young People Directorate 2022

Proposed Structures

Key:

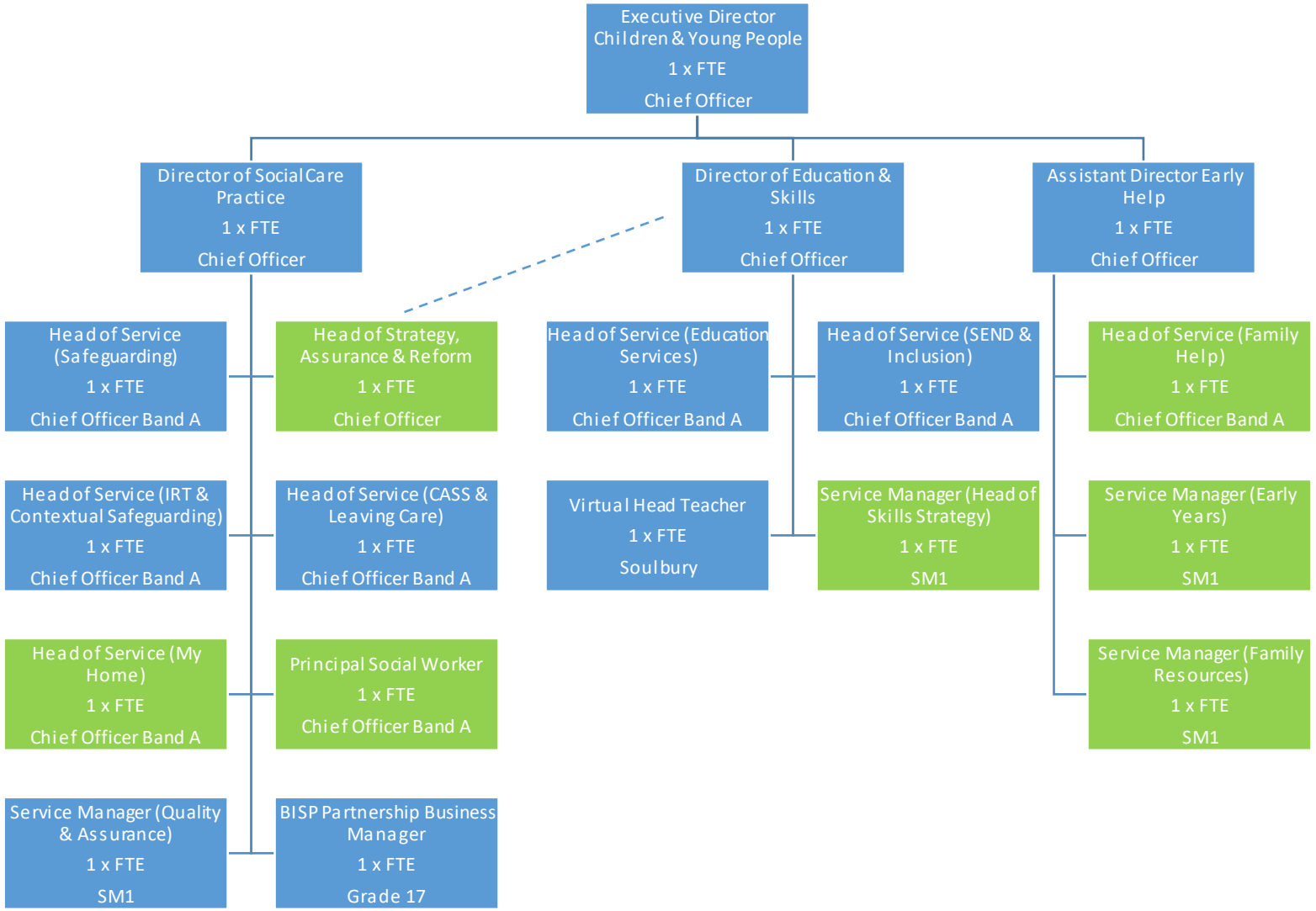
Posts highlighted Blue are unchanged

Posts highlighted Green are proposed new or significantly changed posts

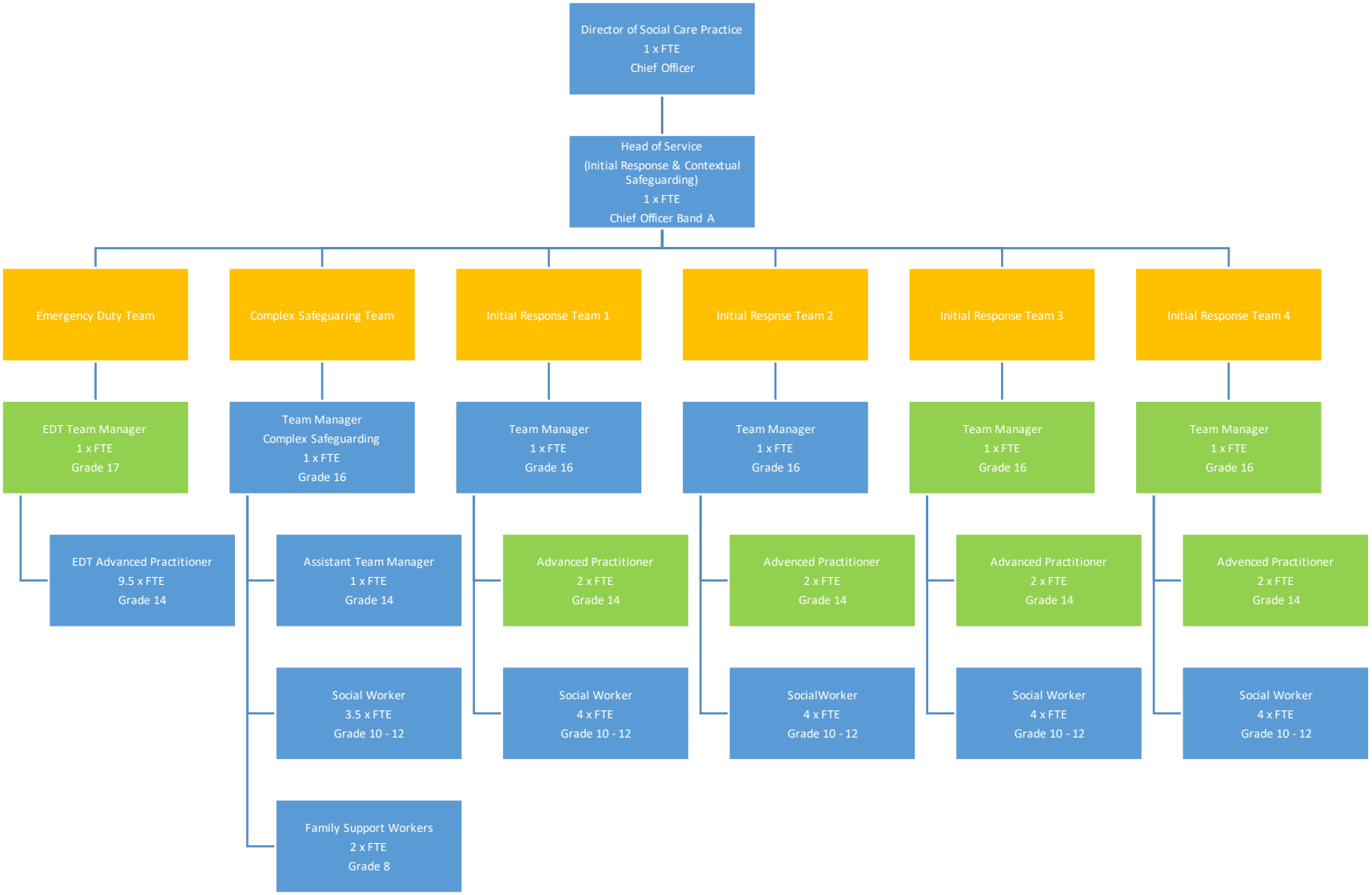
Posts highlighted Red are proposed transferred from other areas of the Directorate or Council

Posts highlighted Purple are proposed developments where specific details are being co-produced or remain in development

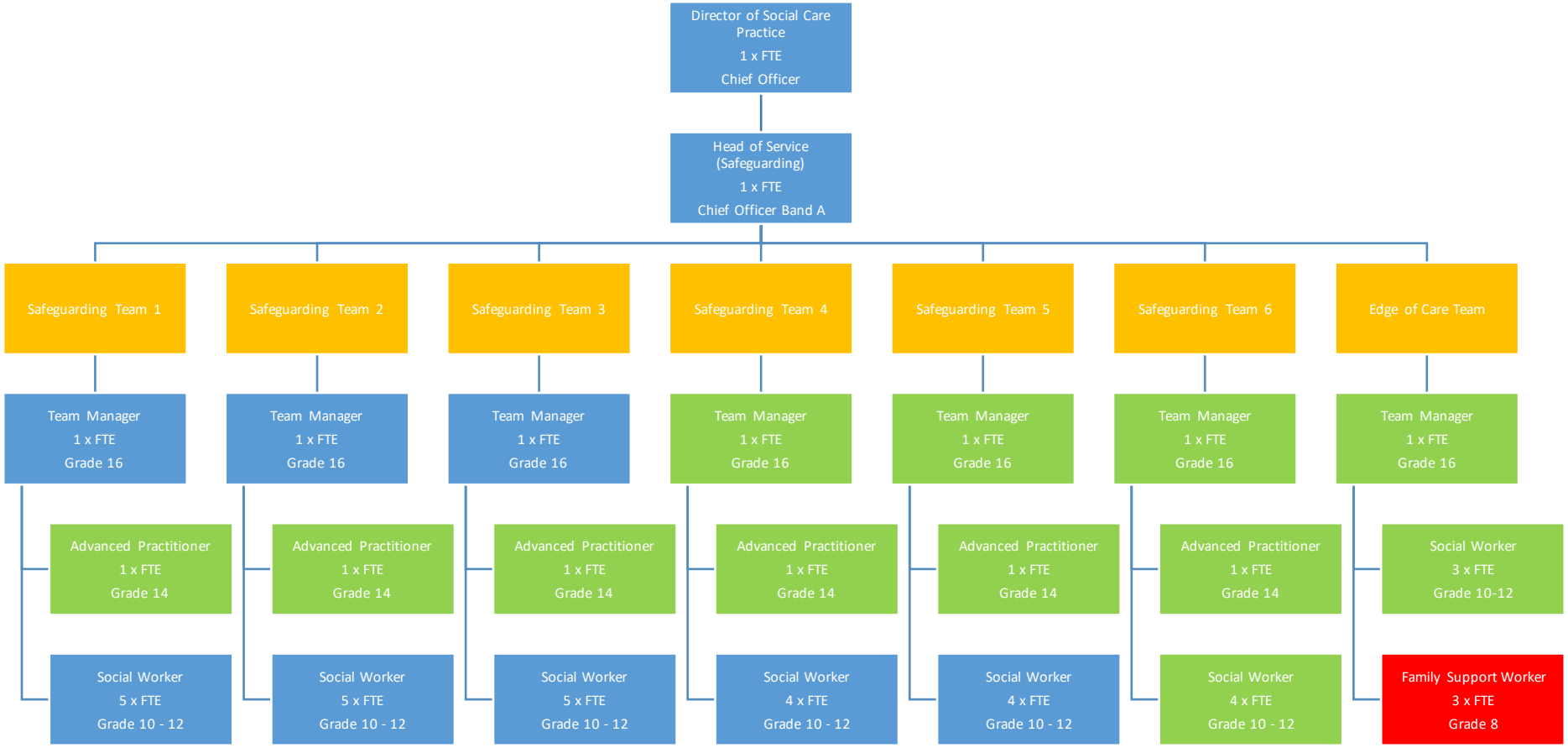
Children & Young People Senior Management



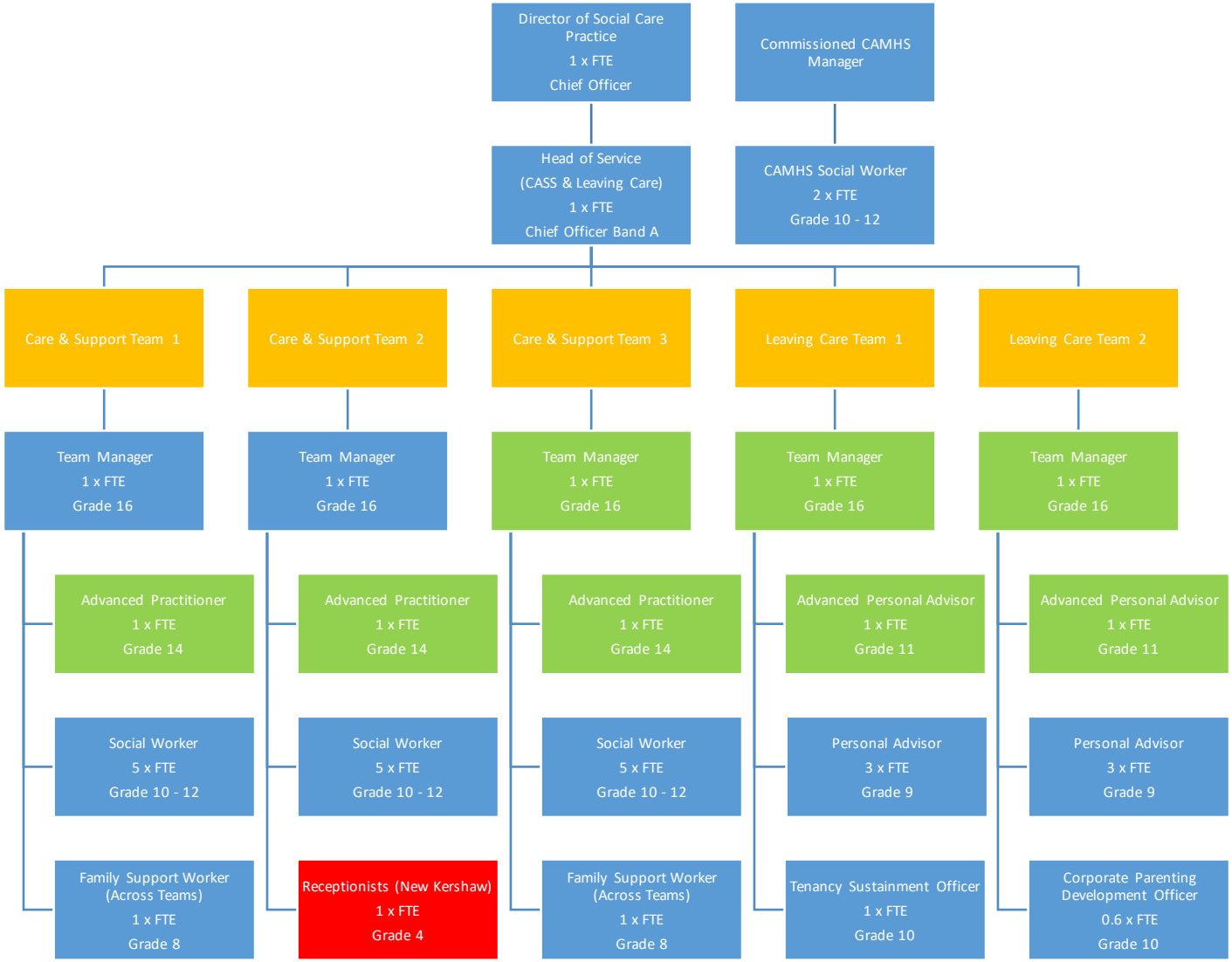
Social Care & Safeguarding: Initial Response & Contextual Safeguarding



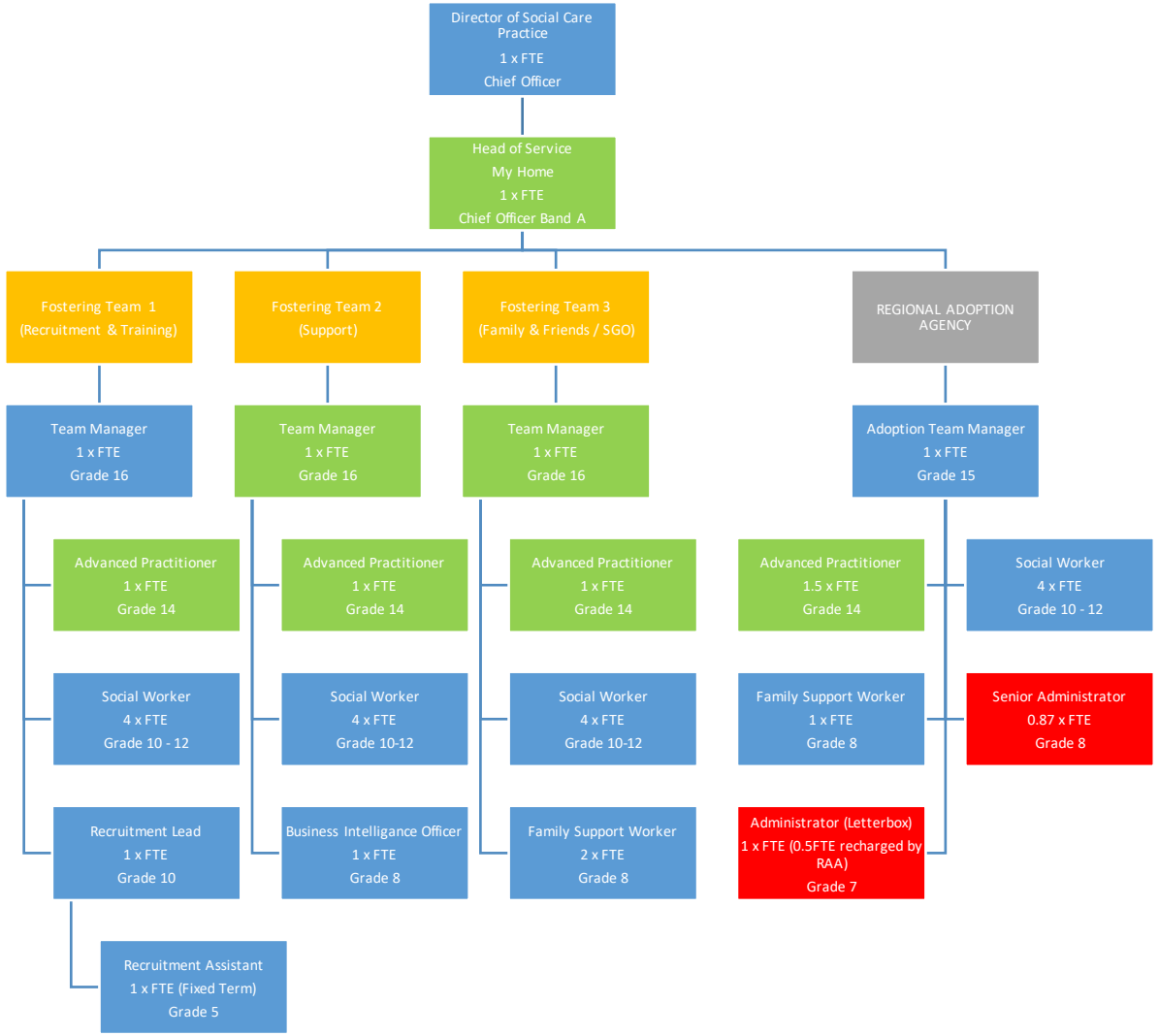
Social Care & Safeguarding: Safeguarding Service



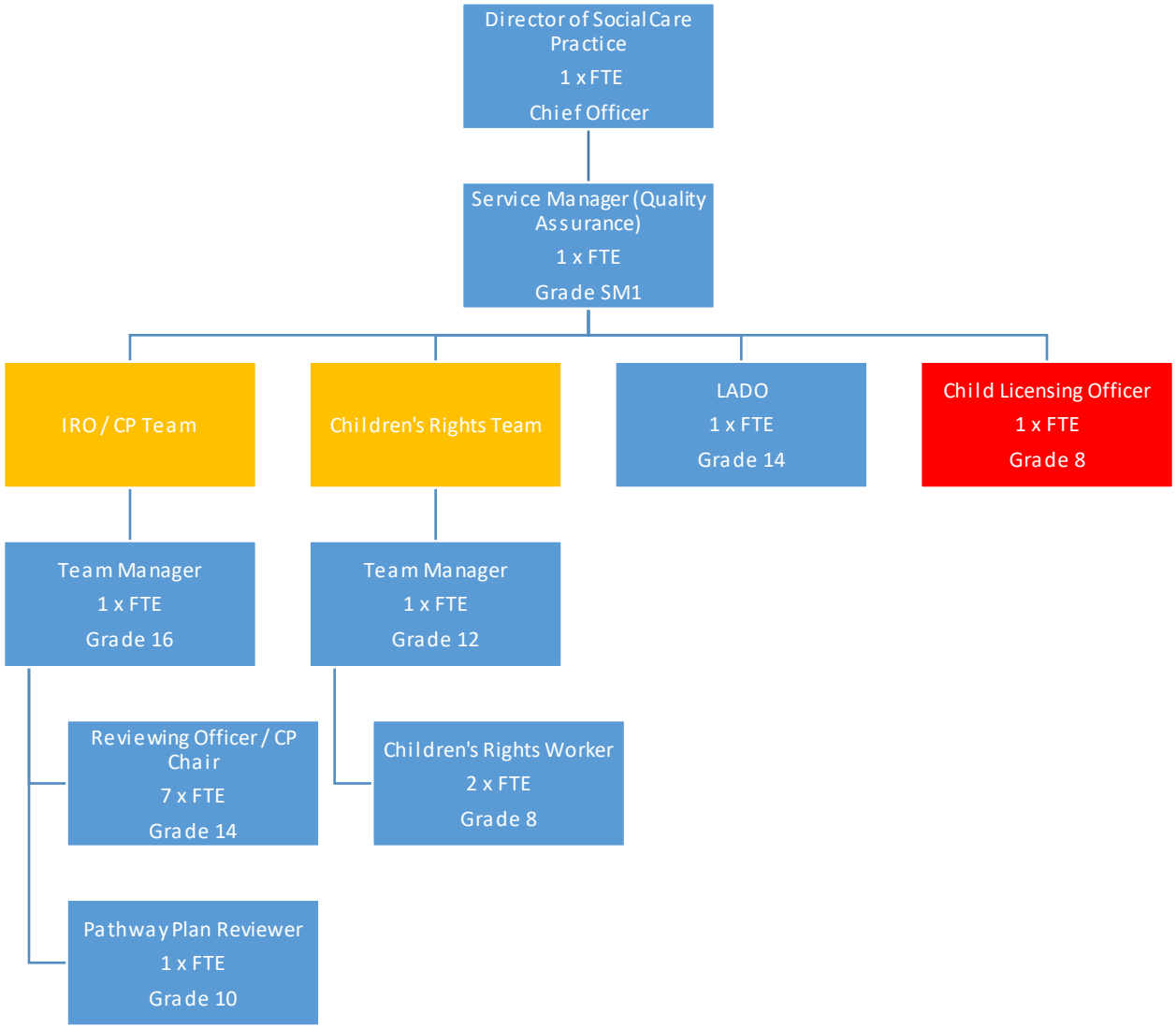
Social Care & Safeguarding: Corporate Parenting



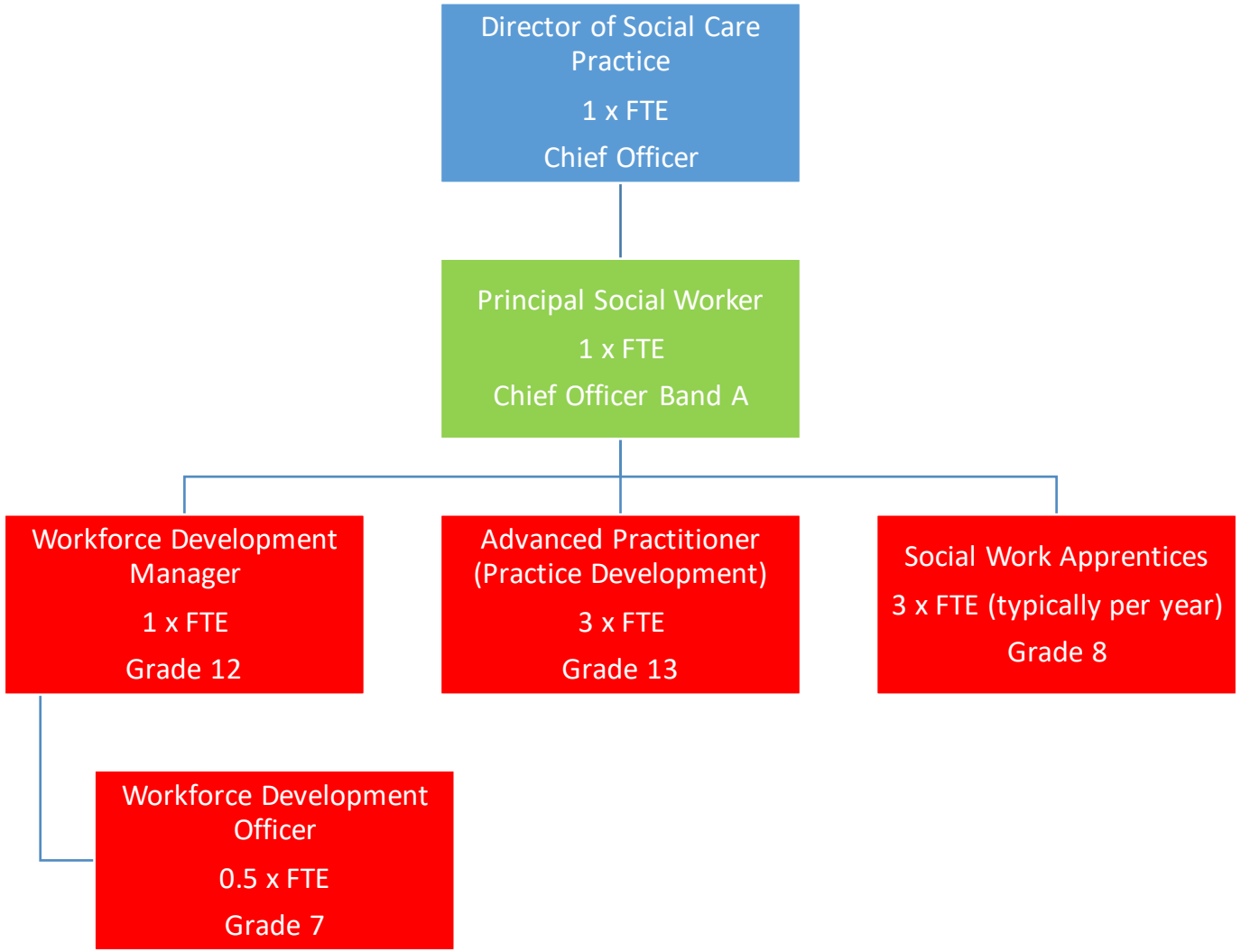
Social Care & Safeguarding: My Home



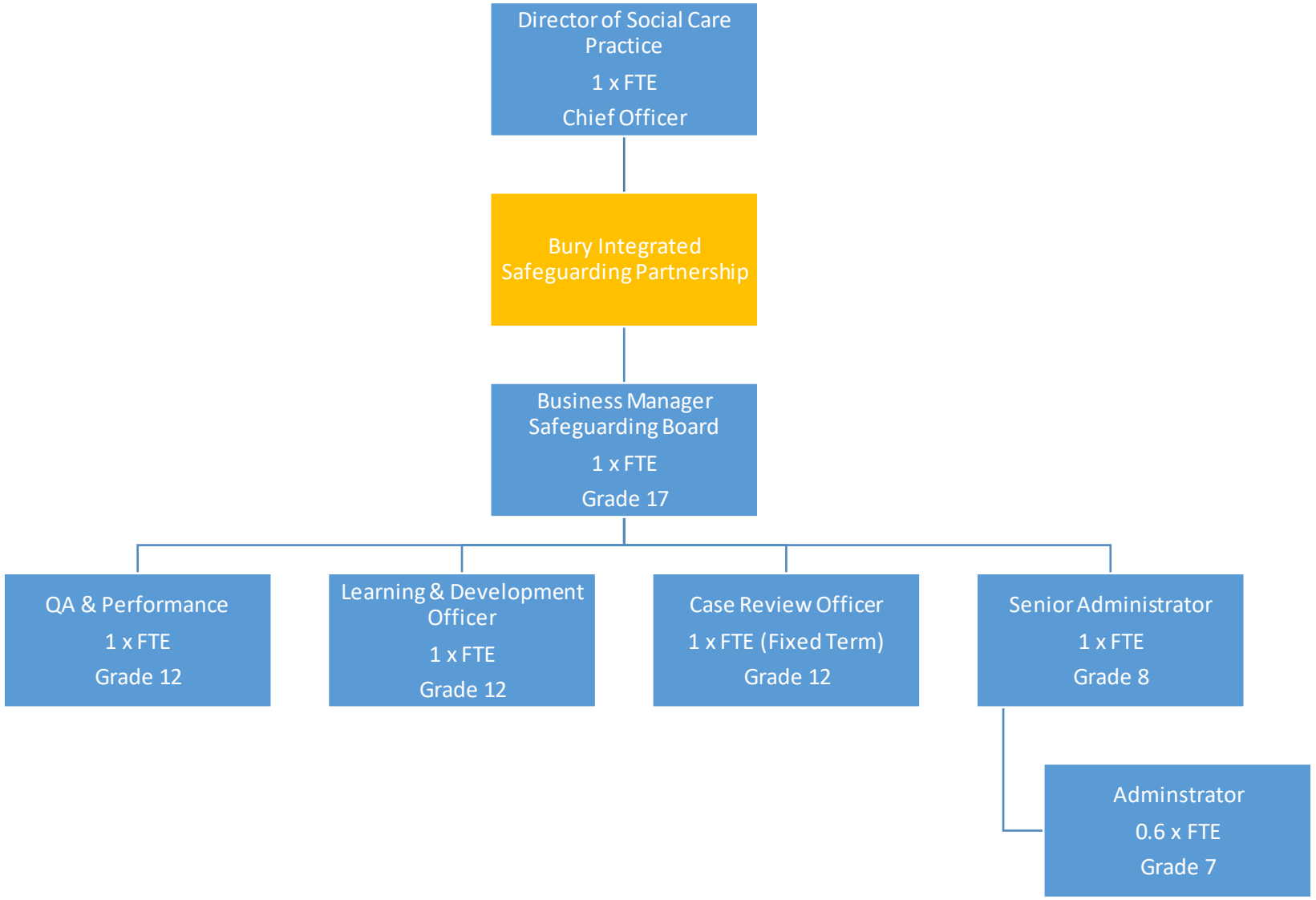
Social Care & Safeguarding: Quality & Assurance



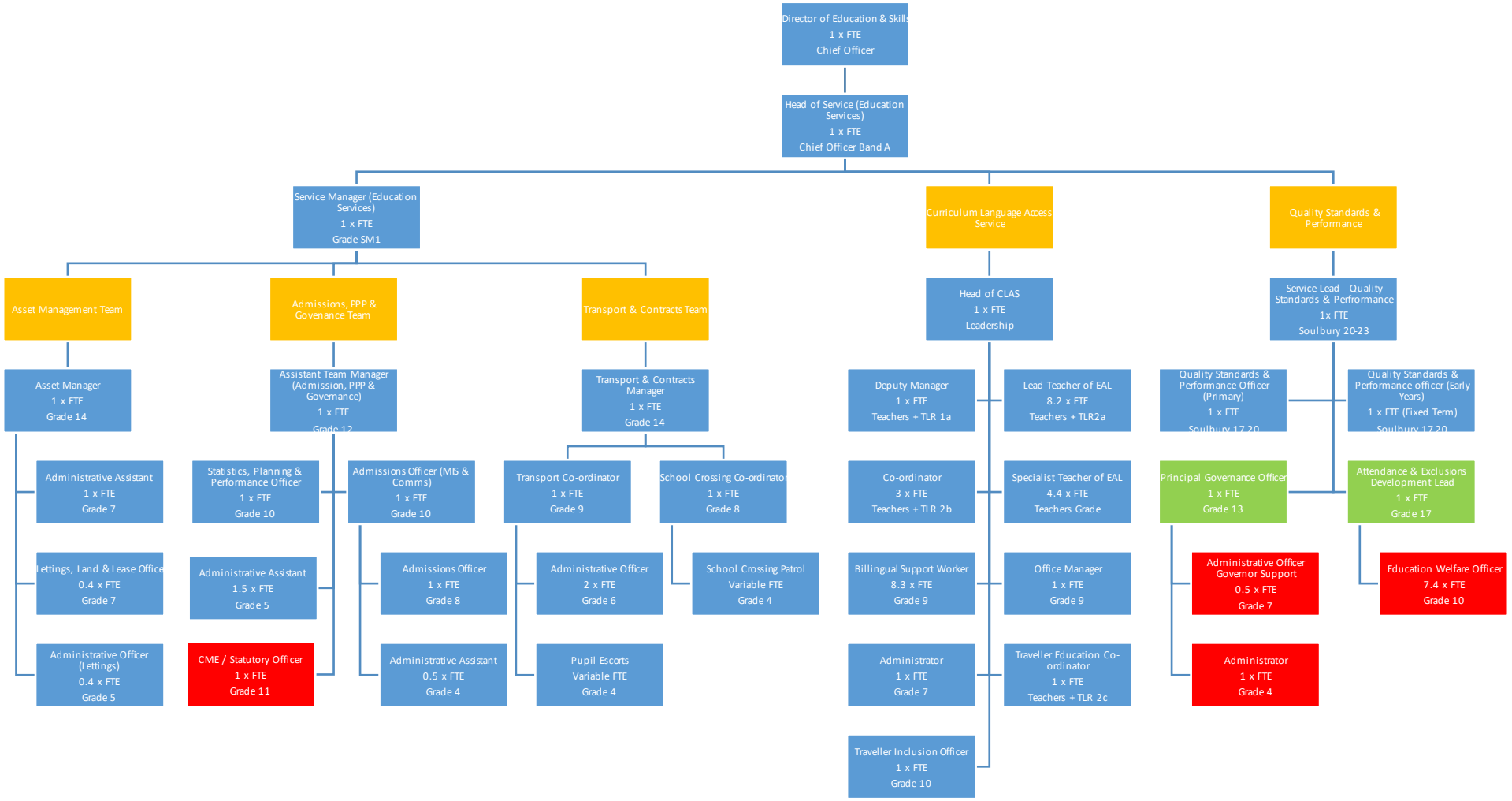
Social Care & Safeguarding: Social Work Development



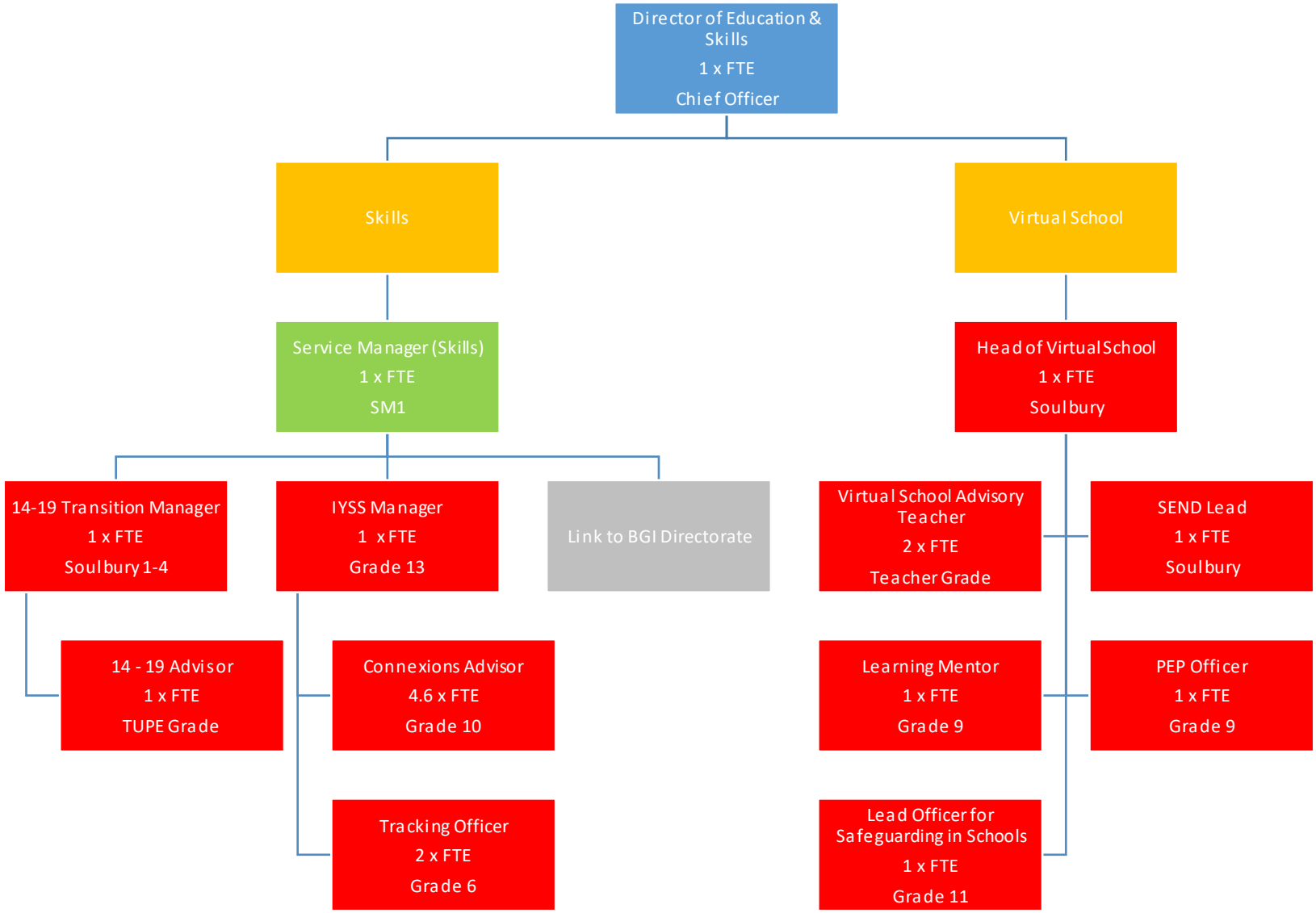
Social Care & Safeguarding: Integrated Safeguarding Board



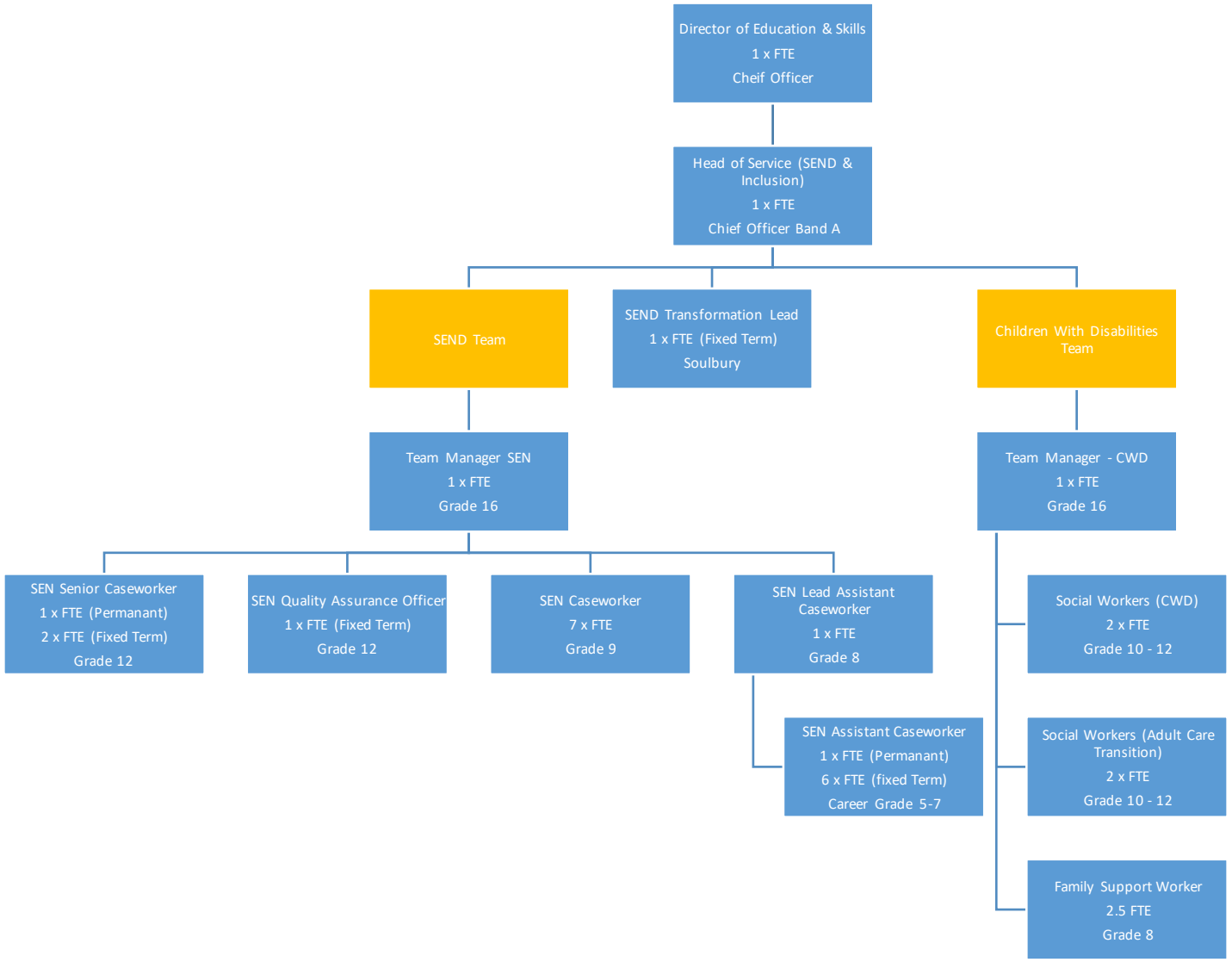
Education & Skills: Education Services



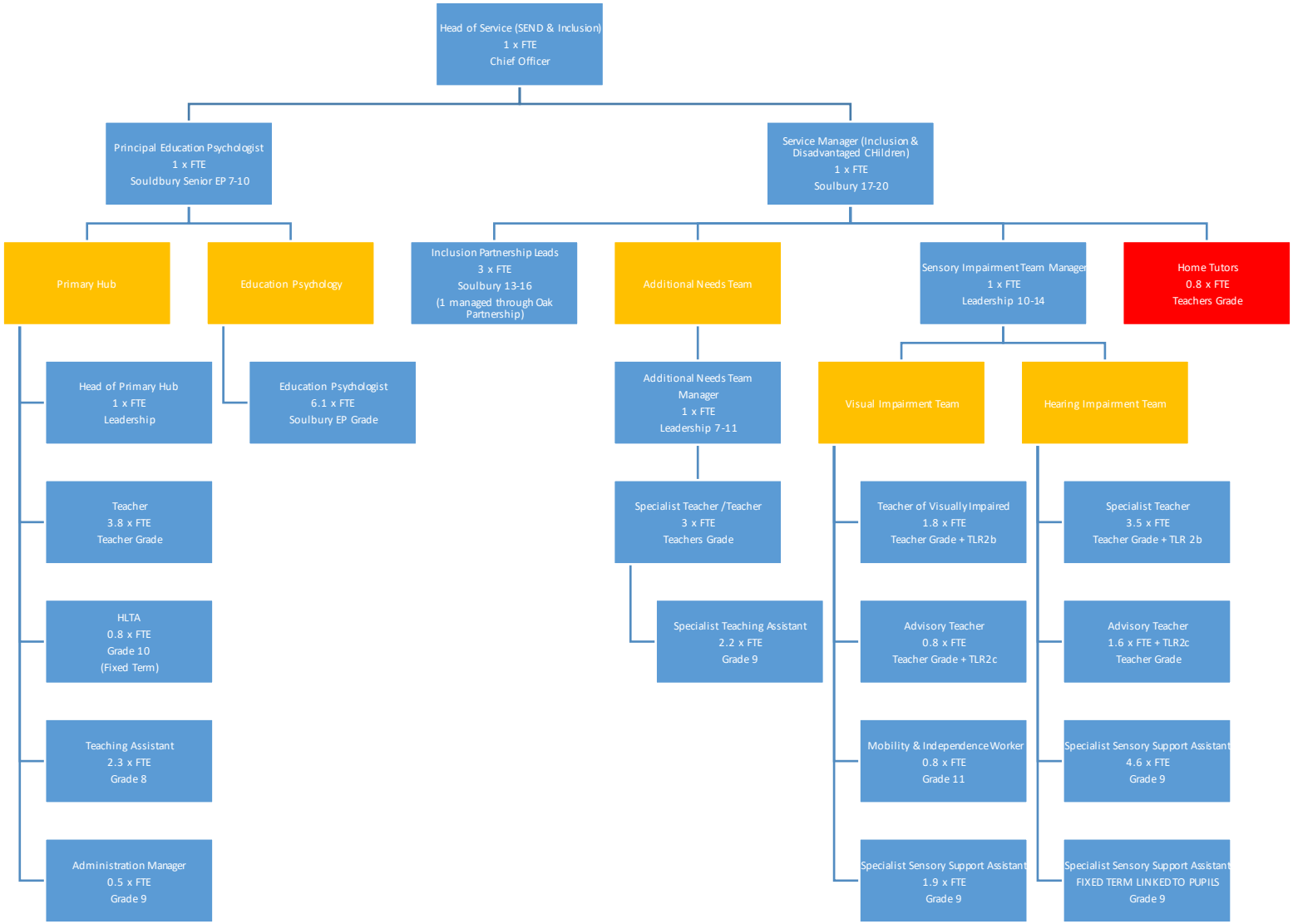
Education & Skills: Quality Standards, Skills & Virtual School



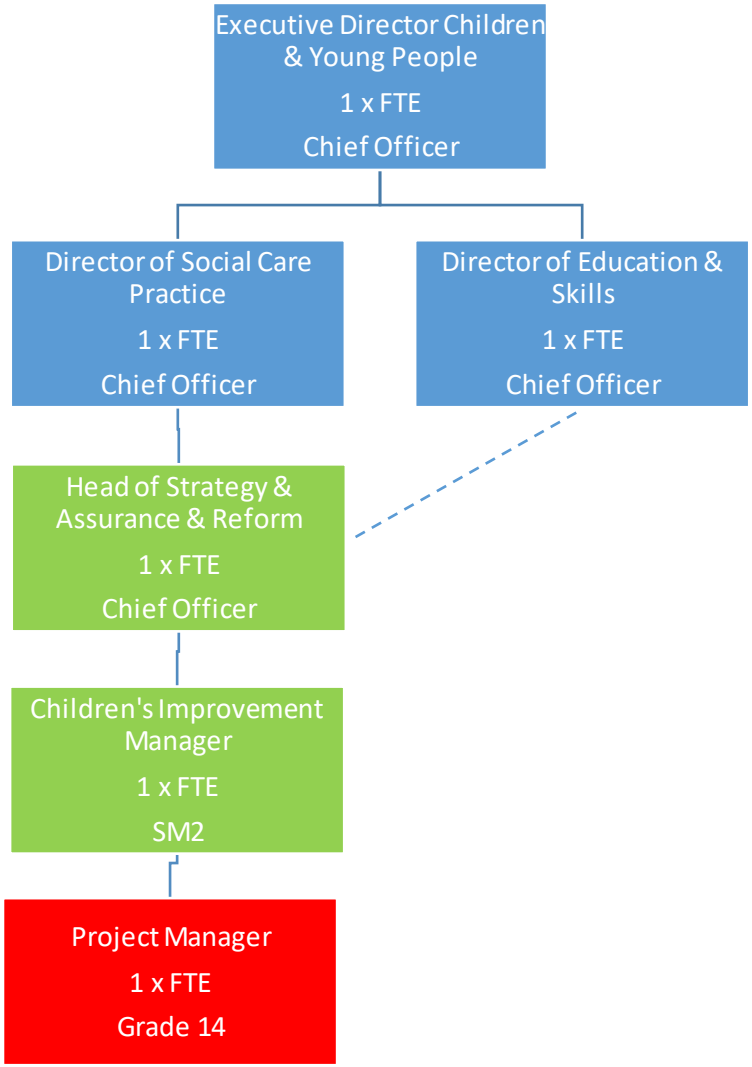
Education & Skills: Special Educational Needs



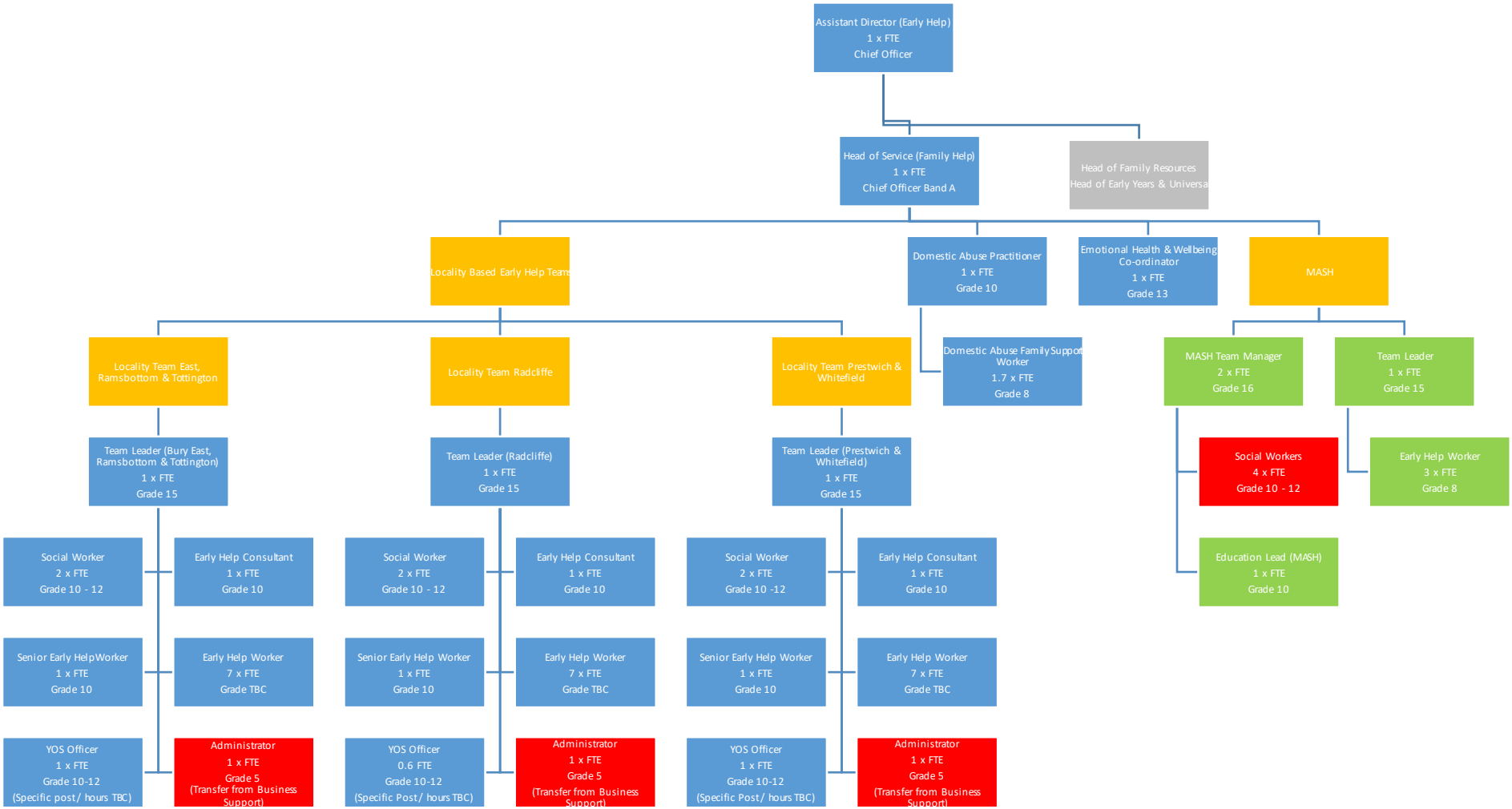
Education & Skills: Inclusion & Disadvantaged Children



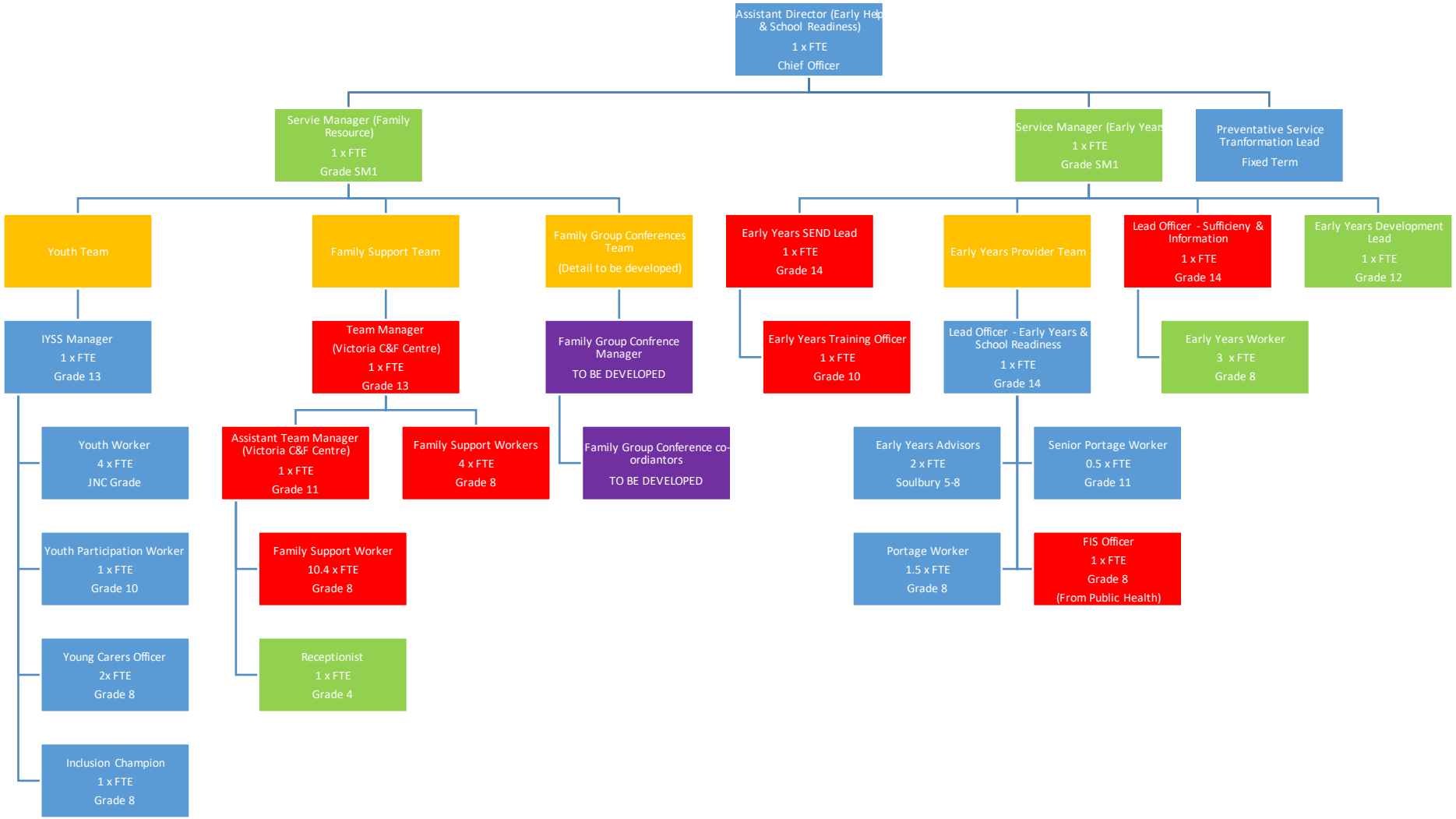
Strategy & Improvement



Early Help (Part 1)



Early Help (Part 2)



CYP Proposed Restructure Costings: Summary

Area	***FTE Current***	***FTE Proposed***	***Cost***	***Comments***
Social Care & Safeguarding				
Senior Management	7	8	£127,483	
SC Fostering	21	23	£128,073	
SC CASS	26.2	34.6	£468,735	
SC Safeguarding	35	46	£307,420	less £337k as part of Family Safeguarding Model
SC IRT	24	28	£294,594	
SC Practice Improvement	2.85	4	£61,764	
SC EDT MASH	10.5	10.5	-£2,648	
Sub-Total Social Care	**126.55**	**154.1**	**£1,385,421**	
Proposed Increase	FTE	27.55		
Education & Skills				
Senior Management	0	1	£67,934	
ES School Attendance	1	1	£2,648	
ES Skills	0	2	£123,970	
Sub-Total Education	**1**	**4**	**£194,553**	
Proposed Increase	FTE	3		
Early Help & School Readiness				
Senior Management	2	3	£67,934	
EH Family Support	1	12	£384,576	
EH Early Years	0	4	£147,707	
EH EDT MASH	6.8	10	£128,111	
Sub-Total Early Help	**9.8**	**29**	**£728,328**	
Proposed Increase	FTE	19.2		
Restructure	137.4	187.1	£2,308,302	
Foster Care on Call	out of hours rota		£10,950	
Business Support	0	7	£201,275	

Associated costs where applicable - e.g. Retention Payments, ICT, Telephony, Parking permits, Priority Car User, Mileage			£112,000
TOTAL CYP Restructure	**137.35**	**194.1**	**£2,632,527**
Proposed Increase	FTE	56.75	

Notes

EDT MASH net proposed cost of restructure is £125,462 with an overall proposed increase of 3.2fte aligned to Social Care and Early Help Teams

The reduction in cost at Social Care EDT MASH is in respect to the proposed reduction in grade for 1 post

SC Safeguarding costs exclude the £337k identified to support the Family Safeguarding Model outlined and included in a separate report

The FTE numbers above are in respect to the impact of proposals on the structure and do not reflect the total FTE in CYP

Business Support and some associated costs such as ICT and Telephony may not be included in CYP budget but do need to be recognised

Senior Management

Current Division	Service	Team	Category	Post	Current FTE Posts	Current Grade	Max Current FTE Salary	Current Cost	Max Proposed Current in on Costs at 31.5%	
Social Care & Safeguarding	Safeguarding	Safeguarding	Current	Strategic Lead (Safeguarding)	1	Chief Officer A	£63,063	£63,063	£82,928	
Social Care & Safeguarding	Corporate Parenting	Corporate Parenting	Current	Strategic Lead (Corporate Parenting)	1	Chief Officer A	£63,063	£63,063	£82,928	
Social Care & Safeguarding	Quality Assurance	Quality Assurance	Current	Strategic Lead (Quality Assurance)	1	Chief Officer A	£63,063	£63,063	£82,928	
Social Care & Safeguarding	Safeguarding	Safeguarding	Current	Service Manager (Safeguarding)	1	SM1	£51,661	£51,661	£67,934	
Social Care & Safeguarding	Safeguarding	Safeguarding	Current	Service Manager (EDT, IRT & Complex Safeguarding))	1	SM1	£51,661	£51,661	£67,934	
Social Care & Safeguarding	Corporate Parenting	Corporate Parenting	Current	Service Manager (Corporate Parenting)	1	SM1	£51,661	£51,661	£67,934	
Social Care & Safeguarding	Quality Assurance	Quality Assurance	Current	Service Manager (Practice Improvement)	1	SM1	£51,661	£51,661	£67,934	
Early Help	Early Help	Early Help	Current	Strategic Lead (Early Help)	1	Chief Officer A	£63,063	£63,063	£82,928	
Early Help	Early Help	Early Help	Current	Service Manager (Early Help)	1	SM1	£51,661	£51,661	£67,934	
					9				£671,382	**Current Total**
Social Care & Safeguarding	Childrens Improvement	Childrens Improvement	Proposed	Head of Strategy & Assurance	1	Chief Officer B	£70,171	£70,171	£92,275	
Social Care & Safeguarding	Childrens Improvement	Childrens Improvement	Proposed	Children's Improvement Manager	1	SM2	£55,631	£55,631	£73,155	

Social Care & Safeguarding	Safeguarding	Safeguarding	Proposed	Head of Service (Safeguarding)	1	Chief Officer A	£63,063	£63,063	£82,928
Social Care & Safeguarding	Corporate Parenting	Corporate Parenting	Proposed	Head of Service (IRT & Contextual Safeguarding)	1	Chief Officer A	£63,063	£63,063	£82,928
Social Care & Safeguarding	Quality Assurance	Quality Assurance	Proposed	Head of Service (CASS & Leaving Care)	1	Chief Officer A	£63,063	£63,063	£82,928
Social Care & Safeguarding	Quality Assurance	Quality Assurance	Proposed	Head of Service (My Home)	1	Chief Officer A	£63,063	£63,063	£82,928
Social Care & Safeguarding	Workforce	Workforce	Proposed	Principal Social Worker	1	Chief Officer A	£63,063	£63,063	£82,928
Social Care & Safeguarding	Safeguarding	Safeguarding	Proposed	Service Manager (Quality Assurance)	1	SM1	£51,661	£51,661	£67,934
Education & Skills	Skills	Skills	Proposed	Service Manager (Skills)	1	SM1	£51,661	£51,661	£67,934
Early Help	Early Help	Early Help	Proposed	Head of Service (Family Help)	1	Chief Officer A	£63,063	£63,063	£82,928
Early Help	Early Help	Early Help	Proposed	Head of Service (Early Years)	1	SM1	£51,661	£51,661	£67,934
Early Help	Early Help	Early Help	Proposed	Service Manager (Family Resource)	1	SM1	£51,661	£51,661	£67,934
					12			**£934,734**	**Proposed Total**
								£263,351	**Difference**

Social Care Fostering

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Current Cost	Max Proposed Current in on Costs at 31.5%	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Advanced Practitioner	2	Grade 13	£40,577	£81,154	£106,718	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Social Worker	12	Grade 12	£37,568	£450,816	£592,823	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Family Support Worker	2	Grade 8	£24,919	£49,838	£65,537	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Recruitment Lead	1	Grade 10	£31,894	£31,894	£41,941	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Recruitment Assistant	1	Grade 5	£19,775	£19,775	£26,004	
Social Care & Safeguarding	Corporate Parenting	Fostering 1	Current	Business Intelligence Officer	1	Grade 8	£24,919	£24,919	£32,768	
					21				£983,186	**Current Total**
Social Care & Safeguarding	Corporate Parenting	Fostering (Recruitment & Training)	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Fostering (Recruitment & Training)	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	Fostering (Recruitment & Training)	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	

Social Care & Safeguarding	Corporate Parenting	Fostering (Recruitment & Training)	Proposed	Recruitment Lead	1	Grade 10	£31,894	£31,894	£41,941	
Social Care & Safeguarding	Corporate Parenting	Fostering (Recruitment & Training)	Proposed	Recruitment Assistant	1	Grade 5	£19,775	£19,775	£26,004	
Social Care & Safeguarding	Corporate Parenting	Fostering (Support)	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Fostering (Support)	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	Fostering (Support)	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	
Social Care & Safeguarding	Corporate Parenting	Fostering (Support)	Proposed	Business Intelligence Officer	1	Grade 8	£24,919	£24,919	£32,768	
Social Care & Safeguarding	Corporate Parenting	Fostering (Family & Friends & SGO)	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Fostering (Family & Friends & SGO)	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	Fostering (Family & Friends & SGO)	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	
Social Care & Safeguarding	Corporate Parenting	Fostering (Family & Friends & SGO)	Proposed	Family Support Worker	2	Grade 8	£24,919	£49,838	£65,537	
					23				£1,111,259	**Proposed Total**
									£128,073	**Difference**

Social Care CASS

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Current	Social Worker	6	Grade 12	£37,568	£225,408	£296,412	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Current	Personal Advisor	4	Grade 9	£28,226	£112,904	£148,469	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Current	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Current	Social Worker	5	Grade 12	£37,568	£187,840	£247,010	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Current	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Current	Personal Advisor	3.6	Grade 9	£28,226	£101,614	£133,622	
Social Care & Safeguarding	Corporate Parenting	Corporate Parenting	Current	Corporate Parenting Development Officer	0.6	Grade 10	£31,894	£19,136	£25,164	
Social Care & Safeguarding	Corporate Parenting	Corporate Parenting	Current	Tenancy Sustainment Officer	1	Grade 10	£31,894	£31,894	£41,941	
					26.2				£1,192,944	**Current Total**

Social Care & Safeguarding	Corporate Parenting	CASS 1	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010	
Social Care & Safeguarding	Corporate Parenting	CASS 1	Proposed	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	CASS 2	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010	
Social Care & Safeguarding	Corporate Parenting	CASS 3	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Corporate Parenting	CASS 3	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Corporate Parenting	CASS 3	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010	
Social Care & Safeguarding	Corporate Parenting	CASS 3	Proposed	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
									£1,158,752	**Proposed Total**
Social Care & Safeguarding	Corporate Parenting	Leaving Care 1	Proposed	Team Manager	1	Grade 16	£46,661	46661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 1	Proposed	Senior Personal Advisor	1	Grade 11	£34,373	34373	£45,200	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 1	Proposed	Personal Advisor	3	Grade 9	£28,226	84678	£111,352	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 1	Proposed	Tenancy Sustainment Officer	1	Grade 10	£31,894	31894	£41,941	

Social Care & Safeguarding	Corporate Parenting	Leaving Care 2	Proposed	Team Manager	1	Grade 16	£46,661	46661	£61,359	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 2	Proposed	Senior Personal Advisor	1	Grade 11	£34,373	34373	£45,200	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 2	Proposed	Personal Advisor	3	Grade 9	£28,226	84678	£111,352	
Social Care & Safeguarding	Corporate Parenting	Leaving Care 2	Proposed	Corporate Parenting Development Officer	0.6	Grade 10	£31,894	19136.4	£25,164	
					34.6				£502,928	**Proposed Leaving Care Total**
					8.4			**TOTAL:**	**£468,735**	**Difference**

Social Care - Safeguarding

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Social Care & Safeguarding	Initial Response	Safeguarding 1	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Safeguarding 1	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Initial Response	Safeguarding 1	Current	Social Worker	8	Grade 12	£37,568	£300,544	£395,215	
Social Care & Safeguarding	Initial Response	Safeguarding 1	Current	Family Support Worker	2	Grade 8	£24,919	£49,838	£65,537	
Social Care & Safeguarding	Initial Response	Safeguarding 2	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Safeguarding 2	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Initial Response	Safeguarding 2	Current	Social Worker	8	Grade 12	£37,568	£300,544	£395,215	
Social Care & Safeguarding	Initial Response	Safeguarding 2	Current	Family Support Worker	2	Grade 8	£24,919	£49,838	£65,537	
Social Care & Safeguarding	Initial Response	Safeguarding 3	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Safeguarding 3	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Initial Response	Safeguarding 3	Current	Social Worker	8	Grade 12	£37,568	£300,544	£395,215	
Social Care & Safeguarding	Initial Response	Safeguarding 3	Current	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
					35				£1,701,674	**Current Total**
Social Care & Safeguarding	Safeguarding	Safeguarding 1	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	

Social Care & Safeguarding	Safeguarding	Safeguarding 1	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036
Social Care & Safeguarding	Safeguarding	Safeguarding 1	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010
Social Care & Safeguarding	Safeguarding	Safeguarding 2	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Safeguarding	Safeguarding 2	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036
Social Care & Safeguarding	Safeguarding	Safeguarding 2	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010
Social Care & Safeguarding	Safeguarding	Safeguarding 3	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Safeguarding	Safeguarding 3	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036
Social Care & Safeguarding	Safeguarding	Safeguarding 3	Proposed	Social Worker	5	Grade 12	£37,568	£187,840	£247,010
Social Care & Safeguarding	Safeguarding	Safeguarding 4	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Safeguarding	Safeguarding 4	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036
Social Care & Safeguarding	Safeguarding	Safeguarding 4	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608
Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036
Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608
Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359

Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Advanced Practitioner	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Safeguarding	Safeguarding 5	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	
Social Care & Safeguarding	Safeguarding	Edge of Care	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Safeguarding	Edge of Care	Proposed	Social Worker	3	Grade 12	£37,568	£112,704	£148,206	
Social Care & Safeguarding	Safeguarding	Edge of Care	Proposed	Family Support Worker	3	Grade 8	£24,919	£74,757	£98,305	
					46				£2,346,094	**Proposed Total**
								TOTAL:	**£644,420**	**Difference**

Social Care - IRT

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Social Care & Safeguarding	Initial Response	Initial Response 1	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Initial Response 1	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Initial Response	Initial Response 1	Current	Social Worker	9	Grade 12	£37,568	£338,112	£444,617	
Social Care & Safeguarding	Initial Response	Initial Response 1	Current	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
Social Care & Safeguarding	Initial Response	Initial Response 2	Current	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Initial Response 2	Current	Assistant Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Social Care & Safeguarding	Initial Response	Initial Response 2	Current	Social Worker	9	Grade 12	£37,568	£338,112	£444,617	
Social Care & Safeguarding	Initial Response	Initial Response 2	Current	Family Support Worker	1	Grade 8	£24,919	£24,919	£32,768	
					24				£1,189,562	**Current Total**
Social Care & Safeguarding	Initial Response	Initial Response 1	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Initial Response 1	Proposed	Advanced Practitioner	2	Grade 14	£42,613	£85,226	£112,072	
Social Care & Safeguarding	Initial Response	Initial Response 1	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	
Social Care & Safeguarding	Initial Response	Initial Response 2	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Social Care & Safeguarding	Initial Response	Initial Response 2	Proposed	Advanced Practitioner	2	Grade 14	£42,613	£85,226	£112,072	

Social Care & Safeguarding	Initial Response	Initial Response 2	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608
Social Care & Safeguarding	Initial Response	Initial Response 3	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Initial Response	Initial Response 3	Proposed	Advanced Practitioner	2	Grade 14	£42,613	£85,226	£112,072
Social Care & Safeguarding	Initial Response	Initial Response 3	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608
Social Care & Safeguarding	Initial Response	Initial Response 4	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359
Social Care & Safeguarding	Initial Response	Initial Response 4	Proposed	Advanced Practitioner	2	Grade 14	£42,613	£85,226	£112,072
Social Care & Safeguarding	Initial Response	Initial Response 4	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608
					28			£1,484,156	**Proposed Total**
							TOTAL:	**£294,594**	**Difference**

Social Care Practice Improvement

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Social Care & Safeguarding	Practice Improvement	Practice Improvement	Current	Advanced Practitioner (Practice Improvement)	2	Grade 13	£40,577	£81,154	£106,718	
Social Care & Safeguarding	Practice Improvement	Practice Improvement	Current	LADO	0.85	Grade 14	£42,613	£36,221	£47,631	
					2.85				£154,348	**Current Total**
Social Care & Safeguarding	Practice Improvement	Practice Improvement	Proposed	Advanced Practitioner (Practice Improvement)	3	Grade 13	£40,577	£121,731	£160,076	
Social Care & Safeguarding	Practice Improvement	Practice Improvement	Proposed	LADO	1	Grade 14	£42,613	£42,613	£56,036	£8,405
					4				£216,112	**Proposed Total**
								TOTAL:	**£61,764**	**Difference**

ES QS, Skills

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Education & Skills	Quality Standards	Quality Standards	Proposed	Governance Officer	1	Grade 14	£42,613	£42,613	£56,036	
Education & Skills	Quality Standards	Quality Standards	Proposed	Attendance & Exclusions Development Lead	1	SM1	£51,661	£51,661	£67,934	
					2				£123,970	**Proposed Total**

EH Family Support

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Early Help	Family Support	Victoria Family Centre	Current	Team Manager	1	Grade 13	£40,577	£40,577	£53,359	
									£53,359	**Current Total**
Early Help	Family Support	Victoria Family Centre	Proposed	Team Manager	1	Grade 14	£42,613	£42,613	£56,036	
Early Help	Family Support	Victoria Family Centre	Proposed	Family Support Worker	4	Grade 8	£24,919	£99,676	£131,074	
Early Help	Family Support	Victoria Family Centre	Proposed	Receptionist	1	Grade 4	£19,485	£19,485	£25,623	
Early Help	Family Group Conference	Family Group Conferences	Proposed	Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
Early Help	Family Group Conference	Family Group Conferences	Proposed	Family Group Conferences Worker	5	Grade 8	£24,919	£124,595	£163,842	
					12				£437,934	**Proposed Total**
								TOTAL:	**£384,576**	**Difference**

EH Early Years

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Early Help	Early Years	Early Years	Proposed	Early Years Development Lead	1	Grade 12	£37,568	£37,568	£49,402	
Early Help	Early Years	Early Years	Proposed	Early Years Workers	3	Grade 8	£24,919	£74,757	£98,305	
					4				£147,707	**Proposed Total**

EH School Attendance

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Early Help	Early Years	Early Years	Current	School Attendance Team Manager	1	Grade 16	£46,661	£46,661	£61,359	
									£61,359	**Current Total**

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Education & Skills	School Attendance	School Attendance	Proposed	School Attendance Service Manager	1	Grade 17	£48,675	£48,675	£64,008	
									£64,008	**Proposed Total**
								TOTAL:	**£2,648**	**Difference**

EH EDT & MASH

Current Division	Service	Team	Category	Post	FTE Posts	Current Grade	Max Current FTE Salary	Cost	Max Proposed inc on costs at 31.5%	
Social Care & Safeguarding	EDT & MASH	EDT & MASH	Current	Team Manager	1	Grade 17	£48,675	£48,675	£64,008	
Social Care & Safeguarding	EDT & MASH	MASH	Current	Assistant Team Manager	2	Grade 14	£42,613	£85,226	£112,072	
Social Care & Safeguarding	EDT & MASH	MASH	Current	Social Worker	4.8	Grade 12	£37,568	£180,326	£237,129	
Social Care & Safeguarding	EDT & MASH	EDT	Current	EDT Advanced Practitioner	9.5	Grade 14	£42,613	£404,824	£532,343	
					17.3				£945,552	**Current Total**
Early Help	MASH	MASH	Proposed	Team Manager	2	Grade 16	£46,661	£93,322	£122,718	
Early Help	MASH	MASH	Proposed	Social Worker	4	Grade 12	£37,568	£150,272	£197,608	
Early Help	MASH	MASH	Proposed	Early Help Manager	1	Grade 15	£44,624	£44,624	£58,681	
Early Help	MASH	MASH	Proposed	Early Help Worker	3	Grade 8	£24,919	£74,757	£98,305	
					10				£477,312	
Social Care & Safeguarding	IRT & CST	EDT	Proposed	Team Manager	1	Grade 17	£48,675	£48,675	£64,008	
Social Care & Safeguarding	IRT & CST	EDT	Proposed	EDT Advanced Practitioner	9.5	Grade 14	£42,613	£404,824	£532,343	
					10.5				£596,351	
					20.5				£1,073,663	**Proposed Total**
					3.2					
								TOTAL:	**£128,111**	**Difference**

Grades	Grade			On costs
1*	Grade 1/2	£19,099	£9.90	£25,115.19
2*	Grade 3	£19,292	£10.00	£25,368.98
3*	Grade 4	£19,485	£10.10	£25,622.78
5*	Grade 5	£19,775	£10.25	£26,004.13
6	Grade 6	£20,042	£10.39	£26,355.23
11	Grade 7	£22,128	£11.47	£29,098.32
17	Grade 8	£24,919	£12.92	£32,768.49
23	Grade 9	£28,226	£14.63	£37,117.19
27	Grade 10	£31,894	£16.53	£41,940.61
30	Grade 11	£34,373	£17.82	£45,200.50
33	Grade 12	£37,568	£19.47	£49,401.92
36	Grade 13	£40,577	£21.03	£53,358.76
38	Grade 14	£42,613	£22.09	£56,036.10
40	Grade 15	£44,624	£23.13	£58,680.56
42	Grade 16	£46,661	£24.19	£61,359.22
44	Grade 17	£48,675	£25.23	£64,007.63
47	SM1	£51,661	£26.78	£67,934.22
50	SM2	£55,631	£28.83	£73,154.77
	Chief Officer A	£63,063	£32.69	£82,927.85
	Y&C 1			
	Y&C 2	£26,787		£35,224.91
	Soulbury 1-4			
	Soulbury 5-8	£46,035		£60,536.03
	Soulbury 17-20	£61,338		£80,659.47
	Soulbury 20-23	£64,985		£85,455.28
	Teacher UPS 1			

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EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partners organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

For support with completing this Equality Analysis please contact corporate.core@bury.gov.uk / *0161 253 6592*

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY Refer to Equality Analysis guidance page 4	
1.1 Name of policy/ project/ decision	**CYP Restructure**
1. 2 Lead for policy/ project/ decision	**Lead Member, Children and Young People**
1.3 Committee/Board signing off policy/ project/ decision	**Cabinet**
1.4 Author of Equality Analysis	*Name: Jeanette Richards* *Role: DCS* *Contact details: j.richards@bury.gov.uk*
1.5 Date EA completed	
1.6 Quality Assurance	*Name:* *Role:* *Contact details:* *Comments:*
1.7 Date QA completed	
1.8 Departmental recording	*Reference:* *Date:*
1.9 Next review date	

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT Refer to Equality Analysis guidance page 5	
2.1 Detail of policy/ decision being sought	This proposed restructure and request for additional funding is informed by the Inadequate findings from the recent ILACS Inspection. The proposed restructure redefines the areas of Early Help, Social Care, Education and Skills in order to provide a system wide focus on driving improved service delivery and transformation. The proposed team structures reflect the wider corporate strategic intention of flatter organisational tiers and spans of control of 1 – 6 in most areas and recommends the

	disestablishment of area team managers and service managers in most areas. The strategic approach is aligned to our Let's Do It Strategy, and is a phased approach of initially doing the basics well focusing upon the statutory responsibilities and functions of Children's Services to evolving into more ambitious transformation, reflecting the public services reform agenda – effective early help services delivered within localities, strengths based approaches that includes the establishment of specialist teams that are asset based and re-negotiate our relationship with the community, by empowering and enabling families to grow in confidence and make sustained change that improves the lived experience of children and thereby their outcomes through childhood and beyond whilst seeking to reduce service dependency.
2.2 What are the intended outcomes of this?	This proposed restructure aims to provide a restructured service which can deliver on statutory requirements and provide a service which delivers sustainable outcomes for our children This proposal strengthens management lines of accountability and promotes stronger staff relationships, and where relevant will reduce caseloads to levels that support improved practice and are in line with expectations from Ofsted

SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS
Refer to Equality Analysis guidance pages 5-8 and 11

Please outline the relevance of the activity/ policy to the Public Sector Equality Duty

General Public Sector Equality Duties	Relevance (Yes/No)	Rationale behind relevance decision
3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	**Yes**	As with any restructure of services, we need to ensure that staff are treated fairly and are not discriminated against; considering our equal opportunities policy and equal pay policy.
3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not.	**Yes**	It is vital that we retain strong and experienced staff within Children's Services. As such, a bespoke recruitment and retention strategy has been developed across Children's Social Care and work is ongoing to consider training opportunities to upskill and develop staff (apprentice ship levy)
3.3 To foster good relations between people who share a protected characteristic and those who do not	**Yes**	This proposed restructure is referenced in the Children's Improvement Plan and is also in response to the recently published white paper, green paper and the public services

		reform agenda. A communications plan has been developed with regular communication activity having commenced in order to ensure regular communication with staff
3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not detrimental to the Human Rights of any individual affected by the decision being sought.		
Human Rights Flow Chart has been followed with a response to no at all areas, however formal consultations will be carried out to ensure there is no unlawful discrimination in the appointment / slotting in of individuals to new roles		

SECTION 4 – EQUALITIES DATA Refer to Equality Analysis guidance page 8			
Protected characteristic	**Outcome sought**	**Base data**	**Data gaps (to include in Section 8 log)**
4.1 Age	A workforce of experienced staff with allows for progression	The Recruitment and retention policy will assist with this	
4.2 Disability	No discrimination in recruitment process	Fair Recruitment Policy in place	
4.3 Gender	No discrimination in recruitment process	Fair Recruitment Policy in place	
4.4 Pregnancy or Maternity	**No discrimination**	Council Policy in place	
4.5 Race	No discrimination	Council Policy in place	
4.6 Religion and belief	No discrimination	Council Policy in place	
4.7 Sexual Orientation	No discrimination	Council Policy in place	
4.8 Marriage or Civil Partnership	No discrimination	Council Policy in place	
4.9 Gender Reassignment	No discrimination	Council Policy in place	
4.10 Carers	No discrimination	Council Policy in place	
4.11 Looked After Children and Care Leavers	To support our looked after children and Care Leavers	Council Policy in place	
4.12 Armed Forces personnel including veterans	No discrimination	Council Policy in place	
4.13 Socio-economically vulnerable	No discrimination	Council Policy in place	

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT Refer to Equality Analysis guidance page 8 and 9		
	Internal Stakeholders	External Stakeholders
5.1 Identify stakeholders	Children's Services Staff	Wider council staff, School Staff, Partner Agencies, Service Users,
5.2 Engagement undertaken	The proposals have been developed with the DCS, Director of Education,	Not undertaken until agreement to progress is received

	Director of Practice Improvements, Assistant Director of Early Help, HR Business Partner and the Finance Business Partner Initial proposal taken to Council Executive. Not undertaken any further consultation until agreement to progress is received	
5.3 Outcomes of engagement	Initial proposals have been agreed in principle by Executive and progress to Cabinet	n/a
5.4 Outstanding actions following engagement (include in Section 8 log)	Full staff consultation	Final proposals to be shared with Wider council staff, School Staff, Partner Agencies, Service Users

SECTION 6 – CONCLUSION OF IMPACT
Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

Protected Characteristic	Positive/ Neutral Negative/	Impact (include reference to data/ engagement)
6.1 Age	Positive	This proposal will improve the well being of all young children
6.2 Disability	Positive	This proposal will improve the well being of all young children
6.3 Gender	Positive	This proposal will improve the well being of all young children
6.4 Pregnancy or Maternity	Positive	This proposal expands on our early help approach and PSR and will provide help and support to the parents of unborn children
6.5 Race	Positive	This proposal will improve the well being of all young children
6.6 Religion and belief	Positive	This proposal will improve the well being of all young children
6.7 Sexual Orientation	Positive	This proposal will improve the well being of all young children
6.8 Marriage or Civil Partnership	Positive	This proposal will improve the well being of all young children
6.9 Gender Reassignment	Positive	This proposal will improve the well being of all young children
6.10 Carers	Positive	This proposal will improve the well being of all young children; it also provides additional support to our foster carers
6.11 Looked After Children and Care Leavers	Positive	This proposal expands our support to children in care and care leavers, and seeks to reduce the numbers of children coming into local authority care
6.12 Armed Forces	Positive	This proposal will improve the well being of all young

personnel including veterans		children and their families,
6.13 Socio-economically vulnerable	Positive	This proposal will improve the well being of all young children and their families
6.14 Overall impact - What will the likely overall effect of your activity be on equality, including consideration on intersectionality?	Positive	

SECTION 7 – ACTION LOG Refer to Equality Analysis guidance page 10			
Action Identified	Lead	Due Date	Comments and Sign off (when complete)
7.1 Actions to address gaps identified in section 4			
n/a			
7.2 Actions to address gaps identified in section 5			
Full Staff Consultation	DCS / HR Business Partner		
7.3 Mitigations to address negative impacts identified in section 6			
n/a			
7.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics			
n/a			

SECTION 8 - REVIEW Refer to Equality Analysis guidance page 10			
Review Milestone	Lead	Due Date	Comments (and sign off when complete)
Agreement by Cabinet	Lead Member Children's Services	July 2022	
Consultation documents to be drawn up	DCS & HR Business Partner	TBC	
Communication & Consultation with staff	DCS & HR Busine	TBC	

	ss Partner		
Communicate the outcome of the consultation	DCS & HR Business Partner	TBC	
Implementation	DCS & HR Business Partner	TBC	

Please make sure that every section of the Equality Analysis has been fully completed. The author of the EA should then seek Quality Assurance sign off and departmental recording.

SECTION 9 – QUALITY ASSURANCE Refer to Equality Analysis guidance page x		
Consideration	**Yes/ No**	**Rationale and details of further actions required**
Have all section been completed fully?		
Has the duty to eliminate unlawful discrimination, harassment, victimization and other conducted prohibited by the PSED and Equalities Act been considered and acted upon?		
Has the duty to advance equality of opportunity between people who share a protected characteristic and those who do not been considered and acted upon		
Has the duty to foster good relations between people who share a protected characteristic and those who do not, been consider and acted upon		
Has the action log fully detailed any required activity to address gaps in data, insight and/or engagement in relation to inclusion impact?		
Have clear and robust reviewing arrangements been set out?		
Are there any further comments to be made in relation to this EA		

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Agenda Item 10

Classification:	Decision Type:
Open	Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Family Safeguarding Model	
Report of	Cabinet Member for Children and Young People	

1 Summary

1.1 This report has been written to seek approval from Cabinet to engage with the Centre for Family safeguarding in Hertfordshire and to collaborate with the local partnership, by establishing a local board to explore the opportunity and consider the feasibility of implementing the Hertfordshire Family Safeguarding model of Practice within Bury's safeguarding social work teams. The proposal would require additional investment of £1.081m, year 1 and £0.992m in year 2. This report provides an overview of this approach, the evidence base, outlines the costs, benefits, and outcomes of implementing Family Safeguarding.

2 Recommendation(s)

2.1 Cabinet to approve Children's Services engaging Hertfordshire as Sector Led Improvement Partners, and to establish a partnership group with representation of local partners and the Centre for Family Safeguarding to work collaboratively to consider the feasibility of implementing a plan to deliver the Family Safeguarding model.

2.2 Cabinet to agree in principle the additional investment of £1.081m and £0.992m in the event that the board recommends moving to implementation.

2.3 Cabinet to agree in principle to progressing with the recruitment of staff

3 Reasons for recommendation(s)

3.1 Within Children's social care there is a requirement imposed upon us by the DfE to improve the quality of practice to children in need of help and protection, this is a key priority of our improvement plan and necessary to ensure that children are safeguarded and that support to families is effective, these are the pre-requisites of achieving improved outcomes for the children of Bury who are at risk of harm or are suffering harm.

3.2 Family Safeguarding has been identified within the independent review of Children's services 2022 as best practice. The model has been independently evaluated and has also been positively evaluated by the DfE's Innovation unit, who are now supporting the scale and spread of the model. see Appendix 2. Evidential evaluation indicates improved outcomes for children and parents by successfully reducing risk of harm to children; this leads to a reduction in entry to care, and cost avoidance by those

authorities that have fully implemented the model as outlined in the Business case appended to this report (Appendix 1). Details of the independent evaluation can be found at Appendix 2 & 3. Successful implementation of the model will result in cost avoidance to the Council. The Department for Education (DfE), Independent advisor and regional improvement lead support Bury in adopting this model because of its evidential base and because of the need to evidence improvement. The DfE have made available £140k grant funding to support with set up costs and have indicated that they would, via an improvement grant, fund the cost of Hertfordshire acting as Sector Led Improvement Partners to support implementation of the model which is estimated to take 10 months.

3.3 Other models have been considered and discounted, including further development of our existing model of practice Signs of Safety. The rationale for identifying Family Safeguarding as the preferred model of practice is its strong evidence base of delivering improved outcomes for children by reducing risk of harm.

4 The Family Safeguarding Model

4.1 Family Safeguarding is a whole family approach to working with children and their families that supports parents to create sustained change for themselves and their family. It is a whole system innovation that changes professional attitudes to families, with a renewed focus on the values and principles of the Children Act 1989. The approach was originally developed in Hertfordshire to work with families where there are children:

- in need, who are experiencing significant impairment to health or development as a result of needs in their family.
- the subject of child protection plans, who are experiencing significant harm as a result of intra-familial abuse or neglect.
- who is the subject of family law proceedings or pre-proceedings.

4.1 The Family Safeguarding approach consists of a multi-agency team that delivers support and intervention to families at the higher levels of statutory social care intervention, where the children are deemed to be at risk of harm or are suffering harm, where there is evidence of the complex trio of parental substance misuse, mental health issues and domestic abuse (DA) and where it is safe for children the family would be supported in this way, essentially children subject to longer term child in need (CIN) plans, children subject to child protection (CP) plans, children subject to Public Law Outline processes, (we currently have 200 children subject to CP plans, and 247 children supported by CIN plans within the safeguarding team) It is within this cohort of families where the offer is targeted and sits with statutory guidance of the Children Act and Working together.

4.2 The model brings together a partnership including children's services, police, health (including mental health), probation, and substance misuse services. Key elements include specialist workers with domestic abuse, substance misuse and mental health expertise joining teams; training in Motivational Interviewing as a framework for practice for all staff; a move to group supervision discussions; and structured tools to support direct work. In addition, there are practice-enabling factors, such as reduced caseloads and assessment workbooks.

4.3 Universal services and targeted services, identified as necessary would continue to be delivered, monitored, and coordinated within existing Child in Need or Child Protection Process as appropriate would remain.

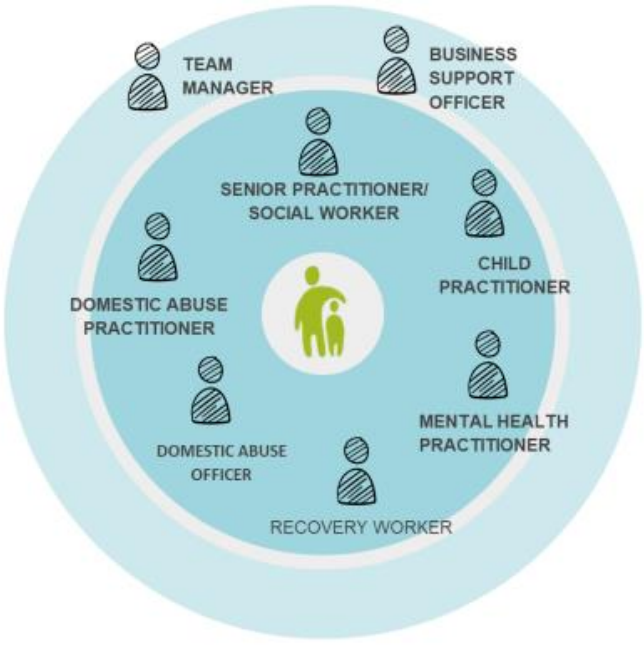
5 Key Features

5.1 Family Safeguarding is an evidence-based whole system approach to child protection with a vision to keep more children living at home with their families, where it is safe to do so. The model was developed in 2015 by Hertfordshire County Council and currently 20 out of 152 of all local authorities in England, have adopted the model.

5.2 With Family Safeguarding, it is acknowledged that the issues facing families are complex and that no single professional group has the expertise to solve these alone. The partnership establishes co-located multi-disciplinary teams that consist of adult specialist workers collaborating with children and families' social workers, providing help and support in relation to parental problems associated with domestic abuse, substance misuse and mental ill-health. Motivational Interviewing is used as a unified model of practice that improves family engagement, encourages, and supports lasting change.

5.3 The adult specialist workers are employed by the relevant partnership agency in the area and receive professional supervision by a lead specialist worker or a nominated senior manager in the partner agency. They undertake direct work with adults in the family to help them create lasting change through a family programme which is recorded in a digital workbook. Group supervision sessions summarise the work undertaken by the team and discuss the family's progress. Actions are agreed by the social work team manager; this is also recorded in the workbook. Motivational Interviewing is used by all Family Safeguarding staff when working with families and within teams to build on strengths, encourage autonomy, provide support and encouragement, and sustain lasting change

5.4 A typical Family Safeguarding team:



5.5 There model consists of 7 features of practice which are based on findings drawn from the evaluation of round one of the DfE's Children's Social Care Innovation Programme:

- Using a Clear, strengths-based practice framework to empower families to overcome problems
- Using systemic approaches to social work practice to understand what families need and how to help them make sustainable changes
- Enabling staff to do skilled direct work through providing tools to upskill the workforce
- Multi-disciplinary skill sets working together by bringing together expertise to help parents and children
- Undertaking group case discussion to jointly develop plans and provide reflective analysis
- High intensity and consistency of practitioner to build trusting relationships with families
- Having a whole family focus which supports the needs of the whole family including parents

6 Evidence Base

6.1 There is a clear evidence base in respect of Family Safeguarding that shows a range of benefits for organisations that are working with families affected by domestic abuse, parental mental ill-health, and/or parental drug and alcohol misuse.

6.2 Family Safeguarding has a proven track record in keeping more children at home safe with their parents. This not only delivers better outcomes for children and their families but also frees up Social Workers and other professionals involved to undertake work that has a greater impact for those who need it. The cost avoidance and savings associated with reduced numbers of child protection plans and numbers of children being taken into care is outlined within the business case.

6.3 In relation to the cohort of adults supported Berkshire reported:

- 100% reduction in emergency crisis contact/use of front door mental health services, coupled with an increase in more progressive planned mental health contact
- Reductions in visits to A&E for both adults and children.
- Reductions in Police call outs in response to Domestic Abuse from 25.5% in Peterborough to 66,7% in west Berkshire.
- Improved school attendance

6.4 Lancashire County Council is the closest LA to implement the model, at the end of 21/22 the end of the first year of implementation they had reduced the number of children looked after from 95-76 per 10k and identified £1.8 million in cost avoidance.

6.5 The detailed charts within the business case predict a 30% reduction in LAC and 45% reduction in Child Protection.

6.6 Staff recruitment and retention is a challenge and a priority for Children's Services, with reliance upon agency staff being high at around 40%. The higher costs associated with agency staffing have driven budget pressures and the churn of staff adversely

impacts effective support to children and families. Evaluation of the Family Safeguarding model suggests that there is the potential for positive impact upon the workforce. Authorities reported anecdotal evidence that vacancies were more readily filled as staff were attracted by the model:

- 78% reported that they were very satisfied with their job
- 78-83% reported that the model enabled them to undertake more direct work with families.
- In the 2018 and 2019 focus groups, experienced social workers in each authority said, unprompted by the evaluators, that Family Safeguarding is the best model in which they have worked.
- Many of the parents and carers consulted for the evaluation said they had found Family Safeguarding processes to be more participatory, supportive, and empowering than their previous experiences of social services. They have welcomed motivational interviewing and the multi-agency nature of the support.
- Almost without exception, the parents and carers told the evaluators that their quality of life had improved as a result of Family Safeguarding.

6.7 Sustaining these benefits requires an ongoing commitment from both leadership and staff delivering the service. It is intended that the service will implement Family Safeguarding with complete fidelity to the model to ensure that we avoid any pitfalls and achieve maximum benefits from the transformation. Hertfordshire acting as Sector Led Improvement Partners would support us with mentoring and support via the Centre for Family Safeguarding Practice.

7 Financial Considerations

7.1 If Bury was to achieve only the lowest level of reductions achieved by adopting authorities, it would amount to an annual cost avoidance of £1.097m by year 3 and an accumulated cost avoidance of £4.872m over 5 years.

7.2 The Senior Leadership Team has higher ambitions, and we are targeting a higher level of cost avoidance of £3.291m by year 3 and an accumulated cost avoidance of £14.615m over 5 years.

7.3 The initial costs for implementing family safeguarding may include:

- Motivational Interviewing Training (circa £6,000 per cohort of sixteen core staff identified plus additional dependent on size of LA for leadership/partnership sessions) £0.018m
- Resources for Family Safeguarding Practice to support effective implementation and fidelity to the model.
- Costs of ICT, resources and recruitment, and implementation are estimated at £0.071m applicable to year 1 only
- Costs to be supported with the Sector Led Improvement grant from DfE for Ofsted rated Requires Improvement and Inadequate authorities. The DfE grant confirmed to support this is £0.140m in Year 1

7.4 Ongoing operational costs:

- Approval in principle is sought to recruit adult Practitioners to establish the multi-agency team, comprised of Recovery workers, DA support workers (IDVAs) DA officer (probation officer) and mental health practitioners, cost are estimated at £0.655m per year Hertfordshire acting as Sector Led Improvement Partners and via support from the Hertfordshire Centre for Family Safeguarding would support with the scoping of the teams. Children's Safeguarding staff capacity to implement and deliver family safeguarding practice are estimated at £0.337m, this is calculated by mapping current demand for services against caseloads with the investment required to fund this for years 1 and 2. Costs beyond this will be met though savings and cost avoidance achieved through operating this model.

7.5 Current estimates included above (7.3 & 7.4) indicate costs in Year 1 £1.081m and Year 2 £0.992m, with Year 3 onwards including only ongoing costs of staff at £0.992m per year.

Report Author and Contact Details:

Name: *Jeanette Richards*
Position: *Director of Children's Services*
Department: *Children and Young People*
E-mail: *j.richards@bury.gov.uk*

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8 Links with the Corporate Priorities:

8.1 Our vision for Children's Services links to the Let's Do It Strategy and the values and principals outlined in the attached appendix.

8.2 With the support of the wider council and its partners we have set out a plan of transformation which is ambitious and seeks to improve the lived experience of children and therefore their outcomes during childhood and beyond, in order to achieve this a focus upon an effective offer of help and support to those families who face complex issues is required.

8.3 Adopting a model of social work practice that is evidence based, restorative and which enables and facilitates change is a strategic priority within the plan and is central to the improvement and sustainability of improved delivery of services to our community that improve outcomes for children.

8.4 Family Safeguarding is proven to achieve better outcomes for children and their families. Following implementation of this innovative practice, fewer children will be taken into care or placed on child protection plans. In evaluations Family Safeguarding has been shown to result in up to 45% fewer children on a child protection plan and up to 30% fewer children needing to come into care. In addition, there has been up to a 66% reduction in repeat call outs to police in respect of domestic violence incidents.

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9 Equality Impact and Considerations:

9.1 The model is designed to deliver improved safety, health and wealth of children and deliver improved health outcomes for parents. It mitigates the ongoing risk of harm to children.

9.2 A full equality impact assessment has been drafted and awaits quality assurance in order that we deliver inclusive and equitable outcomes for staff and service users will be central to the operation of the expanded service The proposed restructure will deliver:

- Longer term financial benefits
- Compliance with our Statutory duties
- Reduction in children coming into the care of the Local Authority
- Families remaining together at home where it is safe to do so
- Families receiving the right help and support to meet their needs to improve the care and protection of their children. Families experiencing issues relating to domestic abuse, mental ill-health and/or substance misuse receive better and more timely support.
- Professional collaboration across partnership organisations which provides a holistic joined up service for children and families.

10 Environmental Impact and Considerations:

N/a

11 Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Doing nothing is not considered to be a viable option as in order to improve outcomes for children a joined-up approach is required. Remaining with the status quo will fail to address issues of high cost and comparatively poor outcomes for children and families where domestic abuse, mental health and parental substance/ alcohol misuse are an issue as are high levels of statutory demand across partners.	Develop an evidenced based model of practice

12 Legal Implications:

12.1 The report proposes a move to a new family safeguarding model, this model has been implemented in other Authorities, this report contains details of the evidence base supporting the model. The model is complaint with the council's duties to children and young people.

12.2 If Members agree to this further work will be required to develop the detail of the staffing model. All employment matters will be dealt with in accordance with the legal framework and the council's policies and procedures.

13 Financial Implications:

13.1 The financial modelling of this approach identifies that from year three it produces savings in excess of its costs at the lowest level of assumption of £105k but at the higher level of aspiration the value could be as high as £2.3m.

13.2 Funding of this will initially be charged to the Children's Services reserve created in 2021/22 following the OFSTED inspection. From year 3 when it fully covers its costs and starts to deliver savings the costs and savings will fall to baseline budgets. It is recognised that this model not only brings reduced activity in Council services but also to other partners and that the staffing required as part of this model may be identified from within other partners establishments. Therefore, ongoing dialogue will be had with partners as to whether this can be a multi-agency funded team, thereby reducing the costs that fall to the Council.

Background papers:

- **Appendix 1 – The Family Safeguarding Model Business Case**
- **Appendix 2 - The Hertfordshire Family Safeguarding Evaluation 2017**
- **Appendix 3 – The Hertfordshire Family Safeguarding Evaluation 2020**
- **Appendix 4 – The Theory of Change; Family Safeguarding Model**
- **Appendix 5 – Environmental Impact Assessment**

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
CIN	Child in Need
CP	Child Protection
DA	Domestic Abuse
DfE	Department for Education
IDVA	Independent Domestic Violence Advisor
IT	Information Technology
LA	Local Authority
LAC	Looked after Child

Bury Council - Invest to Save Family Safeguarding Business Case

1. Introduction

This Business Case has been written to seek approval to implement the Family Safeguarding approach to child protection here in Bury.

This report sets out an invest to save proposal within which there is provided an overview of the Family Safeguarding approach, the evidence base for the model, an outline of the costs and investment required along with details of the benefits, which include improved outcomes for children and families and future cost avoidance.

Family Safeguarding is a whole family approach to working with children and their families that supports parents to create sustained change for themselves and their family. It is a whole system innovation that changes professional attitudes to families, with a renewed focus on the values and principles of the Children Act 1989. The approach was originally developed in Hertfordshire to work with families where there are children:

- in need, who are experiencing significant impairment to health or development because of needs in their family.
- the subject of child protection plans, who are experiencing significant harm because of intra-familial abuse or neglect.
- who is the subject of family law proceedings or pre-proceedings

There is a clear evidence base in respect of Family Safeguarding that shows a range of benefits for organisations that are working with families affected by domestic abuse, parental mental ill-health, and/or parental drug and alcohol misuse. This business case considers this evidence base alongside the headline costs and benefits of implementing the Family Safeguarding Model.

The Business Case recommends proceeding with option 1, to implement the Family Safeguarding model in Bury Council.

Key features

Family Safeguarding is an evidence-based whole system approach to child protection with a vision to keep more children living at home with their families, where it is safe to do so. The model was developed in 2015 by Hertfordshire County Council and currently 20 out of 152 of all local authorities in England, have adopted the model.

The model has been referenced in the recent Josh McAllister National review of children's services and has been sighted as best practice.

Family Safeguarding is an award-winning model, in response to its efficacy the DfE Innovation Unit has supported the scale and spread of the model.

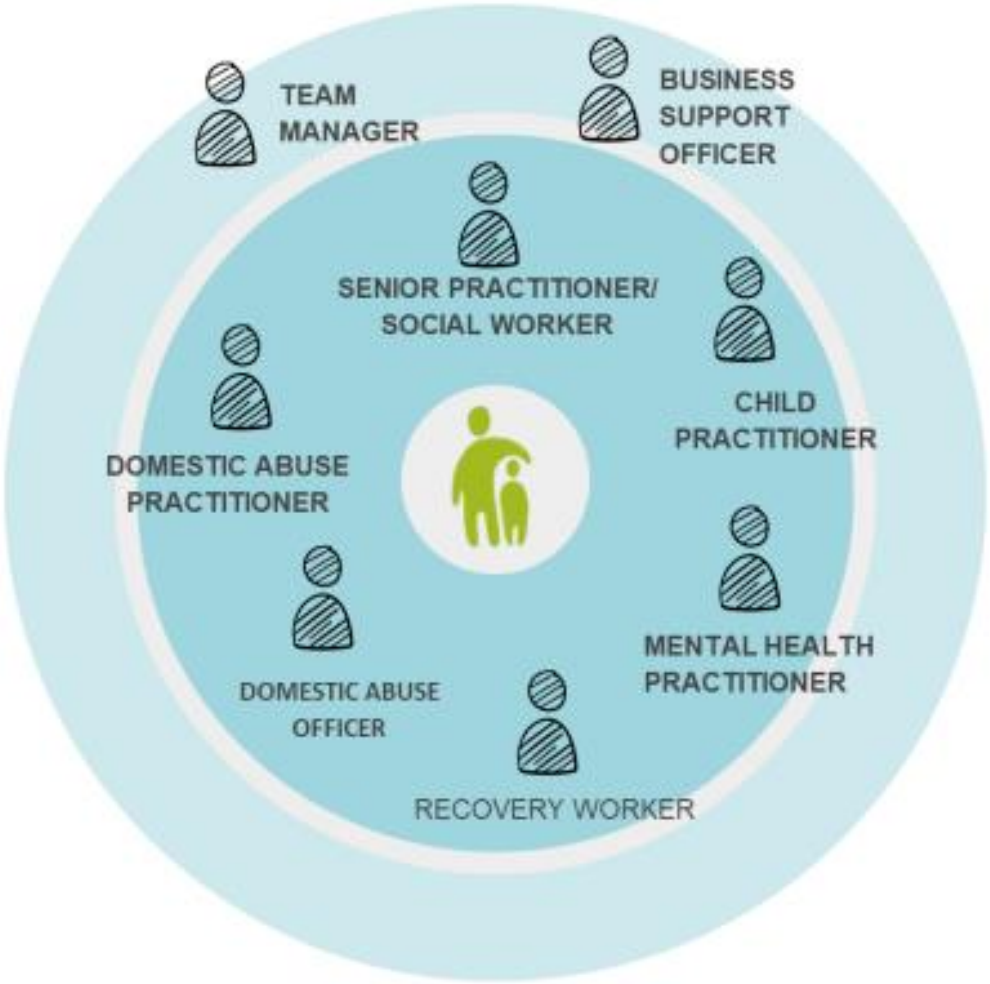
This prevalence is expected to rise significantly as more authorities demonstrate the better outcomes it can deliver for families and children, and the potential savings and cost avoidance for local authorities. Neighbouring authorities of Rochdale and Manchester are progressing plans to implement the model

The model has been independently evaluated and has been proven to show a statistical significance in the reduction of the number of children who become the subject of child protection plans and a reduction in children entering care*. See hyperlink for full details

With Family Safeguarding, it is acknowledged that the issues facing families are complex and that no single professional group has the expertise to solve these alone. The partnership establishes co-located multi-disciplinary teams that consist of adult specialist workers collaborating with children and families' social workers, providing help and support in relation to parental problems associated with domestic abuse, substance misuse and mental ill-health. Motivational Interviewing is used as a unified model of practice that improves family engagement, encourages, and supports lasting change.

The adult specialist workers are employed by the relevant partnership agency in the area and receive professional supervision by a lead specialist worker or a nominated senior manager in the partner agency. They undertake direct work with adults in the family to help them create lasting change through a family programme which is recorded in a digital workbook. Group supervision sessions summarise the work undertaken by the team and discuss the family's progress. Actions are agreed by the social work team manager; this is also recorded in the workbook. Motivational Interviewing is used by all Family Safeguarding staff when working with families and within teams to build on strengths, encourage autonomy, provide support and encouragement, and sustain lasting change.

A typical Family Safeguarding team:



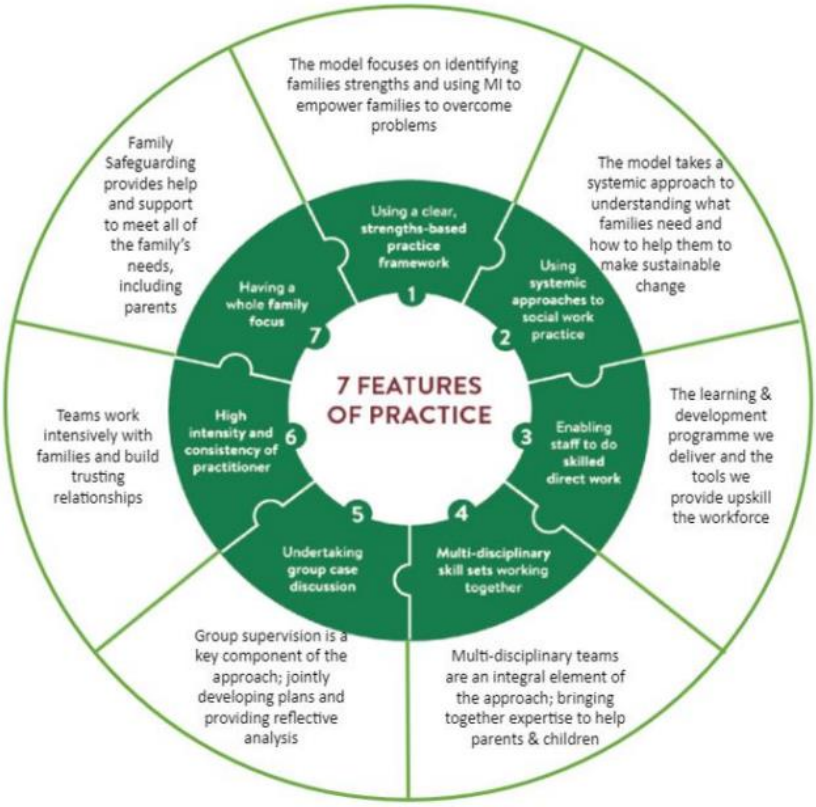
The Family Safeguarding Vision
'To keep more children at home safe with their families'

The Family Safeguarding Values and Beliefs:

- Collaborative - Practitioners and families are partners – we aim to do things with people, not to them.
- Strengths-based - all families have strengths, and we focus on those strengths to support change.
- Purposeful - Our role is to meet child and family needs and give families the right support, first time.
- Rights-based - Families have a right to help and support for their children and the autonomy to make choices.
- Empathetic - We listen carefully to families and offer a helping hand to create change for children.
- Aspirational - We want the best for families to help them sustain change.

The 7 Features of Family Safeguarding Practice

The 7 Features of Practice are based on findings drawn from the evaluation of round one of the DfE's Children's Social Care Innovation Programme:



Family Safeguarding is intended to deliver better outcomes for children and parents in Bury and to achieve significant cost avoidance for the authority – as outlined in the financial section below.

It is also proven to support delivery of key outcomes for partners including improved success in substance use treatment programmes.

In relation to the cohort of adults supported Berkshire reported

- 100% reduction in emergency crisis contact/use of front door mental health services, coupled with an increase in more progressive planned mental health contact
- Reductions in visits to A&E for both adults and children.
- Reductions in Police call outs in response to Domestic Abuse from 25.5% in Peterborough to 66,7% in west Berkshire.

- Improved school attendance is also cited in the evaluation document below.

Lancashire County Council is the closest LA to implement the model, at the end of 21/22 the end of the first year of implementation they had reduced the number of children looked after from 95-76 per 10k and identified £1.8 million in cost avoidance. In Bury, the number of looked after children per 10K is 86

The independent evaluation of the model.

- https://www.gov.uk/government/publications/family-safeguarding-hertfordshire-an-evaluation
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf

2. The Case for Change

The Borough's vision for our community is ambitious - The Let's Do It! Strategy sets out a clear ambition and delivery plan for the next 10 years.

Public Service Reform is at the heart of this. But it is not just a strategy for service improvement, it is a radical new proposition for community power; putting relationships first and creating a borough in which every single person plays their part.

Our vision for Bury 2030 is built upon conversations with communities and the goal is simple: to stand out as a place that is achieving faster economic growth than the national average, with lower than national average levels of deprivation.

- **L**ocal *neighbourhoods (Pride Courage and Innovation)*
- **E**nterprise *to drive economic growth and inclusion (Dignity Kindness flexibility*
- *Delivering* **T**ogether (skills, Success Potential)
- *A* **S**trength-based *approach*

Our vision for children's services links to the Let's Do It strategy and the values and principals both strongly align with the values and beliefs that inform the Family Safeguarding model.

In December 2021 Bury Children's Services were inspected under the Ilacs framework and judged to be inadequate.

In response to this, the leadership of Children's Services have established a vision that has been co-produced with young people and which informs a transformation plan that seeks to improve the outcomes of children, young people, and families.

Our Aspiration is that "*Children and Young People in Bury reach their potential, are happy, healthy, and safe and are therefore able to make the best use of their skills to lead independent and successful lives."*

This vision is informed by our principles and values which have also been co-produced with children and young people:

- Positive relationships at the heart of all we do.

- Intervention at the earliest opportunity in the least intrusive way
- Developing the delivery of place based early help
- Working with families and not doing to families
- Childrens voices will be heard & their lived experience will inform plans
- A whole family approach which supports positive change
- Supporting children to stay with families when it is safe to do so.
- With the support of the wider council and its partners we have set out a plan of transformation which is ambitious.

With the support of the wider council and its partners we have set out a plan of transformation which is ambitious and seeks to improve the lived experience of children and therefore their outcomes during childhood and beyond, to achieve this a focus upon an effective offer of help and support to those families who face complex issues is required.

Adopting a model of social work practice that is evidence based, in terms of achievable outcomes, restorative and which enables and facilitates change is a strategic priority within the plan and is central to the improvement and sustainability of improved delivery of services to our community that improve outcomes for children, particularly preventing the need for children to become looked after.

Staff recruitment and retention is a challenge and a priority for Children's Services, with reliance upon agency staff being high at around 40%. The higher costs associated with agency staffing have driven budget pressures and the churn of staff adversely impacts effective support to children and families.

Evaluation of the Family Safeguarding model suggests that there is the potential for positive impact upon the workforce.

Authorities reported anecdotal evidence that vacancies were more readily filled as staff were attracted by the model.

- 78% reported that they were very satisfied with their job
- 78-83% reported that the model enabled them to undertake more direct work with families.

Evidencing outcomes

Family Safeguarding is proven to achieve better outcomes for children and their families. Following implementation of this innovative practice, fewer children will be taken into care or placed on child protection plans. In evaluations, Family Safeguarding has been shown to result in up to 45% fewer children on a child protection plan and up to 30% fewer children needing to come into care.

These are all improved outcomes for children and families, but they also (in times of high intervention and placement costs) have a significant impact on cost avoidance for authorities working in this way. In evaluation an average of £2m cost avoidance per annum post implementation has been demonstrated for authorities with cost avoidance exceeding additional annual delivery costs within 2 years. Data from Hertfordshire outlines an expected reduction of 26 children looked after (CLA) from year 2 on Bury's Stretch targets.

Families say that through a Family Safeguarding approach they feel they have been helped in a way they have not before, and that they have been supported to sustain long-term change. All the workforce report feeling happier and more confident in their roles as they take decisions together and responsibility is shared across agencies.

Implementation and sustainability costs

The initial costs for implementing family safeguarding may include:

- The capacity and associated project team costs to deliver this project have been included in the CYP restructure.
- Motivational Interviewing Training (circa £6,000 per cohort of 16 core staff identified plus additional dependent on size of LA for leadership/partnership sessions)
- Adult Practitioner recruitment costs & IT costs
- If required, and to reduce Social Worker caseloads to a level that supports effective practice, additional Social Worker capacity (usually on a temporary basis)
- IT system costs (sum to cover system changes required for workbook and to remove reference to previous practice model)
- Resources from the Centre for Family Safeguarding Practice to support effective implementation and fidelity to the model – to be determined based on size of LA, with the possibility of Sector Led Improvement grant from DfE for Ofsted rated Requires Improvement and Inadequate authorities.
- The costs referred to above are estimated at £0.089m, including £0.018m for motivational training and £0.071m for resources, ICT, recruitment and implementation costs for year 1 only

Ongoing operational costs:

- Adult Practitioners £0.655m per year. Ongoing costs can be met through cost avoidance/savings by the local authority and/or from partnership contributions from Public Health, CCGs/ICS, Adult Services, Police and Crime Commissioner, Community Safety Partnership etc. Some costs may be met from repurposing of existing spend e.g., legal service budget for expert witnesses or teams that will no longer be required e.g., Court or Family Assessment teams.
- Children's Safeguarding staff capacity to implement and deliver family safeguarding practice are estimated at £0.337m, this is calculated by mapping current demand for services against caseloads with the investment required to fund this for years 1 and 2. Costs beyond this will be met though savings and cost avoidance achieved through operating this model.

Current estimates included above indicate costs in Year 1 £1.081m and Year 2 £0.992m inclusive of project implementation costs, with Year 3 onwards including only ongoing costs of staff at £0.992m per year.

The Centre for Family Safeguarding Practice (CFSP)

The CFSP programme team, funded by DfE, provides support to implement and embed Family Safeguarding in local authorities who are adopting the model. The team consists of several specialists who can provide support including:

- Strategic mentoring for DCS/ADs
- Setting up governance structures
- Liaison and negotiation with partner agencies
- Programme and project management support
- Advice to commission and plan Motivational Interviewing training
- Finance costing
- Workforce design and recruitment of adult specialist workers
- IT and system development
- Practice development
- Delivery of a comprehensive programme of practice and change workshops

The CFSP also lead three Family Safeguarding Communities of Practice for Assistant Directors, Practice Leads and Data & Performance leads that meet on a quarterly basis to continue to improve and develop this way of working.

Given the current inadequate Ofsted judgment our best hopes would be that Hertfordshire act as Sector Led Improvement Partner to us, this proposal has been agreed in principle by both our DfE advisor and our DfE case officer.

Key stakeholders have been engaged in consultation, Hertfordshire have presented to the Children's Strategic Partnership board and our DfE improvement lead and DfE case officer have signalled approval of their support, and if we were to progress, would provide initial grant funds of £140,000 for the first year to be reviewed in year 2.

The Council will fund the cost of additional staff, training, and IT costs.

Economic context

The current economic context for Bury

Claimant count by age - not seasonally adjusted (March 2022)

	Bury (Level)	Bury (%)	North West (%)	Great Britain (%)
Aged 16+	5,715	4.9	4.8	4.2
Aged 16 To 17	10	0.2	0.3	0.3
Aged 18 To 24	1,010	7.5	5.9	5.0
Aged 18 To 21	580	8.0	6.1	5.0
Aged 25 To 49	3,380	5.5	5.7	4.8
Aged 50+	1,315	3.5	3.4	3.3

Source: ONS Claimant count by sex and age
Note: % is number of claimants as a proportion of resident population of the same age

Employment and unemployment (Jan 2021-Dec 2021)

	Bury (Numbers)	Bury (%)	North West (%)	Great Britain (%)
All People				
Economically Active†	94,400	78.6	76.5	78.4
In Employment†	90,500	75.2	72.9	74.8
Employees†	75,800	63.8	64.6	65.3
Self Employed†	14,200	11.2	8.1	9.3
Unemployed (Model-Based)§	4,200	4.4	4.6	4.4

Level of need and deprivation in local communities - Bury level IMD 2019

Although the IMD is designed to be used for small areas (LSOAs), ranks are also published for other geographies, including Local Authorities and CCGs.

Bury is ranked 95th most deprived of 317 Local Authority districts, and Bury CCG is ranked 72nd of 191 CCG areas, meaning Bury is ranked in the 3rd most deprived decile in England at Local Authority level and the 3rd most deprived decile at CCG level. Overall, Bury is the 8th most deprived of the 10 GM districts (where 1st is the most deprived).

Amongst our CIPFA Statistical Neighbours, Bury is ranked 15th out of 16, making it the 2nd least deprived. In 2015, Bury was ranked 117th of the recalculated 317 Local Authority districts – this means that the borough has become more relatively deprived over the intervening four years.

The above IMD calculations are based upon rank of average IMD score, following a GM wide adoption of methodology.

LA / partnership statistics relating to domestic abuse, substance misuse and mental health

Measure	Data Holder / Provider	Data Frequency	Q1 Apr-June 2020	Q2 Jul-Sept 2020	Q3 Oct-Dec 2020	Q4 Jan-Mar 2021	Q1 Apr-June 2021	Q2 Jul-Sept 2021	Q3 Oct-Dec 2021	Q4 Jan-Mar 2022
Rate of DV in Bury	GMCA Tableau	Quarterly		3.25	3.7	4.4	5.2	4.7	3.6	3.6
Number of DVA Incidents (GMP)	GMP - COGNOS	Live Data	846	1031	971	1043	1213	925	1004	1002
Percentage of Domestic Abuse victims that are repeat victims	CA Safer Communities Tabl	Quarterly			18%	25%	27%	22%	20%	
MARAC Repeats	MARAC Sharepoint	Quarterly	44	63	44	54	52	64	49	
MARAC Cases	MARAC Sharepoint	Quarterly	150	207	197	231	213	257	214	195
No. DV Notifications from Police where a child is present	BISP	Quarterly					413	325	395	
Number of Referrals to TLC	TLC	Quarterly					2	17	14	22
Number of successful closures out of all closed cases (TLC)	TLC	Quarterly								1/21 (4.7%)
Referrals to IDVA who completed programme of support	SafeNet (Joanne Claesson)	Quarterly					21.9%	14.9%	22.1%	15.6%

Indicator	Period	Bury			Region	England	England		England
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Common Mental Disorders									
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	26,427	17.5%*	18.0%*	16.9%*	24.4%		11.6%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	–	3,643	10.7%*	10.9%*	10.2%*	14.6%		7.3%
Depression: Recorded prevalence (aged 18+)	2020/21	↑	12,961	8.0%	15.0%*	12.3%	6.2%		19.8%
Depression: QOF incidence (18+) - new diagnosis	2020/21	↓	502	0.3%	1.8%*	1.4%	0.3%		2.5%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+ ⚠	2016/17	–	416	15.3%*	-	13.7%	21.5%		8.8%
90535 - Depression and anxiety among social care users: % of social care users ⚠	2018/19	–	-	51.3%	-	50.5%	63.6%		41.9%
Severe Mental Illness									
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 ⚠	2011	–	23	19.6*	22.2*	24.2*	71.9		15.6
Mental Health: QOF prevalence (all ages)	2020/21	→	2,046	0.99%	1.06%*	0.95%	0.58%		1.55%
Long-term mental health problems (GP Patient Survey): % of respondents	2017/18	–	-	-	-	-	-	-	-
Mental Health									
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2018	–	4,120	36.0*	36.7*	27.3*	64.0		10.7

No.	Indicator	Freq	Latest period	Performance		Target	Change since previous quarter *	Latest values	Number required to achieve green	Aim is to...
1.1	Parents in treatment successful completion rate	Qtly	202122 Q3	33.6%	p	27.0%	2.3%	79/235	≥ 112	Increase
1.2	Parents in treatment representation rate	Qtly	202122 Q3	7.1%	q	11.9%	-0.2%	3/42	≤ 9	Increase
2.1	Number of adult service users in effective treatment	Qtly	202122 Q3	774	q	2,013	-8	774/1002	≥ 2013	Increase
2.2	Planned Completions as a % Numbers in Treatment (adults).	Qtly	202122 Q3	26%	q	32%	-1.5%	262/1003	≥ 635	Increase
2.3	Representations within 6 months (adult successful completions).	Qtly	202122 Q3	6.1%	p	7.0%	0.0%	10/164	≤ 27	NA
3.1	Planned Completions as a % Numbers in Treatment (Opiates).	Qtly	202122 Q3	6.8%	p	9.0%	1.0%	31/458	≥ 70	Increase
3.2	Representations within 6 months (Opiates successful completions).	Qtly	202122 Q3	20.0%	p	16.8%	12.3%	3/15	≥ 9	Increase
4	PHOF 2.15 (i) Successful completion of Drug Treatment Opiates (representations deducted).	Mthly	202122 Q3	4.8%	p	7.2%	0.2%	22/463	≥ 69	Increase
5	PHOF 2.15 (ii) Successful completion of Drug Treatment Non-Opiates (representations deducted).	Mthly	202122 Q3	46%	p	45%	2.5%	108/237	≥ 262	Increase
6	Number of opiate users in effective treatment over 12 month period.	Qtly	202122 Q3	440	p		3	440/468	NA	Increase
7	Number of adult drug users (over-18) in effective treatment over 12 month period	Qtly	202122 Q3	643	p	1080	7	643/711	≥ 1080	Increase
8	Number of adult alcohol users (over-18) in treatment over 12 month period	Qtly	202122 Q3	131	q	722	-15	131/291	≥ 722	Increase

Data relating to number of assessments where factors of parental domestic abuse, substance misuse, mental health were identified

Background Factors Summary

Background Factor Code	Background Factor Description	Assessments Authorised
1A	Alcohol misuse: Concerns about alcohol misuse by the child	89
1B	Alcohol misuse: Concerns about alcohol misuse by the parent/carer	606
1C	Alcohol misuse: Concerns about alcohol misuse by another person living in the household.	80
2A	Drug misuse: Concerns about drug misuse by the child	244
2B	Drug misuse: Concerns about drug misuse by the parent/carer	559
2C	Drug misuse: Concerns about drug misuse by another person living in the household.	87
3A	Domestic violence: Concerns about the child being the subject of domestic violence.	441
3B	Domestic violence: Concerns about the child's parent/carer being the subject of domestic violence.	1145
3C	Domestic violence: Concerns about another person living in the household being the subject of domestic violence.	114
4A	Mental health: Concerns about the mental health of the child	954
4B	Mental health: Concerns about the mental health of the parent/carer	1458
4C	Mental health: Concerns about the mental health of another person in the family/household.	159

Budget status – Children's Social Care and Safeguarding budget for 2021/22 was £24.014m and overspent at the final outturn by £2.041m.

The cost pressures impacting on the service are recognised to be ongoing in 2022/23 and are summarised as:

Children's Social Care & Safeguarding Services	Overspend 2021/22
Legal recharges	200,892
Initial Response Team	666,010
MASH Team	118,950
CSE Team	34,179
Safeguarding Fieldwork	1,045,700

Through Care Support Costs	**295,638**
CASS Team	**123,972**
Safeguarding Unit	**43,848**
Independent Foster Agency	**129,368**
Individual Fieldwork Team Clients - Residential	**1,042,380**
Total Social Care & Safeguarding pressures 2021/22	**3,700,936**

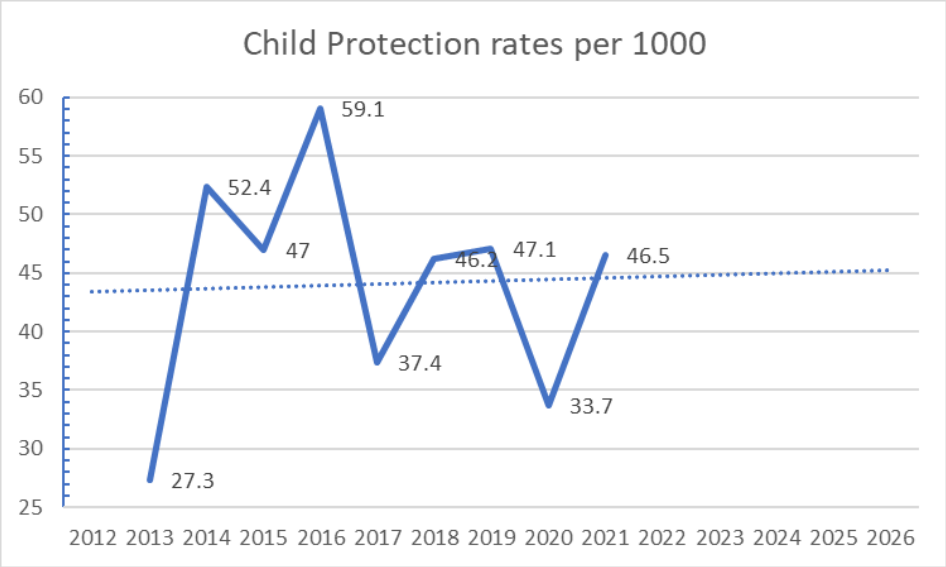
The figures included in the above include the significant cost pressures of increased Social Worker capacity that is currently reliant on high-cost agency staff.

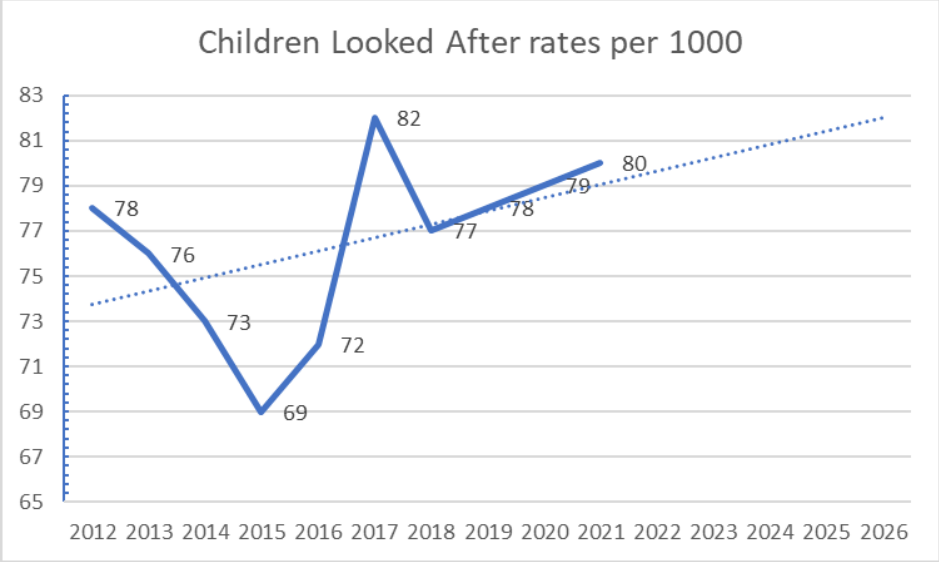
Current and likely future demand:

Current levels of CP& CLA rate as per data returns

- April 2022 – 235 children are subject to CP (54.4)
- April 2022 – 359 children CLA (83.1)

Projections based on current trend in 2 and 5 years if no further action is taken (using published lait data)





Re-referral rates

- In April 2022 – 27.2%.
- Year-end of 21 - 22 23.9%

Statistical neighbours and national comparators

- 2020-2021 CLA SN 88.3 / Eng. 67.
- CPP SN 38.9 / Eng. 41.4

Options:

Option 1 (recommended): To implement the Hertfordshire family safeguarding model

The Hertfordshire Family Safeguarding model is a whole system reform of Children's Services which aims to re-focus work undertaken with families, by meeting parents and children's needs in order to make a difference to the care and protection of children. It brings together a partnership including children's services, police, health (including mental health), probation, and substance misuse services. Key elements include specialist workers with domestic abuse, substance misuse and mental health expertise joining teams; training in Motivational Interviewing as a framework for practice for all staff; a move to group supervision discussions; and structured tools to support direct work. In addition, there are practice-enabling factors, such as reduced caseloads and assessment workbooks.

The model has had proven success as demonstrated in the evaluation reports which cite a range of benefits for safeguarding partners in respect of reducing the level of statutory demand for their services. It is assessed that this option aligns strongly with the aspirations of local authority area.

Pros	Cons
• Proven model that has demonstrated success in other local authorities • Supported by independent evaluation and evidence • Support and learning from Hertfordshire and other local	• Financial cost of implementing the model has been considered along with the need to seek additional investment to fund improvement and transformation.

authorities who have implemented, including FS communities of practice • Ready-made approaches quicker to implement • Better outcomes for children and families • It is aligned to the values and principles that underpin aspiration for children and families, young people, and families • The adoption of an evidenced effective and restorative model of practice is a strategic priority. • Given that the authority is on an improvement journey, the LA would benefit from the maintaining fidelity to the model.	• Would require resource to implement model • There is early indication of partner support, but capacity and commitment require further consideration. • The current model of practice is not compatible with Family Safeguarding and a whole system change is required.

Option 2 Develop bespoke model for Bury or explore another model

There is an option to develop a partnership safeguarding model within Bury that would be unique or to explore other models that may be available across the country that could be applied. This would be more costly and time consuming as would involve greater level of research and design along with development of an evaluation framework. No other current social work model has the demonstrable success following successive evaluations that the Family Safeguarding model has

Pros	Cons
• Opportunity to create unique model for the local authority and its partners • Development and implementation of model within parameters agreed by local partners	• Timescales, will take significantly longer to implement • Unsupported by evidence • Unsupported by DfE programme • Risk that the model would be unsuccessful • Would require resource to research, design and implement model

Option 3 Do nothing, stay as we are

Doing nothing is not considered to be a viable option as to improve outcomes for children a joined-up approach is required. Remaining with the status quo will fail to address issues of high cost and comparatively poor outcomes for children and families where domestic abuse, mental health and parental substance/ alcohol misuse are an issue as are high levels of statutory demand across partners.

Financial Context

Bury's Children's Services budget for 2021/22 faced significant cost pressures that resulted in an overall overspend at the end of the financial year of circa £2.6m against a total budget of £45.525m. This overspend would have been significantly higher if some of the costs had not been supported through the maximisation of the Containing Outbreak Management Funding (COMF) which provided £1.6m contribution for 2021/22.

Children's Social care and safeguarding final outturn for 2021/22 is a deficit of £2.041m, which is a deficit of 8.5% against the budget of £24.014m.

The crux of the overspend is related to increasing volumes of high-cost residential and independent foster agency placements, as well as significant costs faced due to reliance on expensive agency staff cover for vacancies as well as increased agency staff that was engaged in respect to enhancing Social Worker capacity to address caseloads.

For financial context, the overall budget for Children's Services for 2022/23 is £46.390m, allocated to CYP directorate as follows:

- Children's Commissioning £1.341m
- Early Help & School Readiness £2.514m
- Education & Skills £17.238m (includes £8.338m for accounting entries IAS19)
- Social Care & Safeguarding £25.297m

Not included in the budget allocations above is a £3.5m reserve that has been assigned to Children's Services to recognise the need to anticipate the ongoing costs pressures due to increased Social Worker capacity and cost implications due to Ofsted & LGA recommendations.

Key priority areas

- To deliver improved outcomes for children by improving the quality of services delivered to children and families.
- Progressing the actions set out in our Improvement plan linked to practice improvement. In relation to children in need of help and protection
- To engender confidence in Bury from all stakeholders and specifically the community.
- To demonstrate to the DfE that services are improving and are well lead and resulting in a recommendation to the Minister that DfE intervention is no longer required.
- Through the schedule of monitoring visits, Ofsted have identified improved practice where children are in need of help and protection.

Current system strengths

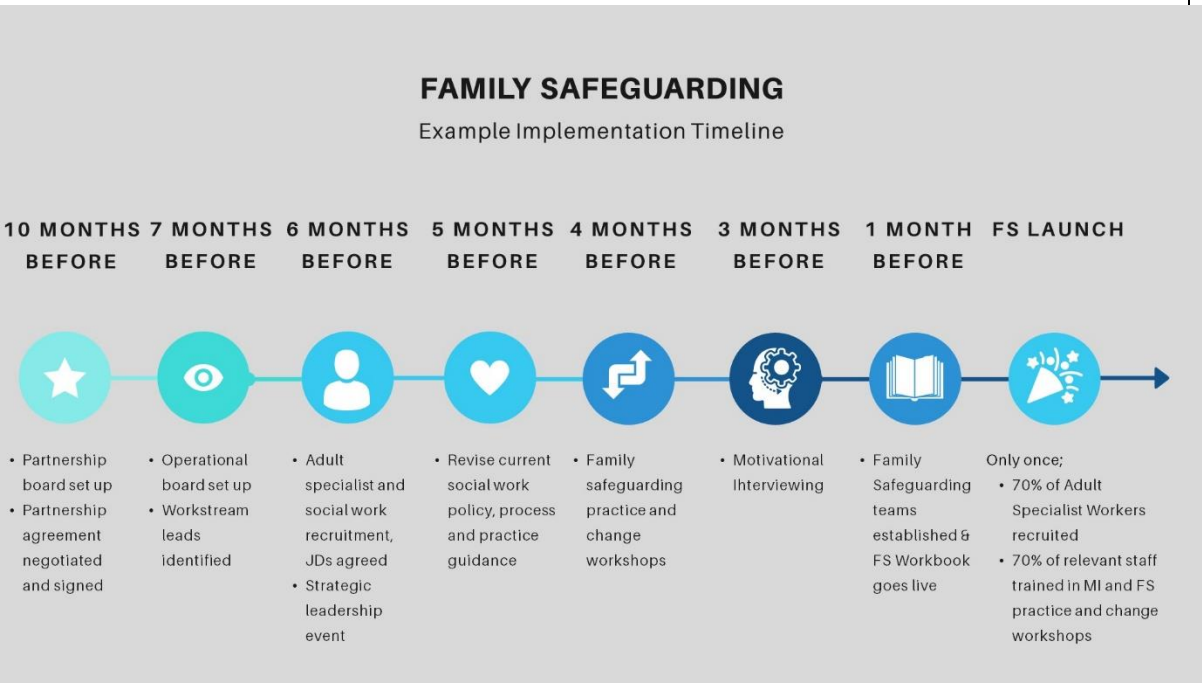
- Integrated Council and CCG services.
- Leadership commitment within Children's Service to delivering improved outcomes for children and families.
- Leadership vision with values and principles that strongly align with the family safeguarding model of practice.
- Evidence of improving workforce culture, characterised by a commitment to learning and development and a motivation to deliver improved services to children and families.

3. How Family Safeguarding will be adopted and expected benefits

The FS Implementation plan

The following diagram illustrates an example of the typical phases and timescales for implementation of Family Safeguarding.

A full project plan will be produced with support from the Centre for Family Safeguarding Practice. The plan will be governed by a Family Safeguarding Partnership Board, chaired by DCS, and implemented by an Operational Board, chaired by AD Safeguarding.

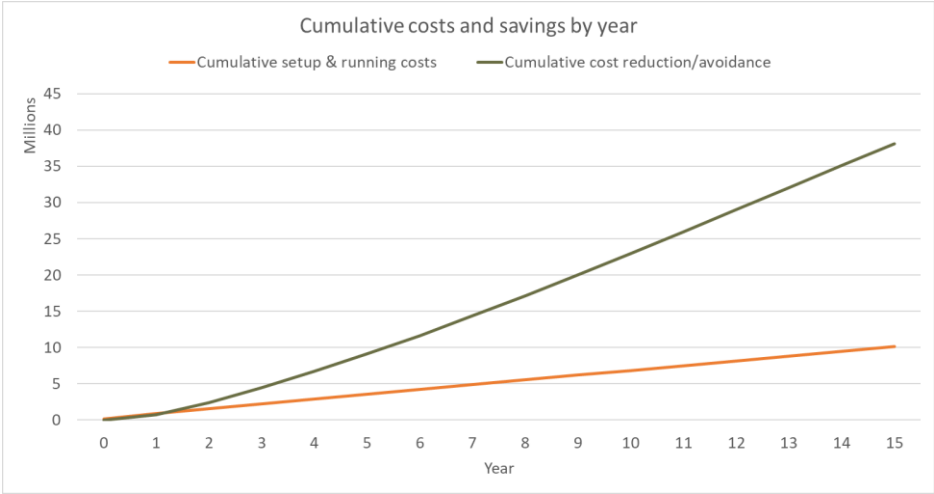


Expected benefits to be delivered

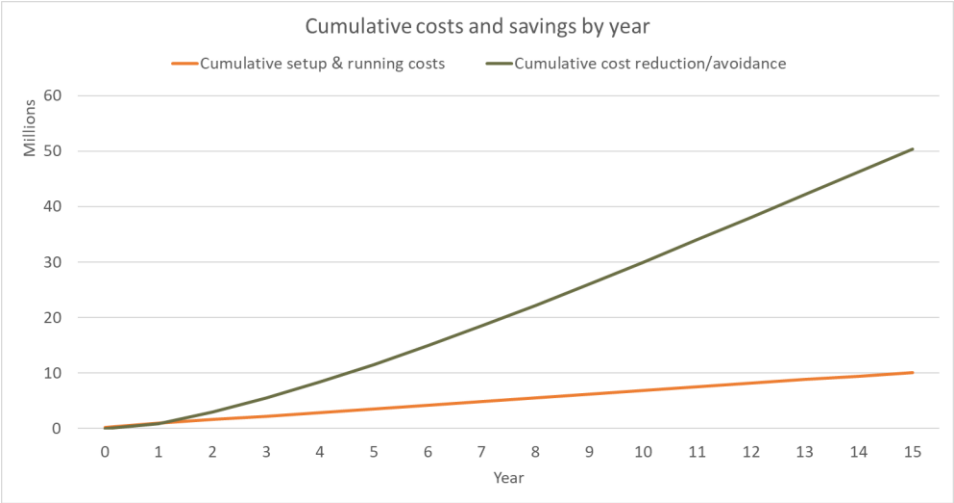
Financial benefits

Based on Bury's Children Looked After (CLA) data submission and assumptions around scenarios considering low, mean, high, and stretch targets in respect to the cost benefit associated to reductions in children entering care per year, the following charts demonstrate the estimated benefits

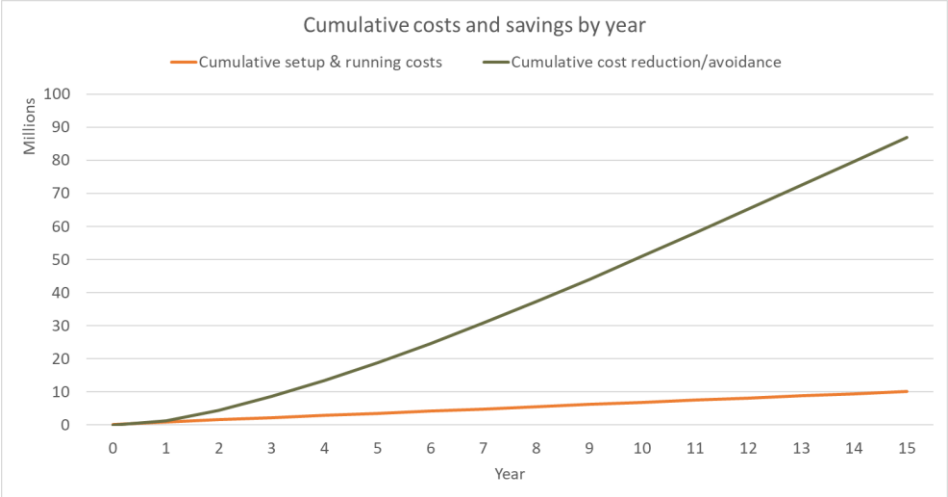
Low: 10% reduction in CLA



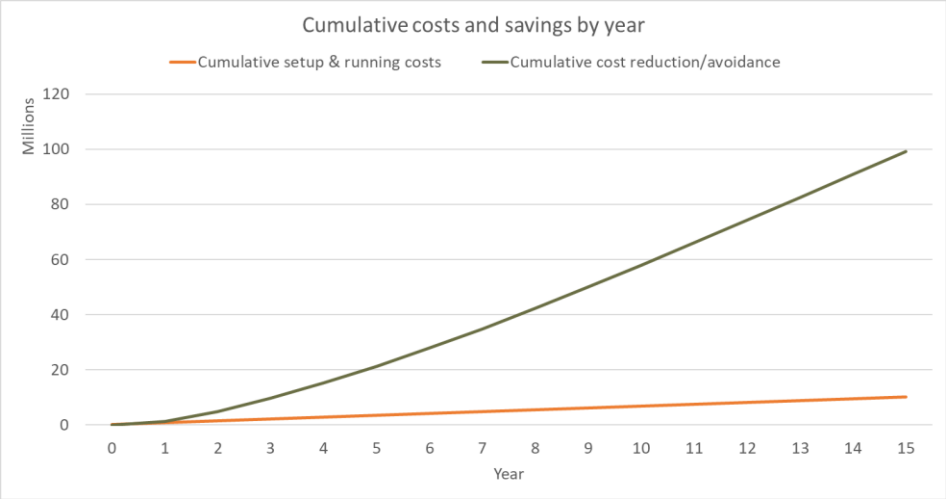
Mean: 15% reduction in CLA



High: 30% reduction in CLA



Stretch: 35% reduction in CLA



CLA lowest target

Reduction in number of children entering care per year	7

		1	2	3	4	5
One-off legal costs avoided per year		64,320				

Expected reduction in CLA by year resulting from the entries into care avoided in year 1

Duration in years of period of care avoided	% Of care periods avoided	1	2	3	4	5
1	10%	0.37	0.37	0.00	0.00	0.00
2	50%	1.83	3.65	1.83	0.00	0.00
3	5%	0.18	0.37	0.37	0.18	0.00
4	5%	0.18	0.37	0.37	0.37	0.18
5	4%	0.14	0.27	0.27	0.27	0.27
TOTAL	**74%**	**2.69**	**5.02**	**2.83**	**0.82**	**0.46**

Implied average duration in care of avoided care entries	**1.6**

Cost saving/avoidance by year resulting from the entries into care avoided in year 1		**192,649**	**359,177**	**202,445**	**58,774**	**32,652**

Total cost saving/avoidance accumulating from recurring annual avoided entries into care

Year in which care entries are avoided		1	2	3	4	5

1		192,649	359,177	202,445	58,774	32,652
2		-	192,649	359,177	202,445	58,774
3		-	-	192,649	359,177	202,445
4		-	-	-	192,649	359,177
5		-	-	-	-	192,649
TOTAL		**192,649**	**551,826**	**754,271**	**813,046**	**845,698**

Non-financial benefits

Benefit	Outcome measure
Families remain together at home where it is safe to do so. • Reduced number of children being the subject of care proceedings. • Reduced number of children who become looked after. • Increased number of children who come into care being reunited with their families.	• Reduction in number of court applications • Reduced number of looked after children. • Reduced amount of time children spends in care. • Increase in number of children who have been returned home to live with parents or relatives.
Families receive the right help and support to meet their needs to improve the care and protection of their children. • Reduced number of children who are re-referred into statutory services. • The duration that children receive statutory services is relevant and appropriate. • Families receive specialist help without referral on, without having to first 'prove' their commitment and without a long wait for help.	• Reduction in the rate of re-referral. • Reduction in time taken for a child to receive statutory services. • Reduced time taken for families to receive specialist assessments, help and support.
Families experiencing issues relating to domestic abuse, mental ill-health and/or substance misuse receive better and more timely support. • Decreased frequency of Domestic Abuse incidents within families. Families are given support to manage their behaviour or to separate safely. • Parents affected by substance use are supported to address their needs in relation to this.	• Reduced numbers of CiN • Reduced numbers of CiN showing abuse or neglect as the primary case of need.

• Parents are more resilient and receive timely support for mental health needs. • Families are more resilient, and change is sustained.	• Perpetrators of DA are helped to understand the impact of their behaviours on the health and happiness of their families and to change their behaviours. • Victims of abuse are not blamed for their partner's behaviour and are supported to express their feelings and needs. • Reduced number of plans needed to address parental substance and alcohol misuse. • Reduced number of plans needed to address parental mental ill-health. • Reduced number of absent parents.
Improved engagement in school and improved academic attainment. • Improved attendance at school and fewer children are excluded. • Improved academic attainment and outcomes for children and young people. • Ensuring children and young people are able to and are accessing education, employment, and training. • Children are given the help and support they need to thrive in their families and communities which is what most say they want for themselves/their families • When children are truly suffering significant harm, we have the evidence of a multi-disciplinary assessment of their needs and why their parents cannot meet their needs and we do not hesitate to take protective action	• Reduced number of school absences. • Increase in attainment levels. • Reduction in number of children NEET. • Children grow up with a strong sense of their identity and are more resilient in their community. • There are far fewer children in care, but the right children are in care where there is no reasonable solution from within their family network
Professional collaboration across partnership organisations provides a holistic, joined up service for children and families.	• Core group attendance. • Plans outline help and support from all agencies, not a list of tasks for parents to address alone • Staff surveys – employee engagement index. • HR data on recruitment and retention

4. Funding and Resources required
Investment required:

Additional investment required for the authority to support the implementation for a fixed period (project costs) and ongoing additional costs for adult workers allowing for any resource reductions that can be facilitated by the change has been estimated based on Bury's CLA data return as detailed on the next page:

ADDITIONAL FUNDING REQUIRED FOR FAMILY SAFEGUARDING

	Year 1	Year 2
	Apr 22 to Mar 23	Apr 23 to Mar 24
Additional Adult Staffing	£655,379	£655,379
Additional Children's Safeguarding Staffing	£337,000	£337,000
Resources, Training, ICT	£89,000	
Total	**£1,081,379**	**£992,379**

Workbook training IT Equipment/Mobiles for Probation (DA officers), Mental Health practitioners, Recovery workers, DA practitioners (estimated 71K)

Motivational Interviewing Training (circa £6,000 per cohort of 16 core staff
It is estimated that 3 tranches will be required - (18K)

- NB The additional investment included for Children's Services staffing is referenced in the business case recommending a whole system restructure.

Safeguarding Teams – £337k additional investment recurrent

Assumes a model of:

- *3 x Safeguarding Teams comprising 1 x TM, 1 x AP, 5 x SW* ***PLUS*** *3 x Safeguarding Teams comprising 1 x TM, 1 x AP, 4 x SW*
- *To give a total of 33 social workers / APs in the system – three teams have only 5 Aps/SW in them to keep the overall number to 33.*

Project Team requirements are factored into Bury's own capacity to deliver this in-house.

Improvement funding has been requested from the DfE to contribute to the cost of this project. Currently £140,000 has been approved

Additional resources required

Programme Team

- Project Director/Strategic Lead (Director of Social Work Practice)
- Principal Social Worker/Practice Lead – recruitment process concludes 05/07/22
- Improvement and performance lead to be established
- Transformation manager to be established
- Project Manager – Jane Whittam
- ICT Lead – Mike Hather
- Finance Lead – Steve Goodwin
- HR Lead – Adam Peluch
- Comms Lead – Carrie Deardon

Return on investment

The return on investment is estimated based on Bury's CLA data return and is demonstrated according to the assumptions made for Low, Mean, High, and Stretch targets, in the graphs included above at the Financial Benefits section of this paper.

Expected outcomes from the introduction of family safeguarding

Family Safeguarding has a proven track record in keeping more children at home safe with their parents. This not only delivers better outcomes for children and their families but also frees up Social Workers and other professionals involved to undertake work that has a greater impact for those who need it. The cost avoidance associated with reduced numbers of child protection plans and numbers of children being taken into care has been outlined above.

Even if this authority were to achieve only the lowest level of reductions achieved by adopting authorities it would amount to an annual cost avoidance of **£1.097m by year 3** and an accumulated cost avoidance of **£4.872m over 5 years**.

However, this authority has higher ambitions, and we are targeting a higher level of cost avoidance **of £3.291m by year 3** and an accumulated cost avoidance of **£14.615m over 5 years.**

We believe this is achievable given the specific circumstances we are facing and the dedication of the leadership team and all staff to making this a success. It should be noted that these figures do not include cost avoidance/savings in partner agencies for the purpose of this business case. However, other adopters have also seen significant benefits for those organisations/agencies over and above their base business case.

Sustaining the benefits

Sustaining these benefits requires an ongoing commitment from both leadership and staff delivering the service. It is intended that the service will implement Family Safeguarding with complete fidelity to the model to ensure that we avoid any pitfalls and achieve maximum benefits from the transformation.

This includes ensuring the multi-disciplinary teams are fully staffed and trained in Motivational Interviewing techniques and we ensure that all new staff entrants also receive that training.

We will implement the Family Safeguarding workbook in our Local Children's system to enable effective, analytical recording of work undertaken with families we engage with.

The use of the Family Programme within the workbook will ensure work with families is systematic and purposeful and its use will facilitate effective decision making and judgements are made in group supervision sessions.

5. Management arrangements

Leadership

The Director of Social Care Practice supported by the performance lead will be responsible for the management of the programme.

Reporting and Governance arrangements.

To reflect the importance of a whole system partnership approach it is proposed that the Executive Group of the Bury Integrated Partnership should provide governance to the programme.

A Family Safeguarding Strategic Partnership Board would be established and would meet monthly.

- Executive Director of Children's Services (Chair)
- Director of Children's Social Work Practice
- Director of Education and Skills
- Family Safeguarding Performance lead
- CCG/ICS Director/s of Nursing
- Director of Safeguarding Mental Health Provider Trust
- Assistant Chief Constable/Deputy Borough Commander of Police
- Senior representative of Police and Crime Commissioner
- Director of Adult Services
- Regional Director Substance Misuse Provider
- Local Authority Director of Public Health
- Assistant Chief Probation Officer
- Independent Chair/Scrutineer of BISP

FS Operational Board

This board reports into the FS Strategic Partnership Board and is chaired by the Director of Children's Social Work Practice.

Financial monitoring and benefits tracking

The Local Authority financial management framework and system works on an individual Cost Centre basis. This framework incorporates the approved Local Authority Scheme of Delegation for authorisation levels, governance, and reporting requirements.

The benefits of this scheme will be monitored and reported on at least a monthly basis as part of the Council's financial reporting requirements. These reports will go to Children's Services Senior Leadership Team and service managers monthly, with quarterly reports to Council, Cabinet, Executive, and Childrens scrutiny for their consideration and challenge if necessary.

The reports will track key performance indicators in terms of financial benefits as well as the impact on numbers of CLA across the timeline of the project. The reports will highlight risks and mitigations if required.

Potential risks and mitigations

- Recruiting staff given the context of national recruitment issues and the evidence around the additional challenges following an inadequate judgement.
- Establishing and maintaining whole system support as the proposal recommends the introduction of a new model of practice that conflicts with the current model of practice that was recently implemented in 2021.

- The management of and impact of change within a broader transformation agenda.
- The schedule of quarterly monitoring visits from Ofsted, along with the requirement imposed upon Bury by the DfE to improve services to children.
- Ensuring that there is the infrastructure to support implementation of the programme, programme delivery, analysis of performance, financial modelling, impact and effectively monitor outcomes for children.

6. Recommendations

It is proposed that this business case be approved by the Cabinet.

Department for Education

Family Safeguarding Hertfordshire

Evaluation Report

July 2017

Donald Forrester*, Amy Lynch, Lisa Bostock**, Fiona Newlands**, Bart Preston** and Alex Cary****

***CASCADE: Children's Social Research and Development Centre, University of Cardiff**
****Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire**

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We are particularly grateful to staff who arranged for us to accompany them on a visit with families; we feel privileged to have had the opportunity to be so unusually close to social worker practice with children and families.

We are thankful to the parents, carers, children and young people who agreed to allow us to observe a visit with their social worker and take part in in-depth interviews. We really appreciate their time, thoughtful responses to our interviews and questionnaires and the permission to observe meetings which were often about very sensitive issues.

We would also like to extend our thanks to our colleagues at the Tilda Goldberg Centre, who supported data collection, conducted analysis of the practice recordings, and provided support with analysis and administration.

1 Executive Summary

Family Safeguarding Innovation

Family Safeguarding Hertfordshire (FSH) is a whole-system reform of Children's Services which aims to improve the quality of work undertaken with families, and thereby outcomes for children and parents. It brings together a partnership including the police, health (including mental health), probation and substance misuse services. Key elements include specialist workers with domestic abuse, substance misuse and mental health expertise joining teams; training in Motivational Interviewing (MI is 'a client-centered, directive therapeutic style to enhance readiness for change'; Rollnick and Miller, 1995, p325- 334) as a framework for practice for all staff; a move to group case discussions; and structured tools to support direct work. In addition, there is an attempt to provide practice-enabling factors, such as reduced caseloads and assessment workbooks.

Evaluation Design

The evaluation consisted of 3 strands:

- qualitative and quantitative data on the process of change from 185 interviews, 7 focus groups, 8 structured observations and 439 questionnaires from staff at 3 time points
- a comparison of practice, service experiences and outcomes prior to, during and after FSH implementation. This involved 126 observations of practice (104 of which were recorded and coded for skill), 108 research interviews with parents shortly after allocation and 40 at T2 (3 months later), and 11 with children. It also used data from computerised records for 447 families
- analysis of a large dataset that included evidence on service use and outcomes for all children and parents in every family allocated in FSH, for the 12 months from August 2015. Data included police involvement, emergency hospital admissions, school attendance, and substance misuse and mental health service use. The data related to the period prior to allocation (12 months) and the period following allocation (which ranged from 3 to 12 months depending on the date of allocation). It was for 940 families (1,752 children and 1,683 adults)

Key Findings

Process of Change

A huge amount was achieved within a very short space of time, including commissioning

and delivering a large training programme for all staff; recruitment of new specialist adult workers; creating multidisciplinary teams; introducing new ways of working, and reducing caseloads. Effective management oversight and strong interagency working meant that the key planks of FSH were put in place swiftly, challenges were generally overcome and the reforms were delivered in an impressively efficient manner.

Of the 3 core planks of the programme of work, the involvement of adult workers was implemented swiftly and efficiently and there was a substantial reduction in caseloads. The training in MI was delivered, but was of mixed quality. The qualitative feedback for other elements was also mixed, with case discussions being a generally positive element of the changes, while workbooks and the structured work were less well received. In addition, a sense of energy about the project, and commitment to working to keep families together, were evident and likely to be an important, if less tangible, element of the change programme.

Workers were generally very positive about their role and work; about the changes involved in FSH, and a high level of energy and enthusiasm was sustained over the year. Workers' levels of stress, satisfaction and intention to stay in the job were influenced by factors both within and beyond the reform programme, with line managers having a particularly important role. Other crucial factors included access to adult workers, individual workloads and stability at team level.

Comparison of practice and outcomes before, during and after implementation of FSH

FSH was rolled out over the year, and implementation staggered across offices. To address this, the evaluation used various comparisons, including pre- and post-FSH overall, and between individual offices, as well as analyses of changes over time rather than between groups. Overall, families allocated had high levels of presenting problems. A particular feature was the high proportions of families with parental domestic abuse (44%), alcohol (26%) or drug problems (38%) or depression or anxiety (69%). The high prevalence of these issues is the rationale for core elements of FSH, and in particular the specialist workers.

The coding of worker skill for 104 observations of practice rated workers for care and engagement and good authority skills on a 5 point scale (with 5 as high and 3 the anchor point). Level of skill has been found to be linked to outcomes for families in research in other authorities.

Prior to FSH there was a range of practice, but average measures of both care and engagement (2.2) and good authority (2.4) suggested a low level of skill, with workers often telling families what to do and a lack of clarity about concerns. This again supports the rationale for FSH, which aimed to improve the quality of the service provided. When

compared to skills of workers in practice after the implementation of FSH there was a small, though not statistically significant, shift in care and engagement skills (from 2.2 to 2.4). However, the shift in good authority was statistically significant (rising from 2.4 to 2.7, p=0.02). This was particularly linked to greater clarity about concerns with families.

It was also possible to explore the relationship between level of skill and time since implementation. Here, positive correlations were found for both care and engagement and good authority, and, for the latter, this was statistically significant (r=0.20, p=0.04). This demonstrates that the quality of practice improved over the course of the year of the evaluation, and, in particular, that it continued to improve after the initial implementation of the new approach. This is an important finding, as it highlights that simplistic pre-FSH and post-FSH analysis may fail to capture the way in which improvement in practice develops over time.

The limited numbers of follow-up interviews made identifying statistically significant differences pre- and post-FSH in family research interviews very difficult. Nonetheless, there were indications that for important measures there were better outcomes in the post-FSH sample: for instance, 19 of 22 (86%) families had achieved their goals at follow-up interview (compared to 7 of 10; 70%); about one-fifth (2 of 11; 18%) of parents were identified as anxious or depressed compared to almost one-third (4 of 13; 31%), and improvement in Life Scale Rating on a 10 point scale was 3.7 pre-FSH and 4.4 post-FSH.

ICS data was compared for 221 families prior to FSH and 165 post-FSH. Here, there was a small reduction in the proportion of families who had a child enter care at some point, from 12% to 10%. However, the number of days children spent in care over the 5 months post-allocation was calculated for each family (including the majority who had no children enter care). This showed a reduction by more than half, from 20.5 days per family pre-FSH to 9.8 post-FSH. The change was primarily achieved by children being more likely to return from care, and to do so relatively quickly, post-FSH. This is an important positive finding in relation to FSH, with implications for children and families, as well as cost implications.

It is unlikely that these differences in outcomes are due to the modest shifts in skill observed. Evidence suggested that the specialist adult workers were particularly important in this respect. Quantitative analysis found far larger positive changes where adult workers were involved: for instance, for the Life Scale Rating, an average positive change of 6 points on a 10 point scale for families with an adult worker, was almost double that in families without such a worker. This highlighted both that specialist workers were working with families with the largest problems (that is, those who rated their family life lower at referral) and generally achieved larger positive changes for them. This encouraging picture was also reflected in qualitative feedback from families and social workers.

To explore this further, we carried out a small number of in-depth case studies focussed on families where FSH had worked well. The substantial contribution of adult workers, both to direct work with families and to helping workers in conversations about risk and change, was a major feature in these families. It seems clear that the inclusion of adult workers in teams for children and their families was a central success of FSH, providing not just specialist input but also a move towards a more multidisciplinary way of thinking and talking about families, as well as working with them. This is likely to be linked to the positive effects on outcomes, and helps us to understand the particular impact on families with more serious problems, such as the reduced need for children to enter care.

Indicators of service outcomes

The creation of a suite of key performance indicators (KPIs) that provided data for all families allocated in FSH from July 2015 in relation to use of health, policing, education and other services was in itself an enormous achievement, and one of the most innovative elements of the programme. It has the potential to allow interagency oversight and governance by focusing on outcomes that are meaningful for both families and services. For instance, it was possible to examine police involvement or school attendance before-and-after allocation to a worker in FSH. However, the KPIs do not provide a comparison with equivalent data before FSH was implemented as it was not available: the collection of the data being part of the Innovation itself. They therefore currently provide limited evidence to evaluate FSH as a reform.

The KPI data identified that allocated families had very extensive contact with other services. When service use was compared for the months before and the months after allocation, there were substantial reductions in contact with the police (monthly contacts reduced by 66%) and emergency hospital admissions for adults (which reduced by one-half on average). While these do not provide evidence about the impact of FSH compared to allocation prior to FSH, they do provide a strong indication of the positive impact that allocation to a worker made to families on key service use measures.

We have estimated some of the cost savings in the first 12 months of FSH that can be attributed to allocation. It should be noted that these are not a full estimate of cost savings: theyhey are solely for the first 12 months and relate to indicators measured. The estimated cost savings to Children’s Services from reduced care and child protection allocations in the first 12 months alone were £2.6 million. For the police and health, too, there were savings related to families being allocated in FSH.

Discussion and Conclusions

The depth and breadth of the organizational changes put in place in Hertfordshire over the course of a year have been exceptional. Our findings support the rationale for

creating these changes; the families allocated to a worker in Children's Services have very high numbers of parental problems and the practice prior to FSH was characterised by little empathy and an approach that often involved telling parents what to do. This is an approach which research suggests is unlikely to create meaningful change, though it is nonetheless common in Children's Services.

There was a small improvement in the quality of important elements of practice post-FSH. The evaluation was able to capture the messy realities of change over time, with gradual improvement being seen over the year, rather than a sudden change. In doing so, it identified that, while the conditions for change can be put in place relatively swiftly, it takes time for workers to begin to practice in new ways.

In this context, this small change in practice skill is unlikely to have created the substantial changes in some important outcomes that were found. For swift, positive impacts, the adult specialist workers seemed crucial. First, where families had serious parental problems, they provided timely and, in general, high quality input that seemed crucial in turning around families' lives. Second, adult specialists helped support a different way of thinking about risk and how to work with families. In this respect their contribution complemented the emphasis in MI on strengths-based approaches.

In light of these positive findings, it is our opinion that the FSH innovation is not just important for what has been achieved within Hertfordshire; but, we feel, there are also national lessons, of which four are particularly important.

First, multidisciplinary teams are a very promising approach for Children's Services. This was about more than simply introducing adult workers; it was about creating the structures within which they could contribute to changed team dynamics. In this respect, group case discussions were a crucial factor that allowed the different perspectives of adult specialists to create more informed assessment of families. Perhaps just as important were the opportunities for informal discussions about families: for instance, before or after a difficult visit. The creation of multidisciplinary teams seems a very promising way of moving to better practice. Indeed, it may lead one to ask why child protection and family support should not be provided by multidisciplinary teams, when the issues dealt with involve complex adult, child and family elements.

Second, creating changes in practice across a service is challenging. FSH has achieved some significant shifts, yet more is required. Training is certainly not enough on its own; on-going input, new ways of thinking about, and discussing, families, and a longer time frame are required to help workers move to more collaborative and effective ways of working. Some of these elements are in place in Hertfordshire, and with the energy and commitment that has been demonstrated to date there are good prospects that further improvements in practice will become obvious over the next year or 2. Some of our recommendations relate to how to support such developments.

Third, achieving change is not just about technical fixes. Crucial for the successes in Hertfordshire was the sense of ownership and passionate belief in the reforms by the leadership team. This was communicated through the organisation as a set of values emphasising that social workers should work with families and seek to create change. This passion is not enough to create change on its own, but it seems unlikely that attempts to replicate promising models will succeed without similar levels of energy. Indeed, we felt this was one of the secret ingredients in Hertfordshire.

The final key national lesson is in relation to the creation of the interagency set of KPIs. We feel this is a potentially revolutionary new innovation for 2 reasons. First, these are genuine and measurable outcomes from the work of Children's Services, for children, adults and the services concerned. The involvement of police, or use of emergency health services, are important outcome measures. At present, we are sorely lacking in such measures in England and internationally, and therefore being able to quantify the impact of allocation on such outcomes provides the opportunity for genuine and meaningful quality assurance and management. Second, the suite of indicators provides an opportunity for strategic oversight of the service by a variety of agencies; and the influence of Children's Services on the need for police involvement, school attendance or hospital admission can be monitored and developed. This provides a platform for co-ordinated and intelligent service provision. While the real benefits of such an approach to data collection will only become apparent if sustained over some years, there can be no doubt that this is both genuinely innovative and of enormous wider importance.

Recommendations for policy and practice

Implications for Hertfordshire

- given the positive nature of the evaluation it is important that the various agencies in the partnership continue their impressive level of cross-agency support and strategic management of FSH
- the KPIs have huge potential, though further work is needed to develop them and address the practical challenges of collecting, collating and analysing findings
- further development of the adult worker role is required. Involving adult workers is a core element in the success of FSH, yet there was variation in the integration of such workers. There could now be an increased focus on developing and harnessing the expertise of adult workers to support multidisciplinary working
- further work is needed in developing the conceptual framework, and in particular in integrating the principles of MI with the way risk assessment is understood and carried out. This is closely linked to the next recommendation
- there is a need to develop the theoretical approach to group case discussion and provide training and supervision for those leading such discussions. Group case

discussions are already making a positive contribution to improving the depth of analysis. However, work is needed to maximise their potential
- further work is needed to support the understanding and application amongst workers of the principles and skills of the practice model being developed by Hertfordshire. This should include a next phase of training, materials and perhaps other initiatives such as coaching or consultancy on cases. Steps are being taken to address this recommendation, and the 3 previous recommendations

National Implications

- all local authorities should consider the potential that multidisciplinary working has for improving practice and outcomes in Children's Services. In Hertfordshire adult specialists have played a central part in creating more family focused assessment and intervention, and this has helped reduce the need for children to enter care, and contributed to other positive outcomes
- multidisciplinary working requires more than simply recruiting adult specialists; processes such as group case discussion and a framework for practice, in this case MI, are necessary to make this a genuinely multidisciplinary experience, and to provide a framework for helpful discussion and new ways of thinking
- the KPIs are a hugely promising approach to measuring outcomes, though setting them up was very resource intensive. We think it important that this innovation continues and is taken up in other local authorities
- this evaluation provides a very positive set of initial indicators of outcomes in such a short period. It provides unequivocal support for continuing the development of FSH. We would therefore encourage other local authorities to consider replicating, or implementing, central elements of FSH. However, for this to work, it needs to be seen as more than a technical fix. To be successful it also requires committed and passionate leadership.

2 Overview of Family Safeguarding Hertfordshire

Background, Context and Aims and Outcomes

The Innovation Project being evaluated is Family Safeguarding Hertfordshire (FSH), which brings together the County Council and Hertfordshire Boards for Health and Wellbeing, Safeguarding and Community Safety in a wide-ranging and complex, multi-agency, whole-system reform aimed at improving the quality of services provided to children and families in Hertfordshire.

The rationale for FSH is that an increase in the quality of assessment and direct work with children and families has the potential to substantially improve outcomes. In particular, the bulk of the families that Children's Services work with have complex issues, with parental alcohol and drug use, domestic abuse and mental health issues being particularly prevalent. FSH attempts to:

- allow workers to spend more time working with families
- increase the skills and knowledge of workers
- provide an inter-professional whole-family response that allows parent and child issues to be addressed effectively

The stated aims for FSH are ambitious. They are to:

- keep more high risk families together safely
- improve health and educational outcomes for children
- reduce physical and emotional harm in families
- increase engagement with families, thereby increasing the help they receive
- strengthen information sharing and shared decision making to better protect children and reduce harm to their parents
- provide high quality services at lower cost

Primary Elements of FSH

There are 4 primary elements of FSH, which are explained below.

Creation of multidisciplinary Family Safeguarding teams:

- increasing the number of teams working on Child Protection and Children in Need cases throughout the county from 19 to 22 between April and November 2015
- Four additional roles recruited to each pair of teams from June 2015, referred to as the specialist adult workers:

  - mental health practitioner
  - domestic abuse officer, working with perpetrators
  - domestic abuse practitioner, working with victims
  - substance misuse practitioner
- a clinical psychologist recruited in each office from February 2016
- a model of group supervision introduced to include all allocated workers working with the family

Core skills set to be delivered with Motivational Interviewing (MI) at its heart:

- all team members attended a 3-day MI training course between June and December 2015
- a series of follow-up workshops were held between September 2015 and June 2016
- a structured, direct work programme was designed, incorporating MI, for use with families by all workers, known as the Intervention Programme, which was in use from March 2016

Structured workbook approach to assessing parent's capacity for change:

- this involved the introduction of an electronic workbook as a new method of recording case notes to aid information sharing, streamline processes and reduce the amount of time spent in meetings or on reports
- this was rolled out to all teams in November 2015

Outcomes based performance framework:

- development of a set of indicators across the partnership of agencies involved in delivering FSH, including agreement on information governance protocols and creation of quarterly data collection and analysis processes to monitor impact on wider system
- data was collected from 1 July 2015 to 30 June 2016

Hertfordshire Context

Children and Young People in Hertfordshire

Hertfordshire is a large county, with approximately 260,000 children and young people under the age of 18, 23% of the total population. Around 13% of children are living in poverty. Children and young people from minority ethnic groups account for 17% of all children compared with 22% in the country as a whole, with Asian and mixed-ethnicity

being the most common minority groups. The proportion of children and young people with English as an additional language is 15% in primary schools and 11% in secondary schools, whereas the national averages are 19% and 15% respectively.

Child protection and children looked after in Hertfordshire

At 31 August 2015, 721 children and young people were the subject of a child protection plan, and 16 children lived in a privately arranged fostering placement. This represents a very significant reduction from the 1,140 children subject to a child protection plan at 31 March 2014. Between March 2013 and November 2015, 6 serious incident notifications had been submitted to Ofsted. At 31 August 2015, 1033 children were being looked after by the local authority (a rate of 39.5 per 10,000 children). This was a small increase from 1,005 (38 per 10,000 children) at 31 March 2015 (Ofsted Inspection report, November 2015).

Hertfordshire Children's Services Safeguarding Team

Hertfordshire Children's Services has a stable leadership team; for example, the Director of Children's Services has been in post since 2011. Prior to the introduction of FSH, Children's Services were provided by 140 workers in 5 service groups comprising a total of 19 locality-based safeguarding children's teams, operating from 5 district offices.

Hertfordshire Children's Services Ofsted Inspection

During the period of the Evaluation there was an OFSTED inspection (single inspection of Children's Services), the outcome of which was a judgement of good (report published November 2015). The previous inspection of the arrangements for the protection of children was in March 2013 when there was a judgement of adequate.

3 Overview of the Evaluation

Research Questions

The complexity and ambition of the proposed Innovation meant that a multifaceted approach to evaluation was required in order to capture the process of change, and identify whether there were changes in the quality of the service experienced by families. Evidence of outcomes for children and families and wider indications of the impact on services across Hertfordshire, for instance, in reducing demand for services or re-referrals was also needed. Specifically, the study attempts to answer the following research questions.

Has FSH been implemented as planned?

- what has been implemented well?
- where have there been challenges?
- how have they been addressed?
- what lessons are there for Hertfordshire and more generally from the process?

What is the impact of the new service on the experience of services for children and parents compared to service prior to reform?

- to what degree are the intended changes in the quality and quantity of services delivered?
- what are the experiences of children and families of the service?

To what extent does this appear to have an impact on outcomes for children and parents or carers?

- are outcomes improved for children and for parents?

Are there indications that this is having an impact on service level outcomes, such as level of re-referral, take-up of substance use treatment or police referrals for domestic abuse?

Research Design

To answer these questions the evaluation consisted of data collected in 3 strands:

Firstly, a process of change study:

- qualitative interviews were carried out with staff at every level of the organisation (see Appendix 2 for full details). Interviews were reviewed and key themes emerging were summarised, and are presented here. In addition, a survey of staff was carried out at 3 time points, broadly consistent with pre-, during, and post-implementation of FSH. A total of 439 staff surveys were returned, and key findings are summarised in the main report (see Appendix 2 for further information)

Secondly, a comparative study of quality of practice, service experience and outcomes prior to, during and after FSH implementation. Data was collected on families allocated into FSH between July and October 2015, and then November 2015 to February 2016. This consisted of a whole sample of 447 families. The initial idea of a before-and-after comparison needed to be adapted, as the staggered roll-out made a more complex analysis necessary. Instead, various comparisons, including before-and-after, between offices and over time are provided (see Appendix 3).

The following data was collected for the comparative study:

- observation of practice: meetings between families and workers were observed, recorded and coded for core social work skills, including level of MI skill
- parent and child interview: research interviews with parents, and, where appropriate, children and young people, gathered evidence on their experience of the service, engagement, levels of need and risk and a range of standardised measures for key elements of welfare. Full measures are presented in Appendix 1
- parent and child follow-up interview: 3 months later (T2) a follow-up telephone interview was carried out with parents
- social worker questionnaire: social workers completed a questionnaire outlining their rating of concerns and risks for the family at T1 and at T2
- integrated Children's System (ICS) data was gathered for all families (447 families or 860 children) from computerised records

Two further types of analyses were carried out to supplement the comparative element of the study:

- in-depth case studies: families where FSH was working particularly well were identified, and a combination of multiple interviews with parents, children and workers, and observations of practice was used to provide an in-depth picture of FSH in practice
- observation of group case discussions

Table 1: Evaluation Data by Source

Process of Change Data		**Pre-FSH**	**Post-FSH**	**Total**
Research Interviews		101	84	**185**
Research Group Interviews		3	4	**7**
Observations of Group Supervision		0	8	**8**
Staff Surveys		143 (T1) 137 (T2)	159	**439**
Comparative Study		**Pre-FSH**	**Post-FSH**	**Total**
Observations of Practice		34	92	**126**
Parent/Carer Interviews		30	78	**108**
Child/Young Person Interview (T1)		3	8	**11**
Parent/Carer Interview (T2)		15	25	**40**
Social Workers Questionnaire (T1)		34	94	**128**
	Pre- FSH	**Transition**	**Post-FSH**	**Total**
ICS Computerised Records	221	61	165	**447**
Key Performance Indicators (KPIs)				**Total cohort size**
Key Performance Indicator data from Health, Education, Substance Misuse, Mental Health Services, Police and Children's Services.			All families allocated to FSH 2015-16	**940 (1,752 children; 1,683 adults)**

Finally, a dataset of key performance indicators (KPIs).

- HCC and partner agencies collated data on the use of different services by adults and children in families allocated in FSH. Service use in the 12 months prior to FSH allocation and in each of the quarters post-allocation was used. This allowed for 2 comparisons: service use prior to, and after, allocation to a worker in FSH, and changes in these figures during the 4 quarters of 2015 to 2016. Data was provided in relation to:
  - accident and Emergency use and admission for adults and children
  - victim and offender status in crimes
  - substance misuse services use
  - mental health services
  - school attendance
  - number and length of child protection cases

Data collected is set out in Table 1, broken down by strand. It can be seen that the study involved collecting a very large amount of both quantitative and qualitative data.

Implementation and Evaluation Timeline

In a short period of time the Innovation Project required implementation of a complex and multifaceted project. It also involved a complex and ambitious evaluation of these changes. A particular challenge has therefore been evaluating a service while the service is implementing change.

Figure 1 attempts to capture some of this complexity. Against the timeline on the graph, 3 types of information can be read:

- the dates at which core elements of the FSH Innovation went live

It can be seen that FSH was rolled out in a series of steps. Different offices went live as adult workers were recruited; caseloads were reduced to enable more direct work, and other elements of the Innovation were put in place. Meanwhile the training programme was rolled out across the workforce. Other elements, such as the electronic workbook and the intervention programme, were put in place toward the end of the evaluation period. We have also added the date of the Ofsted inspection to illustrate that, while all this was happening, it was necessary to manage the usual challenges of delivering Children's Services.

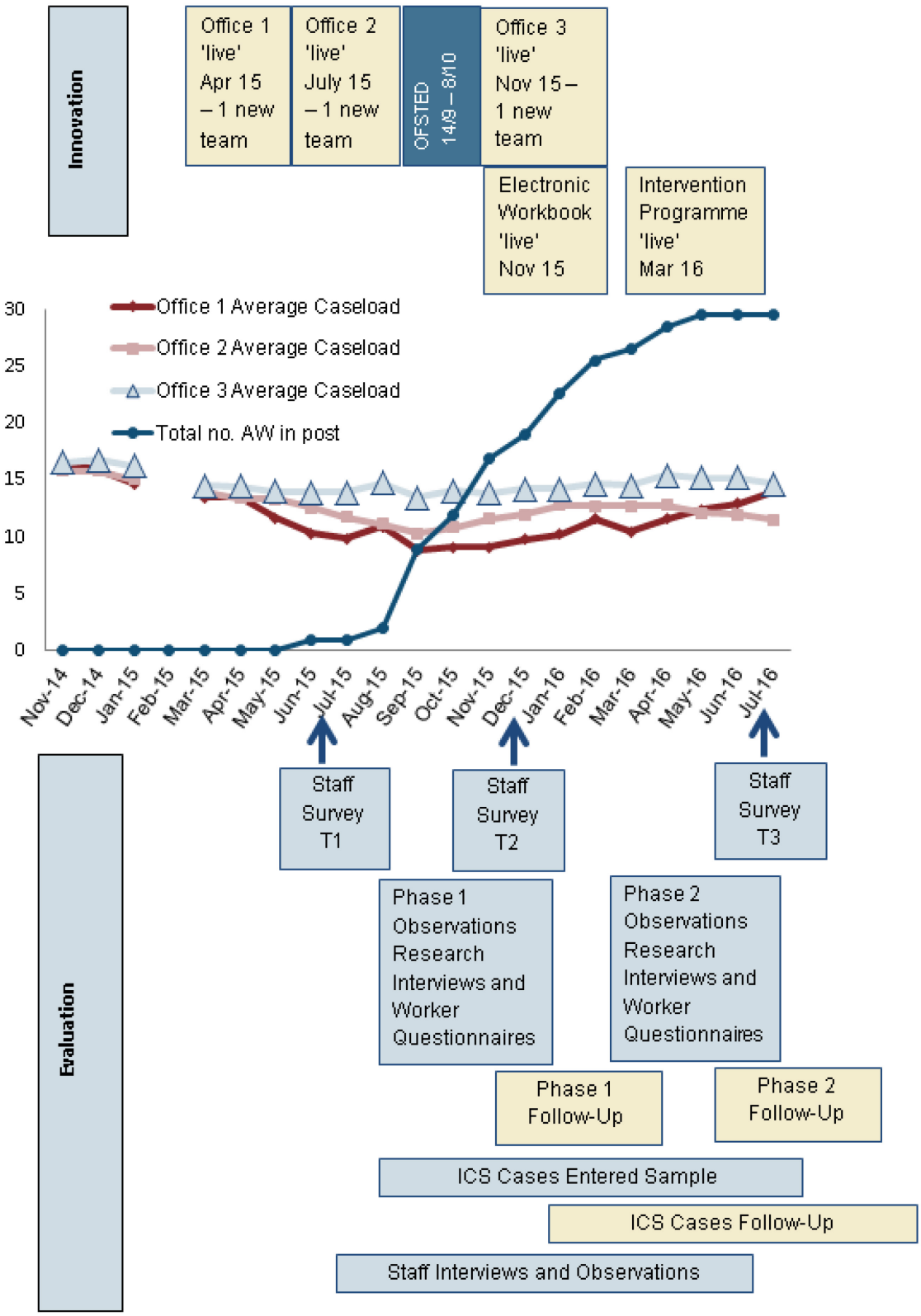
- key indicators of implementation: adult workers in post and caseloads

We mapped recruitment of adult workers and caseload for 2 reasons. It is clear that a large number of adult workers were successfully recruited, which was a major and impressive achievement in itself. Yet, if the date for each office going live is compared to the proportion of adult workers, it is obvious that achieving the full complement of adult workers was achieved some weeks or months after this. This is not a criticism; it is merely an illustration of the complexity of real world change. However, it has implications for understanding the data on quality of service or outcomes, because often, in the early stages of FSH, the service being offered was very different from that of FSH once fully established.

- evaluation data collection timeline

The data collection for the evaluation has been mapped against the process of the implementation to provide a sense of the range of data collected, both by type and across time. A variety of different analyses and comparisons were carried out in an attempt to capture both the best possible evidence about the process and the impact of the FSH reforms.

Figure 1: Timeline for Implementation of Innovation and Evaluation Data



4 Evaluation Findings

Process of Change Data

Qualitative Interviews with Staff

Overview

The overwhelming impression from the interviews was of the pace and scale of change experienced by the teams, with the simultaneous introduction of multidisciplinary team working; a new approach to supervision and case decision-making; the introduction of MI and a new case recording system, the electronic workbook. The process of change was dependent on the degree to which aspects of FSH were experienced by frontline workers as advantageous to practice; in line with their values; the extent to which they were user-friendly, and how soon results could be seen.

The introduction of multidisciplinary teams and group supervision were experienced overwhelmingly positively. The majority of workers were able to offer examples of their perception of positive changes across the different outcomes: for example, service, practice, family experience and family outcomes, including generic, as well as specific, illustrations of where FSH was making a difference. There was a more mixed picture with MI and the electronic workbook.

Experience of the process of change

Elements of FSH: positive experience

The move toward multidisciplinary working through the employment of adult workers and the introduction of group supervision was overwhelmingly well received. Both adult workers and social work practitioners identified benefits to their practice with families, in terms of enhanced inter-agency working, shared responsibility around risk to children, and improved access to support services for vulnerable service users.

Multidisciplinary teams

- the relative advantage of the multidisciplinary working was consistently perceived as superceding the previous approach: why didn't we do this years ago?
- working in partnership with adult workers was viewed as compatible with safeguarding practice and consistent with values of working holistically with families
- specialist adult workers were viewed as improving risk assessment practice and providing immediate support to families; for example: 'the role is going really well,

we are all in one room and can quickly form an action plan, different expertise is shared' (Domestic Abuse Officer)
- benefits described outweighed any risks, and problems were primarily around practical issues such as recruitment and retention, and variations between offices
- positive results were observable immediately to workers, in terms of accessibility and knowledge sharing, task assistance with cases and swift access to support for families
- some respondents felt more clarity needed to be developed about when adult workers should be involved with families

Group supervision

- group supervision was regarded as a positive forum for embedding multidisciplinary practice and improving communication between agencies: 'It takes a lot of effort but it is easier to gather information from multiple sources when we are all in the same place' (Social Worker)
- as with adult workers it was viewed as compatible with social work practice and values, particularly where reflective
- logistical problems of diary management sometimes made it difficult to organise such supervision. High demand for adult workers, high caseloads and the complexity of cases also impacted meant group supervision could be lengthy and ad hoc rather than planned on a weekly basis. It was not always possible to ensure all cases were discussed regularly
- results were observed in terms of improved understandings of risk factors, for example: 'the group look at the situation, what each professional is saying about the children, look at what needs to happen and assess the level of risk. A little bit of expertise from the adult work is really helpful in terms of decision making' (Consultant Social Worker). Discussion and differing perspectives were welcomed, but some concerns were raised that a focus on the child was lost in the face of the overwhelming needs of adults

Elements of FSH: challenges experienced

More ambivalence was expressed in relation to MI and the introduction of the electronic workbook.

Motivational Interviewing (MI)

- while many adult workers had previous experience of MI, and social work practitioners recognised that MI was line with their values, in its strengths-based and solution-focused approach, they reported on the difficulties of introducing MI into child protection practice; for instance, in moving from telling parents what they must do to 'get off the [child protection] plan' to more collaborative working

- for many social workers, it is a new skill that is complex to put into practice and this slowed its adoption, particularly in view of the variation in quality of training and support. Anxieties were expressed about having to use MI when under-confident and uncertain about its compatibility with current child protection practice: for example: 'There is a discrepancy between child protection plans and MI; these dictate what a family must do. There is a focus on get in, get out, work through the plan which doesn't leave much time for MI. MI requires thinking and planning time' (Consultant Social Worker)
- where workers reported having been able to successfully use it in practice, they were more likely to be positive about MIs' capacity to effect change in the lives of children and families: 'I've used it in CiN [Children in Need] cases... I think it's really working because it empowers the family to reflect on what's gone wrong' (Social Worker)

Electronic workbook

- at the time of interviewing, which was as the workbook was being rolled out, the workbook proved the least favoured element of the innovations, in part because of the technical difficulties in recording, but also due to a reluctance to change the content of recording practice
- workers across all roles and in all offices identified technical issues, including system crashing, misassigning roles and information, lack of access for adult workers plus duplication of recording, which slowed the pace of change
- there was ambivalence about the degree to which the electronic workbook offered relative advantage in terms of summarising, rather than recording comprehensively. This reflects an entrenched culture of professional accountability in which it didn't happen if it wasn't recorded. For example: 'I don't like the process, it isn't saving time and is causing anxiety. When in court it won't be good enough, it needs to be more specific' (Child Practitioner). While HCC inform us that courts have said the workbook would be appropriate for presenting evidence, some practitioners were not sure whether this would be true in practice
- practitioners expressed anxiety about the risk of getting it wrong. Positive experiences of using the workbook were limited, reducing opportunities for peer-to-peer learning, even where workbook champions were in place

Worker perception of the impact of FSH

Workers from all 3 offices offered examples of where FSH had made a difference. One-half of the staff interviewed shared a specific example of a positive outcome, more offered generic examples, with comments focused on changes to practice, while some indicated that it was too soon to be able to identify outcomes. A minority said either that they had not identified any change, or gave a mix of negative and positive generic feedback.

Examples related to different outcome levels (as prompted by the researcher), including impact on the service, practice, families' experiences and outcomes for families. The specific themes identified by the staff were impact on:

- the service, including increase in speed of response; decrease in elapsed time on a plan; holding cases at lower risk levels; and changing the course for re-referrals and revolving door cases
- practice, including empowering parents; increased level of purposefulness; and application of MI skills
- families' experience, including increased engagement; access to support; and increased development of trusting relationships
- outcomes for families, including overcoming substance misuse; improved mental health; and reducing risk from domestic abuse

This quote from a Social Worker illustrates common comments:

> 'Families have got a better chance. Having the adult workers' support when it's needed for the families themselves; it helps us understand families better, it's the informal catch ups over coffee that really make a difference. The way we are working now it makes it easier for the families to engage and increase their chances of staying together.'

Another Social Worker shared how FSH made a positive difference for a particular family they were working with:

> 'The progress I have made with the family has been due to the drug and alcohol worker…could instantly respond to crisis and go and see mum. This has instilled a level of confidence in the mother that the service can provide her with support. Having somebody who could go to her home and talk to her has been amazing… now I'm getting the domestic abuse officer on board, and I can focus on the children now that other issues are being dealt with… having 3 people working together has also helped with cultural differences. It was an instant response. Families feel that someone is actually doing something.'

Staff Survey Data

Findings from the 3 staff surveys (T1, T2, T3) were consistent with interview findings. Here key findings are reported. Appendix 2 provides fuller details.

Staff experience of FSH and the process of change

Staff were very positive about the FSH innovation, with three-quarters agreeing that they

were excited about FSH at T2 and T3. When defining the aim of FSH, around one-third made reference to each of multi-agency working; the focus on change; the MI approach to working with and empowering families, and 20% made reference to each of the whole-family or holistic approach, and to improving outcomes for families and children. Approximately 10% made reference to the aim of keeping families together.

Staff were generally positive about HCC and its management of change, with around two-thirds of staff in the final survey expressing satisfaction. It was noteworthy that a dip in satisfaction with the management of the process of change was experienced during T2, but that this was addressed, and staff returned to high levels of satisfaction by T3 (see Appendix 2). During the innovation, job satisfaction remained high, with at least three-quarters agreeing that their work gave them a feeling of personal achievement. Overall, staff's intention to stay remained stable over the 3 time points at around 50%.

Staff reported less role conflict over time, with around 60% of workers agreeing that they were asked to fulfil too many roles at T1, compared with around 50% at T3. A similar pattern was evident in the number of workers feeling that there was too much overlap between their role and that of someone else in their team. Approximately 90% of workers agreed that their line manager provided regular supervision and feedback (again there was a dip between T1 and T2; returning to T1 level at T3).

Staff experience of individual elements of FSH

Of the core elements of FSH, staff had the following comments to make.

MI

Two-thirds of respondents expressed agreement that MI was having a positive impact on engagement with, and outcomes for, families. Some workers identified MI as one of the biggest successes of the Innovation, reflecting that the approach was supporting frontline staff to 'empower parents to change, therefore reduce the risk to children', and that it allowed for 'more effective engagement with difficult parents'.

Two-thirds also reported feeling confident using MI with families; however, only one-half reported sufficient support with the development of MI practice skills and that MI was a useful approach for all families. In the response to the open ended question about the biggest challenge workers faced at T3, around 10% identified MI, including challenges in implementing the approach, such as specifically understanding its wider philosophy, and the ability to apply it with resistant families, as well as how to record its use with families.

Adult workers and multidisciplinary working

Workers reported an increased understanding of the role of the adult workers and

identified them as one of the biggest successes, making clear links between their involvement in cases and better outcomes for families:

> Working with Domestic Abuse workers … both man and woman feel they are supported now, not just women. So this helps the whole family.
>
> Social worker

Others reported that 'information can be shared more thoroughly' and 'working collaboratively [helps] identify risks earlier' for children and families.

The biggest challenge identified was accessing adult workers and not having sufficient numbers of adult workers available to start work with families, which 'caused frustration for families and at times made it difficult for the working relationship to develop'.

Group supervision

More than 80% of workers felt that group supervision resulted in greater understanding of risks in families, and 60% that it resulted in a feeling of shared responsibility of a case. 70% felt that group supervision enabled them to be more reflective practitioners. Respondents typically commented that 'the immediate sharing of information between agencies in group supervision' was the biggest success of the innovation, while others felt that group supervision allowed for 'much better joint up working…group supervision more detailed and reflective'.

Despite these positive comments, most respondents (58%) reported that group supervision was not an effective use of their time. This was reflected in open-ended comments, with respondents identifying the time-consuming nature, for example: 'time; time to attend group supervision' as one of the biggest challenges.

Electronic workbook

There was mixed feedback about the electronic workbook, with over 40% reporting that they felt able to use the electronic workbook effectively, and around one-third (30%) reporting that they felt unable to do so. Comments related to both the practical and conceptual challenges of learning how to use the new system, as well as the change in mindset required around the nature of recording case notes.

Training and development

Whilst more than 80% reported that they had the knowledge and skills to work effectively with families (generally), only one-half reported that they had received the training and development they needed to do their job well. More training and development, including on the individual specific elements of FSH, were identified in the responses to the open-

ended questions about whether additional support workers were required.

Staff health and wellbeing

The level of stress and anxiety was measured using the General Health Questionnaire (GHQ-12) at T2 and T3, which can be used to identify overall levels of stress, and also the proportion of respondents who might be considered to be at risk of developing problems relating to stress and anxiety. The proportion of those in the high risk group were fairly consistent between T2 (27%) and T3 (24%). These levels are higher than the general population (18%) but are comparatively low for social work samples, which can be as high as 40%.

In addition, self-reported levels of stress were high throughout the duration of the Innovation with between one-half and three-quarters reporting that they often felt very stressed by the nature of their work over the 3 time points. Self-reported stress levels were at their highest at T3 (73%).

Time and time use

Less than 40% felt they had sufficient time to work effectively with families, falling from around 40% at T2 to around 30% at T3. Half (50%) of workers reported wanting to spend less time recording case notes and writing reports, and over 80% of workers reported wanting to spend more time doing direct work with children and parents. The lack of change between T2 and T3 suggests that issues with time use remains a challenge for staff: they wereidentified by one in 10 workers in the open-ended responses, the third highest occurring theme.

Caseloads

In response to the open-ended question about the main challenge to the implementation of FSH, continuing high caseloads were identified by approximately 15% of workers. Comments pointed to the additional requirement for increased intensity of working, including the planning that this involves, and being prevented from undertaking this additional direct work with families due to increased or continued high caseloads. It is worth noting if a worker has fewer families, but is expected to do more work with them: their workload can increase even if their caseload is reduced.

Variations at office level

Although the data demonstrates the experience of, and impact of change on, workers in Hertfordshire overall, the average figures mask some important differences at office level. Important areas of difference between offices included variation in GHQ scores over the time period: for example at T2, the proportion of elevated scores ranged from 40% in

Office 2, to 30% in Office 3, to 8% in Office 1. Comparatively, at T3, proportions were down to 8% in Office 2, similar at 28% in Office 3 and significantly increased to 42% in Office 1. There was a similar trend in the percentage of workers' self-report of stress. These variations at office level linked to a converse trend in the reported level of regular supervision and feedback and intention to stay. For instance, those reporting that they were actively looking for a new job in Office 1 rose from 27% to 56%, while in both other offices the figure fell from roughly 50% to approximately 40%.

Aspects of the underlying working context that are likely to have influenced these findings included:

- changes in middle management. For instance, for various reasons mainly unconnected to the Innovation, a stable management team in Office 1 lost several staff. Conversely, newly recruited managers in other offices became more embedded over the time period
- while overall caseloads decreased across Hertfordshire, there was variation between teams at different time points. These variations seemed to influence workers' morale and satisfaction
- finally, there were some factors associated with the roll out of FSH. The feel-good factor associated with FSH arriving in each office was palpable. In the weeks and months after going live, there was an obvious boost in role satisfaction. A reduction in these feelings in the office in which FSH was first introduced appeared to be due to staff changes and workload (as noted above), but the process of change had peaks and troughs which may have interacted with this. In particular, sustaining enthusiasm is a specific and common challenge in innovation

Conclusion

In the first year of FSH, workers have been involved with change on an immense scale, yet overall the picture painted by staff is positive, with high levels of positivity about the different elements. The process of change is not without its challenges, which can also be affected by changes in management, variations in caseload, and different roll-out timetables. Indeed, these findings point to 2 further important factors to consider. The first is that staff's experiences of work are mediated by many factors that are independent of innovation: continuity and quality of support from middle management and individual workload are 2 of the most important. The second is that the changes in FSH have been achieved while the service continues to manage the normal, everyday changes that all Children's Services work with. These include changes in staff including managers, constant high levels of demand and other external factors such as inspections. This whole context, not just FSH, is crucial to understanding the experience at the level of the team and individual worker.

Comparative study

Services and Outcomes Pre- and Post-FSH

This strand of the study compared families allocated in Hertfordshire Children's Services before FSH went live with a sample allocated after FSH. However, this is not a straightforward comparison. For instance, between allocation and follow-up many of the pre-FSH allocations will be in teams that went live. Conversely, some families that were allocated post-FSH may have been in teams where an adult worker had not been allocated, or other elements of FSH were in the process of being put in place. Furthermore, it became apparent that, due to the timing of roll out of FSH and data collection, all the pre-FSH families were from a single office. Exploring the impact this may have on findings required a number of additional analyses (most of which are presented in Appendix 3). This element of the study is therefore primarily a comparison of services and outcomes in the very early stages of FSH with those once it was more developed (though still developing), with some additional analyses looking at change over time where that was possible.

To save space, most tables are placed in Appendix 3. Here, the most important findings are presented.

What were the needs of families?

Findings here are presented for the whole sample, and include data from social worker questionnaires and from interviews with parents. Key findings were that:

- social workers identified high levels of concern and the presence of multiple risk factors in families. For instance social workers identified medium or high levels of concern in 60% of allocated families
- they also identified very high proportions of families where important risk factors or problems were either suspected or definite:
  - 69% depression or anxiety in parents
  - 23% personality disorder
  - 36% other mental illness
  - 26% alcohol misuse
  - 38% illegal drug use
  - 53% domestic violence
  - 15% parental learning difficulties
  - 46% financial problems
  - 44% housing problems
  - 38% social isolation

- 49% wider family relationship problems

Parents also identified high levels of these core problems, though not to quite the same level as social workers. This may be in part because the families with the most complex problems were less likely to be interviewed, but it is primarily a difference between social worker and parental perceptions of concerns. Parent interviews identified the following:

- 9% identified drug or alcohol problems
- 26% child's behaviour or wellbeing
- 9% child's school attendance
- 19% social isolation
- 18% arguments or fights
- 20% reported a mental health diagnosis
- 41% had elevated levels of stress and anxiety (GHQ-12)

Parents were asked to rate family life on a 10 point Life Rating scale for the time of referral and the time of the research interview, which was shortly after allocation. At referral, the average rating was 3.2, indicating that most parents recognised their family as having serious problems at that point. By interview, the rating was 6.8, suggesting very substantial improvement.

Sadly, it is not possible to attribute this very marked improvement to the work of social workers. Instead, for most families the referral was often prompted by a crisis in the family, and being referred to Children's Services was, in itself, usually a crisis. This was often resolved, either through family actions or by itself, so that by time of interview, families reported far better family functioning. Sometimes Children's Services contributed to this change, though this was only true for a minority of families. This pattern of most families bouncing back after a period of crisis is important for interpreting some subsequent findings, and is returned to in the discussion.

The most important findings from this analysis were that, overall, the families had high levels of difficulties and problems. Also, the key issues social workers identified within families corresponded with the new adult workers' areas of expertise: mental health; domestic abuse; and substance misuse.

How did needs and risks vary in families allocated before or after FSH was implemented?

It is possible that FSH might be focusing on families with fewer or more levels of risk than prior to the Innovation. In fact, there were few statistically significant differences, indicating that the types of issue identified in families remained relatively consistent. The exceptions were that for parental personality disorder, alcohol or drug problems and wider family relationship issues, the proportion with problems was significantly higher in the post-FSH group. This may be a chance finding or may reflect FSH working with, or

identifying, more serious problems.

For parent interviews there were also more similarities than differences. For instance, there were no significant differences in rating of life now, family functioning (SCORE-15) or the proportion experiencing concerning levels of stress or anxiety (GHQ-12). There was also no difference in the proportion identifying social isolation, school attendance or arguments and fights.

Where there were differences identified by parents, they again suggested that the post-FSH sample had more serious levels of problems. The most obvious difference was in the rating of family life at the time of referral. This was 4.0 for pre-FSH families and 2.8 for post-FSH families. The suggestion that referring problems might be more serious for the post-FSH families was supported by higher overall levels of stress or anxiety (total GHQ score) and higher proportions who identified drug or alcohol problems (29% compared to 7%) or behavioural problems in their child (a very substantial 71% post-FSH compared to 36% pre-FSH).

Overall, this suggests that families with similar problems were being worked with, and that therefore comparisons of practice and outcomes are valid; however, there were some issues that were more common in the post-FSH sample and might influence some findings, as discussed below. They consistently tended to identify the post-FSH families as having somewhat more serious problems.

ICS data

ICS data also allows us to compare the pre-FSH and post-FSH samples for a limited number of variables. A similar picture appears. On most measures there were no between group differences, such as number of children, number of adults or ethnicity (see Table 18, Appendix 3). There was a highly significant difference in the number of recorded previous involvements; 0.88 in the pre-FSH sample and 2.47 post-FSH. An explanation for this is that it accords with the picture of somewhat more serious concerns in the post-FSH sample at allocation, though it is also possible that previous involvement is being better recorded on ICS as FSH is rolled out. Crucially, this analysis identifies relatively similar samples of families pre- and post-FSH, with few variables being statistically significantly different between groups.

What service did families receive?

What input did families receive?
Analysis of the datasets enabled exploration of the extent to which FSH was associated with differences in the intensity or quality of service provided for families. Significant differences were identified in the following:

- social workers reported an increase in working directly with families, from 28% of cases pre-FSH to 61% post-FSH
- worker questionnaires also highlighted increased involvement of adult workers, with 23 of 79 (29%) families identifying one of the new roles as being involved. Analysis reflects our findings about the roll out of FSH, with Domestic Abuse and Substance Misuse workers heavily involved in casework, but the problems in recruiting mental health workers is reflected in the lower proportion of families in which they were involved
- parent interviews indicated that, pre-FSH, no additional workers from Children's Services were identified. In the post-FSH sample 23 of 79 families identified an additional worker (29%), and of these around one-half indicated the involvement of more than one additional worker

Important differences identified in the ICS data analysis (see Table 19, Appendix 3) for service inputs were a reduction in the number of allocated social workers for each family (from 1.94 to 1.66) indicating reduced staff turnover, and a reduction in the number of Child in Need meetings (3.01 to 1.94).

ICS analysis found that there was little difference in the pre- and post-FSH sample in number of child protection conferences, strategy meetings and number of s47s started. In particular, families saw their allocated worker a little less often during the transition period and there was no increase post-FSH. This view of little difference in intensity of service was also found in family interviews, where the number of self-reported meetings with the allocated social worker appeared not to have changed pre- and post-FSH. It is possible that this data does not capture input from adult workers or others.

Quality of practice: Was there a move toward higher MI skills?
Meetings between worker and family were observed 126 times, and for 104 of these permission was given to audio record the interaction. The quality of practice was measured initially across 7 dimensions of practice, with each dimension being rated on a 5 point scale; with 5 being the highest score and 3 being the anchor point (see Table 2).

The 7 dimensions measured comprised 3 that are averaged to measure MI skill, such as collaboration, autonomy and evocation, and, in addition, empathy. Description and coding for these were all taken from the Motivational Interviewing Treatment Integrity (MITI) coding scheme (Moyers et al., 2002). In addition, 3 were developed for the application of MI principles into child and family social work specifically. These are purposefulness; focus on the child, and clarity about concerns. For details on the development of this scheme and evidence of its reliability see Whittaker et al (2016).

A complexity of this system is that coding for evocation is only possible when behaviour change is discussed. About one-half of social work interviews do not involve such

discussions. Calculation of MI score, which involves evocation, would therefore only apply to one-half of the sample. A factor analysis of this coding scheme applied to a different sample of 134 observations found the best way of understanding the data was as 2 factors (see Forrester and Killian, forthcoming). Factor 1, which combines collaboration, autonomy and empathy, we call care and engagement skills. Factor 2, which combines purposefulness, clarity about concerns and focus on the child, we call good authority (drawing on the work of Ferguson, 2014).

The relationship between worker skills and outcomes has received very little research attention. In several studies in UK local authorities, we have found a general tendency for family well-being to improve following allocation to a social worker, though this improvement generally appears unrelated to the quality of the service. It tends to be partly a recovery from a point of crisis and partly an indication of the levels of resilience and problem-solving found in families. The lack of influence of social workers on family outcomes is also related to the relatively limited contact they often have with families, with most families receiving minimal input (see Forrester et al, forthcoming). In the minority of families where social workers saw families 8 or more times we have found strong relationships between the skills described here and outcomes (Forrester et al, forthcoming). This suggests that level of worker skill is an important factor to measure to identify not just the inherent quality of the service, but also the likelihood of positive outcomes being achieved with the families with most serious problems.

Table 2 sets out the mean scores pre-FSH and post-FSH. On average, they were between 2 and 3 for each area across both phases. This is within the range we have found across several local authorities (see Forrester et al, forthcoming). Analysis indicated there had not been a move toward the increased application of MI skills, as there was no change in the quality of practice skills being observed in direct practice post-FSH compared with pre-FSH, and no shift in the degree to which MI skills are demonstrated. However, there was a noteworthy, and statistically significant, shift in the use of good authority, increasing from a mean score of 2.37 pre-FSH to 2.69 post-FSH. This was largely related to increased clarity about concerns, as well as more focus on the child.

Table 2: Direct Practice: Analysis of Skills Pre- and Post-FSH

Skill	Pre-FSH	Post-FSH			
	Mean	Mean	t-value	Df (n-1)	P
Evocation	2.20	2.42	.737	43	.46
Collaboration	2.34	2.54	.968	94	.33
Autonomy	2.52	2.53	.070	95	.94
MI Spirit Score	2.23	2.50	.904	42	.37
Empathy	1.87	2.04	.964	101	.34

Skill	Pre-FSH	Post-FSH			
	Mean	Mean	t-value	Df (n-1)	P
Purposefulness	2.61	2.71	.595	101	.55
Clarity of Concerns	2.10	2.64	3.049	102	.003
Child Focus	2.38	2.70	1.770	102	.08
Care and Engagement	2.23	2.38	.916	94	.36
Good Authority	2.37	2.69	2.33	101	.022

Source: Analysis of direct observations of practice

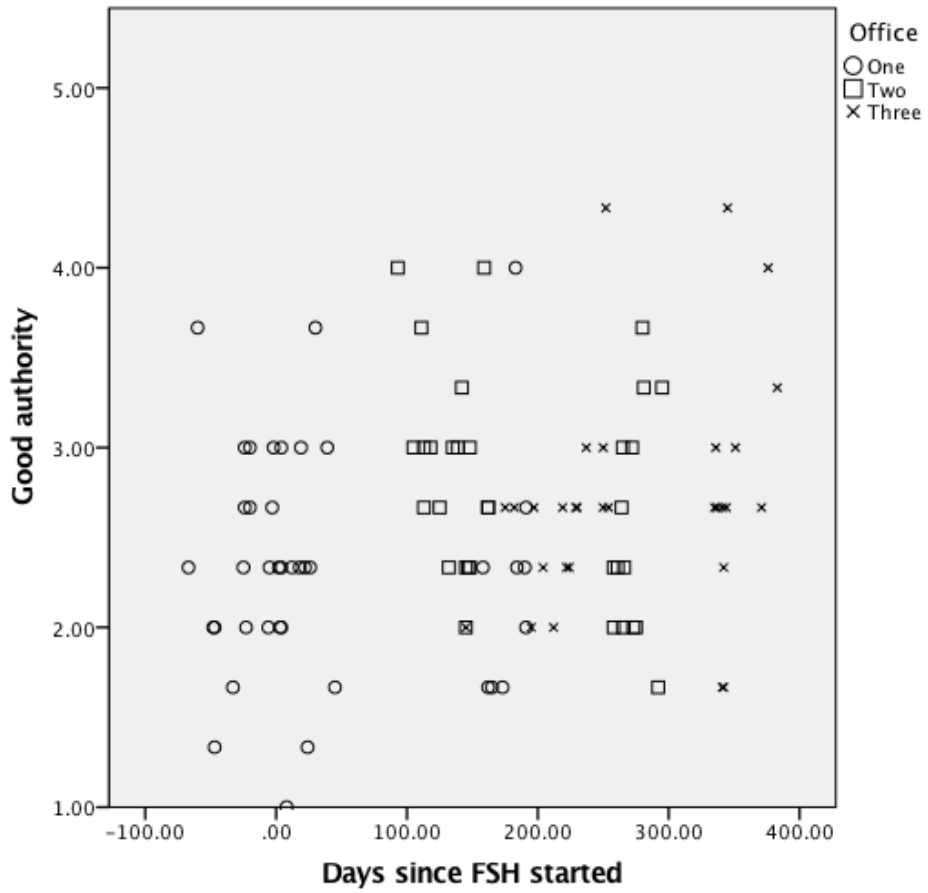
Changes in skills over time

As part of this analysis, we examined changes in skills over time. Specifically, we correlated care and good authority skills with the number of days between the observation and the implementation of FSH. Here we found the following:

- for care and engagement there was a relatively weak positive correlation (r=0.143, p=0.164)
- for good authority there was a larger positive correlation, and this was statistically significant (r=0.202, p=0.041)

These results suggest that FSH was creating change in practice over time as it was implemented, though the findings also demonstrate that this was a gradual process. These findings are well illustrated in Figure 2, which plots the level of “good authority” by the days post-FSH, while indicating which office observations took place in.

Figure 2: Level of Good Authority Plotted Against Time Since FSH Implemented, with Office from which Observation Taken Identified



The following features of this graph are worth noting:

- it illustrates the statistically significant shift in the use of good authority over time found in the sample (the scores rise over time)
- some of the complex inter-relationship between office and changes over time can be seen (see Appendix 3 for further analysis)
- more generally, the chart can be seen as a description of the messy realities involved in changing practice. These are measures of practice skill taken over the course of a year of reform and innovation. It can be seen that there was some good practice prior to the innovation, and some poor practice despite all the changes. In short, this is what real world change looks like

What did parents and children think of the service they had received?

Parents' ratings of their relationship with their worker were largely positive before-and-after FSH. The majority of parents agreed that their worker turned up on time; they understand the reasons for social work involvement; and feel included in and understand reasons for meetings. These positive evaluations did not change between pre- and post-FSH (Table 20, Appendix 3).

Overall, feedback collected from the open-ended questions within parent or carer

interviews was mixed. In contrast to the overall ratings of satisfaction, there were more negative than positive comments. Positive feedback tended to be linked to families who had previous involvement with Children's Services, who often contrasted their current experience to a negative experience with a previous worker, or to families who reported having a positive experience of working with the multi-disciplinary teams post-FSH. There was more of a tendency for feedback to be negative in the responses to general feedback. These responses referred to poor communication and to some workers who parents felt demonstrated a judgmental approach.

Feedback from parents and carers throughout the interview highlighted the importance of their relationship with their worker, and the importance of the way they interacted and communicated with them. For parents or carers to have a positive relationship with their worker, it seemed essential to feel as though the worker was empathic and understood their unique situation; for example one parent said: 'present worker understands; feel able to speak to her'. Equally important for parents or carers, was not to feel judged by their worker: for example another parent said: 'didn't get on with other worker, found her judgemental; [current worker] been able to understand family needs'.

As only 11 interviews were completed with children or young people, the data has been analysed as a single dataset, rather than attempting to identify differences between the 2 phases. Overall, feedback was positive. There was a sense that they felt that the service was having a positive influence: for example: 'I liked that everyone is happy and joyful'. When asked what was going well at the moment, one child commented: 'social workers coming'. It was evident from the feedback that they had a good relationship with their worker, enjoyed the time they spent doing direct work: '[I liked doing] the safety plan'; and valued the time their worker took to listen to their perspective and understand their point of view: 'I liked that she asked how I felt' and 'she listens to what we say'.

How did outcomes vary before- and-after FSH?

Table 3 presents outcomes for families, as measured at the follow-up interview. As noted above, the most striking overall finding is the very substantial positive changes that families demonstrate across both pre-FSH and post-FSH samples.

The numbers involved were too small to establish any statistically significant findings. However, there were indications of improved outcomes for families in the post-FSH sample:

- achievement of goals came close to 90%, up from 70%
- few parents were in the at-risk group for stress and anxiety and the average level of stress (GHQ) was lower
- the level of life scaling was similar, though the overall increase in rating of family life between referral and time of interview was substantially greater post-FSH. This was because the rating of life at T1 was lower in the post-FSH sample, suggesting

they had more serious problems

For child outcomes the differences between samples were small and the sample size precluded meaningful statistical analysis.

Table 3: Parent and Carer Interviews: Outcomes Pre- and Post-FSH

Outcome measure		Pre-FSH N=15	Post-FSH N=25
		N (%)	N (%)
Goal Attainment Achievement, extent to which goal achieved	Partially or wholly achieved	7/10 (70%)	19/22 (86%)
General Health Questionnaire	Clinically elevated score, 4 or more	4/13 (31%)	2/11 (18%)
		Mean	Mean
Life Scaling, scaling now		7.73 (n=15)	7.35 (n=23)
Life scaling, change in life scaling since		3.67 (n=15)	4.36 (n=23)
Family functioning (SCORE-15)		29.00 (n=13)	28.70 (n=10)
GHQ Average (stress and anxiety)		2.62 (n=13)	1.82 (n=11)

Source: Parent and carer follow-up interviews

ICS data

ICS outcomes data was focussed primarily on the use of care, and, in this dataset, the sample size was sufficient to draw some firmer conclusions. Table 4 outlines differences in the use of care pre- and post-FSH. It can be seen that there was a:

- reduction of 2 percentage points in the proportion of families in which a child entered care, from 12% to 10%
- very substantial reduction in the number of days children spent in care

Whilst neither difference achieved statistical significance, the reason that reduction in number of days ($t=1.89$; $df=355$; $p=0.06$) does not achieve statistical significance is that while the number of days was reduced very substantially, the number of families involved was relatively small. It is therefore not possible to rule out chance at the $p<0.05$ level; or, put another way, there is a 6% probability that this might be a chance finding, or a 94% probability that it is not due to chance. Given the overall pattern of our findings in this evaluation we think it unlikely that this is a chance finding, as discussed further below.

Table 4: ICS Data: Impact of FSH on Use of Care

	Pre-FSH or Post-FSH		
	Pre-FSH	Transition phase	Post-FSH
	N (%)	N (%)	N (%)
Did any children from family enter care?	26 (12%)	7 (11.5%)	17 (10%)
	Mean	Mean	Mean
How many children entered care per family	.18	.23	.15
How many days spent in care	20.54	16.38	9.81
Foster care (provided by LA)	9.43	12.34	5.33
Foster care (independent agency)	2.97	1.49	.48
Residential	.37	.00	.72
Independent residential	.00	1.51	.00
Secure accommodation	.07	.00	.00
Kinship placement (paid for by LA)	6.29	.70	2.10
Informal or other arrangement	.34	.00	.91

Source: ICS Data

Analysis of the average number of days per child spent in different types of placement shows that the reduction in the use of care was particularly strong amongst independent foster care placements and in kinship placement. The reduction in use of local authority foster care is what might be expected, given the fact that this accounts for the bulk of most care provision for the local authority. The potential cost implications are analysed in the final section of the findings.

What contribution did adult workers with families make?

While there was only a limited shift in worker skills, and, in particular, no indication of greater use of MI skills, was there a difference where an adult worker was involved? To explore this we analysed a variety of outcome measures. The analysis was complicated by the fact that there were differences between different types of adult workers; and bedevilled by relatively small numbers, particularly for most of the standardized instruments. However, it is an important analysis for trying to understand the complex pattern of findings for FSH.

There was, in general, a relatively clear picture of adult workers making a considerable positive difference when they were involved with families. This is outlined in Table 5.

Table 5: Parent's Life Rating by Involvement of Different Adult Workers

			Life rating at referral	Change in life scaling since referral	P value
		N	Mean	Mean	
Is Mental Health Practitioner working with family?	No	69	3.30	+3.40	0.12
	Yes	7	2.70	+7.00	
Is Domestic Abuse Officer (perpetrator) working with family?	No	63	3.34	+3.75	0.92
	Yes	19	2.80	+3.60	
Is Domestic Abuse Practitioner (victim) working with family?	No	60	3.36	+3.32	0.06
	Yes	26	2.45	+5.56	
Is (Substance Misuse) Recovery Worker working with family?	No	68	3.31	+3.32	0.07
	Yes	17	2.66	+6.25	

Source: Parent and carer interviews

Three findings stand out:

- life ratings are generally lower for those families where an adult worker is allocated at the point of referral, indicating that they are working with families with more substantial problems. On average, at referral, their life rating was between 0.5 and 0.8 lower
- there was some variation in impact on life rating between different adult workers. In particular, where one was working with the perpetrator of domestic abuse, the participant, who was usually the victim, did not note any positive effect on family life
- for 3 of the 4 adult worker roles, there were very large positive differences where an adult worker was involved. The positive shift was almost twice as high where an adult worker was involved for mental health, substance misuse or with a victim of domestic abuse

Though these tests did not achieve statistical significance, this is not because of the size of the effect; it is because, with a comparatively small sample, it is difficult to rule out chance explanations.

Concluding comments

The comparative strand of the evaluation presents a complex picture. Five findings stand out.

First, there is strong support for the overall rationale for the FSH initiative. Families had high levels of complex problems, and parental issues were very widespread. The quality of practice gave rise to some concern pre-FSH, with particularly low levels of empathy or collaboration with parents.

Second, there was some shift in the quality of practice. In particular, there was more evidence of good authority; most notablyclarity about concerns post-FSH.

Third, evidence from the analysis of skills showed continued improvement over time. For the evaluation, this points to the difficulty of making pre- and post-FSH comparisons. More importantly, for those undertaking complex attempts to embed improved practice, this provides evidence of the ways in which practice changes over time.

Fourth, some stark differences were found in the larger ICS sample. Most obviously, the use of care was significantly reduced. Our findings in this respect are confirmed by ongoing measures from Hertfordshire, indicating a reduction in children in care. There can be no doubt that FSH reduced the use of care for children, though the mechanisms by which this was achieved are less certain.

Finally, one way of understanding this outcome is that the adult workers are contributing to a specific impact on a subset of families. We explored this in the comparative dataset and found that they seemed to be working with families with more serious problems and achieving markedly better outcomes (using life rating). A hypothesis we developed from this data was that the introduction of adult workers was having 2 specific effects:

- adult workers were improving the quality of services and outcomes for families they worked with, often the minority with the most serious problems
- more generally, they were contributing to a move toward a multidisciplinary way of working that was shifting approaches to risk assessment. Specifically, while changing worker skills may be a longer process, changing thinking about risk may be something that could be achieved in a shorter space of time

To explore these 2 ideas we collected some specific sources of information.

First, we carried out a small number of in-depth case studies to explore the influence of adult workers on families with higher levels of risk. For these case studies, we supplemented our approach to data collection from the comparative study (which consisted of observation of practice, social worker questionnaires and research

interviews with parents and children) with, where possible, observations of decision-making. More importantly, we combined qualitative and quantitative data to better understand how the different elements of FSH worked together in this small number of families. These are presented in the next section.

Second, it became obvious that group case discussions are a crucial forum in which the multidisciplinary nature of FSH happens. We therefore observed 8 case discussions and our findings from this analysis are presented after the case studies.

Understanding FSH: Case studies

The case studies combined qualitative and quantitative data to understand how FSH works, with a particular focus on higher risk families where an adult worker was actively involved. Our explicit focus was to identify where FSH seemed to be working well. This is not intended to be a representative sample but rather an in-depth element of the evaluation which explores a rich combination of data sources. The aim is to describe the processes and experiences of FSH so that we can be clearer about what is involved in FSH, and use this knowledge to interpret findings from other sources.

We identified case studies in 2 ways. First, we reviewed our data from the comparative study to identify families for whom we had a full dataset and who met these criteria. Five families were identified and in these families we sought extra information through further interviews with staff or families, and further observations of practice as appropriate. Second, we emailed staff across HCC and asked them to identify families where they felt that FSH was working particularly well. While a number of families were identified by workers through this process a combination of time limitations and low responses from families meant that ultimately only 5 case studies were carried out using this approach.

The analysis of the case studies involved collating data for each family to understand the experiences of different individuals and how FSH might have influenced experiences and outcomes. We then compared across the small sample of case studies to generate key learning points.

A challenge for the current report is presenting rich and complex data such as this in a limited space. The approach we have taken is to present diagrammatically 2 of the case studies, each one page long, which illustrate particularly rich examples of the way in which FSH works. We then outline our main conclusions from the overall case study analysis. For all case studies, names and other details have been anonymised.

Table 6: Summary of Case Study Data

Case Study	Adult Worker Role	Research Data
1.John, Marion, Victoria and Eleanor	Substance Misuse Worker	Observation of Practice (2); Interview with parent (2), Interview with child (1), Worker questionnaire (1); Worker interview (1)
2.Mary and Daisy	Mental Health Practitioner	Observation of Practice (2); Interview with parent (2); Worker questionnaire (2)

Source: Case Studies

Concluding comments

The case studies are often moving testimonies to the transformative impact that effective professional help can have with families where there are serious presenting problems. They illustrate the difference that effective and humane help can make for children and their parents.

An obvious element of the difference experienced in FSH is the help that the adult workers provide. However, it is important to unpack the different elements of this further. The most obvious element is the swift access to effective help for parental issues; here, FSH clearly delivers a qualitatively different experience to that families received before. Adult workers help families directly.

Yet there is more to it than this. A second crucial element is that the adult workers and the child social worker work closely together as a team. This is different from the more normal experience of services provided by different organisations, where the level of coordination can vary considerably.

This is related to a third element of the impact of adult workers: they do not just provide input, they change the nature of the practice toward genuinely multidisciplinary working. FSH is not just about bringing in specialists: it is about moving toward a multidisciplinary way of working. Showing the impact of this is complicated. Our impression is that it changes the way that risk is thought about, and perhaps the ability to tolerate and manage levels of risk; where there is an adult specialist, they are able to explain the types of issue that may be influencing the parent and thus help develop an understanding of resources and strengths, and of the process of change as well as solely a focus on risks. This might go some way to explaining the reduction in children entering care.

Figure 3: Case Study 1

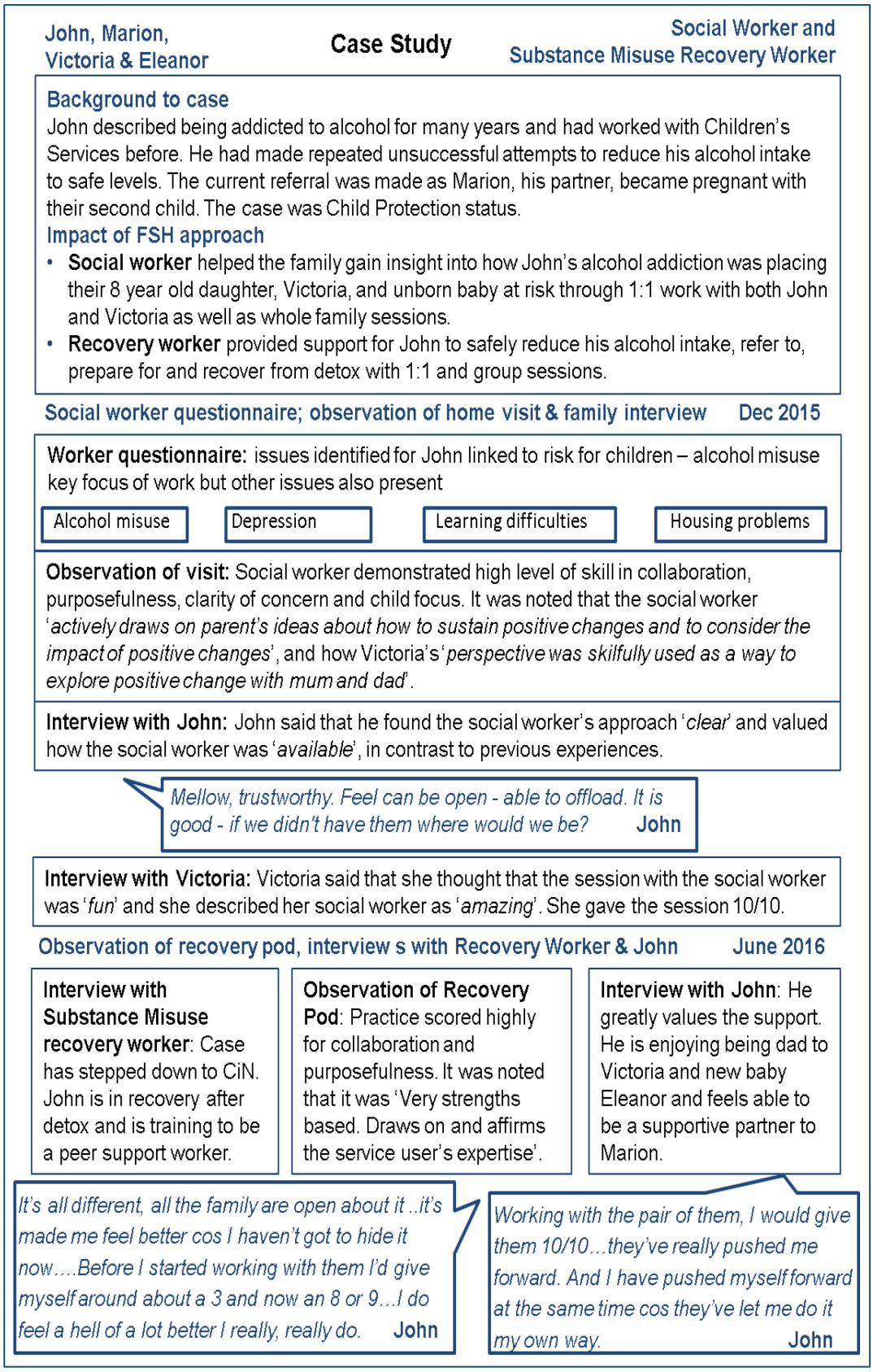


Figure 4: Case Study 2

Mary and Daisy

Case Study

Social Worker and Mental Health Practitioner

Background to case

Mary had previous experience of Children's Services involvement outside Hertfordshire with two children removed from her care. After leaving a recent abusive relationship, Mary was pregnant. She had stopped drinking on learning about the pregnancy, but had continued some drug use. The case was PLO status.

FSH approach

- **Social worker** initially helped Mary gain insight into past behaviour by using genograms and exploring history. She later helped mum to identify networks for support.
- **Mental health practitioner** focused on relapse prevention and crisis plan.
- **Domestic abuse practitioner** focused on understanding of DV, impact on child and healthy and unhealthy relationships.
- **Recovery worker** provided support to explain the risks of smoking cannabis during pregnancy.

Worker questionnaire; two observations of home visits & interview with Mary Mar 16

Worker questionnaire: multiple issues identified for Mary linked to risk for unborn baby

Personality disorder	Alcohol and drug misuse	Domestic abuse (historic)	Housing	Social isolation

Observation of visits: In each of their visits, the social worker and mental health practitioner each demonstrated a high level of skill in collaboration and empathy.

Interview with Mary: Mary says that she values trust, honesty and respect in her workers and that she feels that the FSH team demonstrates all three of these qualities. She finds all of her workers helpful and appreciates the support she is receiving as she prepares for the birth of her baby.

Worker questionnaire and follow-up interview with Mary Jun 16

Worker questionnaire: Mary's baby has been born and that the assessed risk has decreased, resulting in the case moving from PLO to CiN status.

Interview with Mary: Mary is delighted following the birth of her daughter, Daisy. She greatly values the support she has received from the Family Safeguarding team.

We held her and unborn baby at focus of all the interventions and made her feel safe. It worked well. Mum was ready to engage. She empowered herself to move on.
Social Worker

All the support – the social worker, the mental health worker and domestic violence worker – all came together. They made their plans and they've worked for me. Without the support I've had… I wouldn't have her today. She's my little miracle. **Mary**

I'd like to thank everyone for what they've done. I have a new life and a new beginning. I want to get her into school. Never go into an abusive relationship. Do all the things she needs. I am on cloud nine. **Mary**

To explore these issues further, in the next section we turn to consider a crucial forum in which FSH happens, the group case discussions.

Understanding FSH: observations of group supervision

Group supervision was introduced as part of FSH and designed to facilitate case discussion and decision-making from a multidisciplinary perspective. Eight group supervisions were observed to understand this key element of the FSH model.

Observed supervision sessions lasted between 15 minutes and 2 hours and 45 minutes, and the number of families discussed ranged between one and 4. The families discussed had a wide variety of presenting problems and covered all types of statutory basis. Team managers, social workers and support officers were present with a varying mix of adult workers, including a clinical psychologist.

Space limitations mean that only the most important findings can be presented. One finding of importance that emerged was that, in these initial stages of the Innovation, it proved quite hard to arrange group discussions. Adult workers worked across teams and needed to balance work with families and group supervision. Simply getting everyone into one room was a challenge.

Key findings

- there was evidence of collaborative working across the sessions, including improved information sharing and new and wider perspectives on family issues. Adult workers offered considered contributions, and in some cases challenged established hypotheses about risk and family relationships
- in some sessions, concepts linked to MI were apparent, specifically drawing on the cycle of change theory to inform thinking about the family and the degree to which parents were willing or able to engage with change. Few attempts were made to explore parental perspectives, for instance on why they might be resistant to change
- there was evidence of reflective questioning, with some use of open-ended questions to deepen understanding of family dynamics and risk to the child. In other sessions, there was a sense that workers struggled to understand risks within the family. There was a tendency to draw on perspectives of professionals rather than attempt to consider those of parents and children. Fixed hypotheses had a tendency to emerge and could dominate within conversations
- there was a tendency to operate within the what-and-when domain, rather than the how-and-why. There were missed opportunities to follow up open-ended questions and maintain curiosity about cases. Actions tended to focus on procedures such as completing paperwork or a focus on interventions, largely from adult workers. It was not always clear whether parents had been, or would be, consulted about the

accessibility or acceptability of interventions, or whether their ideas about what might support change had been explored
- there was little evidence of discussion about the purpose of interventions or the outcomes in terms of change for children. The interventions discussed were largely aimed at adults; there was limited discussion around direct work with children
- there was no evidence of task assistance to support social workers plan interventions, for example suggesting questions for parents or children to elicit their perspectives on change
- for the most part, supervision appeared to adopt a model focused on professional tasks and activities rather than how to work in partnership with parents
- finally, case discussions tended not to include emotions, either those of the worker or those of children and families. On the face of it, this is surprising: child protection is an extremely emotional business. Yet this is similar to findings about more conventional supervision

Concluding comments

Group case discussions are a core element of the FSH model. They are already showing promise as a forum for generating more complex and nuanced approaches to understanding family problems and contextualising risk. As such, they seem likely to be a core part of the ability of FSH to produce better outcomes for families with more serious problems.

There are still areas for improvement, as might be expected in a newly developed initiative. Clarifying their role and importance is important. The group discussions varied in quality. They did not benefit from a strong theoretical framework and, perhaps as a result of this, there was not always a strong link between the case analysis and the nature of the practice to be carried out with families. More focus on placing the views and feelings of family members at the heart of analysis, and building plans for partnership working, seem important for group case discussions to be developed further.

Key Performance Indicators

Introduction

The KPI data was defined, compiled, collected and collated by Hertfordshire County Council (HCC) in collaboration with partner agencies. The anonymised dataset was then analysed by the evaluation team. We were supported in this by in-house HCC staff; however, this is an independent report on the findings from this data. We focus first on evaluating the nature of the current dataset and then on presenting initial findings.

The KPI dataset is in itself an innovative and important approach to sharing data across agencies that has huge potential for improving strategic management and interagency coordination, not just in Hertfordshire but nationally. Over time it can allow all agencies to monitor the impact of Children's Services on key and meaningful outcomes. It provides a picture of the involvement of multiple agencies with families. It will also be able to generate a sense of relevant cost savings produced by effective Children's Services.

It is hard to over emphasise the potential national importance of this dataset. To date, there are few examples of genuine outcome measures that can be used to evaluate services. Datasets such as this could help replace the current focus on process measures with genuine measures of outcomes, with potentially transformative effects on national inspection and governance.

Although the KPIs are already producing important and helpful data, it is important to recognize that, at present, the ability of the KPI set to produce robust data on the impact of FSH is limited for 2 reasons. Firstly, the KPIs do not provide data on service outcomes for families allocated to HCC Children's Services before FSH. Secondly, we only have findings for the first year of FSH, and therefore very limited follow-up evidence. It will be a year before stronger evidence service use outcomes will be available. At present therefore, we can report only on indications of impact from the KPI dataset.

Nature of the Dataset

Sample

Data was collected on all families allocated in FSH over the 12 months from 1 July 2015. These are divided into 4 quarters, each representing a cohort of families with different post-FSH follow-up periods. The KPIs provide data on service use for the 12 months before allocation and the period after allocation. The 4 cohorts and the

total number of families allocated to FSH in the first year are shown in Table 7.

Table 7: KPI Data – Cohort by Quarter

Quarter referred to FSH	Date range referred to FSH	No. families	No. children (avg per family)	No. adults (avg per family)
Q1 - Cohort 1	1 July – 30 Sept 15	240	445 (1.85)	402(1.68)
Q2 – Cohort 2	1 Oct – 31 Dec 15	192	374(1.95)	396(2.06)
Q3 - Cohort 3	1 Jan – 31 Mar 16	255	481(1.89)	455(1.78)
Q4 – Cohort 4	1 April – 30 June 16	253	452(1.79)	430(1.70)
Q1-4	**Year from 1 July 15**	**940**	**1,752(1.86)**	**1,683 (1.79)**

Source: Hertfordshire County Council Data

Data collected

Data was collected in relation to NHS, police, education, substance misuse treatment, use of adult and child mental health services. Table 8 provides information on the nature of each indicator and the number of adults or children it related to, broken down by each cohort.

Table 8: KPI Descriptive Data by KPI Area

			Cohort					% of total FSH Cohort
KPI area	Adult/ CYP	Description	Q1	Q2	Q3	Q4	Full Year	
NHS	Adults	Adults accessing A&E services (number of unique attenders - 12 months prior to referral plus period from then to July 16)	115	100	107	109	**431**	**25.6%**
NHS	CYP	CYP accessing A&E services (number of unique attenders - 12 months prior to referral plus period from then to July 16)	147	105	136	129	**517**	**29.5%**
Police	Adults	Adults involved in police incidents (12 months prior to referral plus period from then to July 16)	38	26	62	74	**200**	**11.9%**
Substance Misuse	Adults	Adults working with FSH Substance Misuse Workers (year post referral)	n/a	n/a	n/a	n/a	**91**	**5.4%**

			Cohort					% of total FSH Cohort
KPI area	**Adult/ CYP**	**Description**	**Q1**	**Q2**	**Q3**	**Q4**	**Full Year**	
Substance Misuse	Adults	Adults engaging with Substance Misuse treatment with FSH worker (year post referral)	17	16	21	9	**63**	**3.7%**
Mental Health	Adults	Adults known to HPFT (12 months prior to referral plus period from then to July 16)	81	60	66	69	**276**	**16.4%**
Mental Health	CYP	CYP known to CAMHS (12 months prior to referral plus period from then to July 16)	72	22	36	45	**175**	**10.0%**
Education	CYP	Children attending school in Hertfordshire (12 months prior to referral plus period from then to July 16)	320	288	n/a	n/a	**608**	**34.7%**

Source: KPI Data

Analysing this data has involved multiple analyses. Here, key findings are presented. Fuller data can be found in Appendix 5.

Analysis

In theory, this allows for 2 types of analysis:

- comparison of the KPI before-and-after the involvement of FSH (before- and-after analyses). This analysis is strong on the impact of allocation in FSH on families and service use, but does not provide evidence of the difference FSH has made compared to practice before FSH (see below)
- comparison of the KPI post-FSH for different quarters (change over time analyses). This analysis provides more information on change over time - that is, the differential impact on families as FSH is rolled out - but the follow-up period is too limited to draw firm conclusions at this stage

In practice, the time period for data collection means that, for later quarters, there is currently very limited follow-up data. This makes such analysis inappropriate, as the pattern of change in service use often involved a spike of increased use followed by reductions. Short follow-up periods could therefore provide misleading findings. We therefore simply comment on any patterns that indicate changes in outcomes associated with FSH over time.

The focus of this section is, therefore, before-and-after analyses. However, while such analyses provide powerful evidence of the impact of allocation in FSH on outcomes for other services, (we are not aware of any equivalent evidence in the UK); they are limited for evaluating the specific impact of the Innovation Project, because there is a variety of reasons why indicators might change in the time before-and-after allocation in FSH. These include the fact that often allocation is an indication of a crisis of some sort and one might expect a different pattern post-crisis with or without input. For example, the crisis might be the birth of a new baby, or a new partner, or school exclusion; more prosaically, some children in 2015 will become adults during the course of the follow-up. It is thus not possible to be sure it is FSH that is creating a change in levels of an indicator before-and-after allocation. In essence, we do not have access to a counter-factual or what might have happened without the service. In particular we do not have an equivalent dataset for the impact of allocation in Children's Services before FSH.

A related point is that it is important to take into account that this is a description of the impact on measures while reform was being undertaken. A clearer picture of the difference that FSH makes (if any) will be more apparent over time. Furthermore, there is not a full 12 month follow-up set of data. Firstly, this means that comparisons of total numbers pre- and post-FSH are inappropriate and that secondly, comparisons of average monthly service use is for a relatively short follow-up period. The dataset therefore provides an indication of initial impact of allocation; if continued for a longer period the usefulness of the dataset would increase substantially.

Key findings

The use of the KPIs is itself a crucial innovation for national learning. The KPIs indicated the impact of allocation in FSH on the use of other services. If continued over some years it would provide a valuable picture of the contribution that FSH was making to improving outcomes for families with some complex problems that impact disproportionately across services. Key findings were that:

- families allocated in FSH had complex problems that impacted significantly on other services, particularly health and police
- there were strong indications that need for services was reduced by allocation in FSH
- there were indications that the impact of FSH was increasing as it was rolled out; these findings are returned to in the discussion section
- across the KPI set the full worth of the indicators will become apparent if continued for subsequent years

Quality and utility of indicators

Some elements have worked better than others. In broad terms:

- KPIs that involve measurement of discrete, acute incidents tend to provide stronger evidence: for example, use of emergency NHS services or police call-outs
- KPIs that involve engagement in treatment in order to change a more chronic behaviour or condition; for example, progress in, and impact of, engaging in mental health or substance misuse services are more difficult to define, collect and interpret

Use of other services

At present the KPIs identify that children and parents allocated in FSH are responsible for high levels of use of other services. For instance:

- emergency hospital use: 431 (26%) of the parents and 517 (30%) of children and young people accessed accident and emergency in the time period for which data was gathered, an average of 18 months
- mental health services: 276 (16%) of parents and 175 (10%) of children and young people were known to adult or child mental health services in the time period
- police incidents: 200 (12%) of parents were included in a total of 354 recorded police incidents, largely relating to domestic abuse, in the 18 month period

Impact of FSH on Indicators

NHS data: use of emergency hospital services (see also Appendix 4)

This area provided some of the clearest measures of outcomes following FSH, because the measures were clear, time limited and could broadly be understood as negative outcomes. Four indicators were measured, namely: use of accident and emergency and emergency hospital admission for adults and children respectively.

As noted above, there was heavy use of emergency health services by the FSH sample, with more than one-quarter of adults and children using emergency services and more than 2,500 specific incidents of service use. To look at patterns of use, a monthly rate of use was calculated for the 12 months pre-FSH and the 12 months post-FSH. This is likely to underestimate differences because emergency health service use decreases over time post-allocation. Nonetheless, when the average rate for pre-FSH and post-FSH was compared, as set out in Table 9, some clear findings emerge:

- for adults, there is a reduction in emergency admissions post-FSH
- the picture for accident and emergency for adults was more mixed
- for children there was an increase in use of A&E
- the picture for emergency admission for children was more mixed

In addition, when the pattern was compared over time, that is between cohorts:

- all 4 measures showed a reduction in use of emergency services over time; that is, more impact as FSH was rolled out
- this impact was most marked for adults, where there were quite stark reductions in service use post-FSH over time

Interpretation of this pattern is complex. The follow-up period is shorter post-FSH for later cohorts. Our analysis of the data suggests that this is therefore likely to have underestimated the impact, because there is a tendency to increased use during the quarter of allocation. A follow-up at 12 months would allow for more confident analysis. However, there are promising indications of an increased impact as FSH is rolled out of between 25 and 50% above the impact identified in Cohort 1.

Table 9: Increase or decrease in Average Number of Monthly Emergency Hospital Attendances or Admissions for each Cohort post-FSH Compared with pre-FSH

Cohort	1	2	3	4
A&E Attendance – CYP	3.29	1.27	2.42	n/a
Emergency Admission – CYP	(2.46)	(1.67)	2.58	n/a
A&E Attendance – Adult	12.33	1.83	(6.33)	n/a
Emergency Admission – Adult	(1.54)	(2.68)	(3.33)	n/a

Source: NHS KPI Data

Police data: number of incidents (see also Appendix 4, Section 1.2)

The data suggests variation in reporting and or recording over the period particularly for domestic abuse, for example pre-FSH, the average number of incidents per parent per month prior to referral to FSH ranges from 1.0 for Cohort 1 to 9.8 for Cohort 4. This is likely to be attributed in part to Section 76 of the Serious Crime Act 2015 which came into force in December 2015. Given this uncertainty we feel care needs to be taken in drawing conclusions from this data. For instance, if a change in reporting is of relevance then the data is likely to substantially underestimate the impact of FSH, as post-FSH data would be more affected by this increase. Again, data needs to be collected for a further 12 months before conclusions can be confidently drawn.

Nonetheless, there were some strong indications of impact from allocation in FSH. Figures were calculated in relation to average number of incidents in which police were involved. To aid with pre- and post-FSH comparison, a monthly average was calculated. As for health data, the quarter of allocation was excluded. As appropriate for illustrative purposes, the variation in monthly average was projected for a full year.

It can be seen in Table 10 that there was a high level of involvement of police with families allocated in FSH, which was particularly focused on domestic abuse. Two findings stand out. First, there is a substantial reduction in police involvement post-FSH. This is found in each cohort. Second, there are indications that FSH has greater impact as it is rolled out. Interpreting this data is complicated by the change in reporting that affected primarily Cohort 4. For the other cohorts, the impact of FSH, that is, the reduction in involvement with services, increases for the second 2 cohorts. Again, because of the limited follow-up period we believe this is likely to underestimate the impact on families of FSH as a reform..

Table 10: Average Monthly Police Incidents Before-and-After FSH

Cohort	No. Months follow-up	Total no. adults with prior incident	Average no. incidents per month Pre FSH	Average no. incidents per month Post FSH	Reduction in average no. incidents/ month
Cohort 1	12	10	1.0	0.4	58%
Cohort 2	7	12	1.4	0.4	70%
Cohort 3	7	37	4.4	1.3	71%
Cohort 4	4	61	9.8	3.5	64%
Total		**120**			**66%**

Source: Police KPI Data

Substance Misuse (see also Appendix 4, Section 1.3)

The KPI data includes 91 (5%) parents who were allocated a Substance Misuse Recovery worker (an adult worker within FSH), 63 (4% of total cohort) of whom were involved in treatment phases during the year.

The substance misuse treatment measures provide some of the best indicators of outcomes; indeed, they are unique in this dataset in measuring outcomes directly rather than inferring them from service use. However, they track welfare progress and substance use over time, and, given the short follow-up period, it is premature to draw any conclusions from this dataset. While there are indications of successful

outcomes across the 3 KPI measures, sample sizes to date are small, and longer follow-up is required.

Given these limitations, only key findings are provided here. Of the sample of 63 who were involved in at least one treatment phase, 13 (20.6%) adults completed an exit stage of treatment, and 3 (4.8%) could be identified as successful completers: that is, no representation in the following 6 months. Analysis of levels of alcohol and drug use over treatment phases shows that there was mostly a reduction in use over time: that is, that people who stay in treatment show good outcomes, with generally very substantial reductions. Analysis of levels of wellbeing scores shows that there was generally an increase over subsequent treatment phases for:

- psychological health
- physical health
- quality of life

Mental Health service use (see also Appendix 4, section 1.4)

Analysis of service use data shows that between Q1 and Q2, and Q3 and 4 in the first year of FSH, there was an increase in the number of children and young people open to CAMHS of 28%, and of adults open to HPFT of 56%.

Additional data provided by the FSH mental health team indicated the extensive work of the adult mental health professionals within FSH. For instance:

- in the period 1 November 2015 to 10 August 2016, the 10 mental health practitioners within FSH teams worked with 163 adults for an average of 39 days
- 90 of these adults were discharged in the period, 80 to a GP and 10 to HPFT. Further work is required to develop appropriate KPIs for this group

Education: impact on school attendance

To account for term length and seasonality factors, analysis of the number of sessions absent compared the number of sessions absent in Spring Term 2016 to Spring Term 2015. Due to the availability of data and timings, analysis was conducted for Cohorts 1 and 2, as set out in Table 11 below. Children included in the cohort were all those who were a member of a family with a child referred to FSH who attended school in Hertfordshire. As can be seen in Table 11, the amount of authorized absence remained identical before-and-after. Across the entire sample, the level of unauthorized absence fell from 186 days in total to 109: once variations in term length and cohort size were allowed for, this was a reduction from 0.51% of all possible days to 0.36%.

Table 11: Educational Absence Data for Cohort 1 and 2: Spring Terms 2015 and 2016

Cohort 1 and Cohort 2 Combined	Spring 2015	Spring 2016
No. sessions in term (2 sessions per day)	115	105
No. in cohort	320	288
No. authorised absences	377	308
No. unauthorised absences	186	109
Total no. absences	563	417
No. authorised absences/child	1.18	1.07
No. unauthorised absences/child	0.58	0.38
Total number unauthorised absences	186	109
Total no. absences/child	1.76	1.45
% absence – authorised	1.02%	1.02%
% absence – unauthorised	0.51%	0.36%
% absence – all	1.53%	1.38%

Source: Hertfordshire County Council Data

Children's Services indicators

The initial indicators selected for Children's Services proved unhelpful; they related to service use prior to, and post, allocation, and service use prior to allocation is not comparable with that post allocation. Instead, here, and in the next section, we have worked with HCC to identify some measures that might be useful.

Number of days in care: ICS analysis

Our analysis of ICS data for newly allocated children with a 5 month follow-up period (reported above) provides a helpful basis for examining variations in the use of public care. We use it in calculating cost savings in the next section in combination with prevalence data.

Analysis of number of Child Protection cases: case data analysis

HCC identified a reduction in the number of cases allocated, and a reduction in use of child protection (CP) plans as key service outcomes associated with FSH. Using data provided by HCC we analysed the number of cases open by status, child protection (CP) or Children in Need (CiN), per month during the pre-FSH period (November 2014 to March 2015) compared to the post-FSH period (April 2015 to June 2016). This found that there was an overall reduction in the number of cases of 18.5% and a decrease in the proportion of cases that were CP from 48% to 42%. See Table 12 below.

Table 12: Case Allocation and Statutory Basis Pre- and Post-FSH

Status of case	CiN	CP	Total Cases	% CP
Average no. cases open per month Pre- FSH (Nov 14 - Mar 15)	1,055	969	2,024	48%
Average no. cases open per month Post- FSH (Apr 15 - June 16)	962	687	1,649	42%
Reduction in average no. cases per month post FSH vs. pre FSH	93	282	375	
% reduction	8.8%	29.1%	18.5%	

Source: Hertfordshire County Council Data

Estimates of Cost Savings

From a research perspective it is too early to draw conclusions on the financial savings and other benefits of FSH. This evaluation was carried out during the year in which FSH was implemented, and as a result there are no appropriate before-and-after measures to guide an approach to estimating savings. Great care should therefore be taken in drawing conclusions from this section.

Nonetheless, we are aware that for partners within FSH and those interested in adopting the approach, an indication of the nature and possible scale of cost savings is likely to be important. We have therefore attempted to estimate cost savings by making appropriate projections and applying available cost data to areas where FSH appears to have a positive impact. Given the space limitations it is not possible to present these assumptions in full here (they are set out in Appendix 5). Here we present a summary of our projections of cost savings.

There are many reasons for caution about such projections. At best, analyses of cost savings are an inexact science, and this dataset rarely has strong pre-FSH evidence, is often comparing early FSH with FSH later in the first year, the follow-up periods are, on average, 6 months or less and for all savings we solely attempt to indicate savings in the first 12 months post-allocation. It is important to emphasise that these considerations all serve to make it likely that the estimates are underestimates of the true cost savings. We think it likely they are substantial underestimates. A fuller economic costing model would be possible if the KPIs were collected for a longer period of time.

Cost savings to Children's Services

The best evidence of cost savings was found in relation to Children's Services. Here, there were clear reductions in the numbers of children entering care, the number of child protection plans, and the number of families allocated. Our estimate is that, when evidence from the previous year was compared to the year in which FSH was implemented, the savings identified in Table 13 were found. In sum, we found annual savings already of over £2.5 million per year.

Table 13: Estimate of Cost Savings in Relation to Children's Services

Area of saving	Cost estimates based on	Annual Saving £
Reduction allocated cases	18.5% (CP and CiN) (29.1% reduction in CP)	1,478,016
Reduction in days in care for newly allocated cases	39% reduction in days spent in care for newly allocated cases (child level analysis)	1,193,244
Total		2,671,260

Source: Hertfordshire County Council Data Analysis

The cost savings are calculated by comparing average monthly service use in the 12 months prior to allocation, with the months post-allocation, using the KPIs. Table 14 sets out those areas where a clear pattern suggested savings could be calculated.

Table 14: Estimate of Cost Savings in Relation to NHS and Police

Service	Area of saving	Cost estimates based on	Annual Saving £
NHS	Reduced adult use of A&E	Estimate of 53% annual reduction in emergency admissions	220,002
Police	Reduced police incidents	Estimate of 58% annual reduction in repeat incidents	106,824

Source: KPI Data Analysis

For both NHS indicators and police service use there were indications that the impact, and therefore the savings, increased over time as FSH was rolled out and had increased effectiveness. The follow-up period was too short for confident projection of findings, but our estimate was that the impact on reduction of need for

other services was between 25% and 50% greater when Cohort 1 and Cohort 3 or 4 were compared.

Concluding Comments

- there is strong evidence that FSH produces substantial cost savings within Children's Services even in the first year
- we would expect this to increase as FSH is embedded
- allocation in FSH seems to reduce the use of emergency health services and police involvement when the period prior to allocation is compared with post-allocation
- there are promising indications that even in the first year of implementation, the impact of FSH on reduced use of other services was increasing
- a longer follow-up period is required to evaluate this more adequately

5 Limitations of the Evaluation and Future Evaluation

The primary limitations of the evaluation arise from the timescales in which both the implementation and the evaluation needed to be carried out. As a result, we were evaluating an ever changing picture. While to some extent this can be mitigated by making the process of change itself a focus of study, the fact that FSH was only fully in place as we ended our data collection means that great care needs to be taken in drawing conclusions on outcome data. A specific issue is that, in comparing before-and-after, we are rarely simply comparing these 2, but, more usually, earlier and later, and often, particularly for qualitative data, during. Such a comparison may blunt identification of some of the achievements of FSH.

Second, by and large, where the data we collected is strongest, we have the smallest samples, and conversely, where we have large samples, it is often difficult to interpret the meaning of the data. Thus, our follow-up research interviews provide the best evidence on outcomes for children and families but the numbers involved are small; the KPI data set is very large and has great potential, but there are multiple interpretations possible for the findings, particularly at this early stage when change in measures over time is a central focus of interest.

A particular limitation in this study is that we attempted follow-up family interviews by phone. This was necessary, as we did not have the resources or time for multiple home visits across a large county, but it reduced the proportion of those interviewed at follow-up significantly: by around half of those achieved with face to face follow-up in other studies. This in turn has 2 consequences. First, high levels of attrition mean we cannot know what would happen to families that did not take part in the research, and they are likely to be different to those who did. Second, it is apparent from both the qualitative data and our analysis of the whole dataset that some of the biggest impacts of the FSH reforms may have been on a minority of families worked with: for instance, those with the highest levels of risk. Our evidence on this group is unfortunately limited.

Yet more even than these important technical issues, there are some wider challenges relating to our understanding of what Children’s Services are for, and therefore how they should be evaluated, and these extend to any evaluation of reform in such services. Much of the literature on evidence based practice is taken from a medical or psychological background that focuses on the evaluation of particular methods or interventions. There is merit in such an approach, which characterises social workers or other professionals as if they were therapists providing an intervention, and focuses on outcomes. Yet there is more to social work and Children’s Services than this. The first task is to identify who actually needs support, or indeed requires, perhaps, an unasked for intervention in their family life. In this respect, social workers are akin to General Practitioners (GP), whose first role is to identify whether there is a problem that requires intervention and who try to ensure help is proportionate. And like a GP, this research

found that, for the bulk of families, issues, even if they appeared quite serious, often resolve themselves relatively quickly. GPs cannot be evaluated solely on their impact on outcomes: they also need to be evaluated on how accurately they have identified illnesses. Similarly, evaluation of Children's Services therefore needs to consider whether or not the right families are being worked with, before evaluating impact on this group.

However, there is a further layer of complexity. Children's Services carry great authority on behalf of the state to intervene with families. In this respect the quality of work is important in its own right, and not just because it may produce certain outcomes. Here, perhaps, a parallel with a judge is more appropriate. The wisdom and proportionality of a judge is important, regardless of whether or not it influences outcomes. Similarly, for Children's Services humane, respectful, authoritative and proportionate involvement in family life is important in its own right: not because it influences outcomes, but because these are the hallmark of the type of society we wish to create. Put simply, process is important as well as outcomes.

If you are uncertain about this, imagine that Children's Services become involved in your family's life. The quality of the social worker might make little difference to how your family functioned. Certainly, their influence would be dwarfed by your personal and social resources. Yet, nonetheless, you would no doubt feel that the way that you were treated was important in its own right, and not solely as a means to the end of improving outcomes. This illustrates the complexity of the role, and the challenges involved in evaluating Children's Services.

Overall, however, there are considerable strengths to the evaluation. The sheer range and quantity of data gathered allows for an exceptionally rich and nuanced picture to be developed. We have tried to do justice to the overall pattern in this comparatively short report, but there are further elements which we will explore in subsequent publications.

We were particularly fortunate to work with an exceptionally well organized and committed group of professionals in Hertfordshire. They provided us with data on KPIs, and a dataset based on ICS data, and worked closely with the team throughout the period of the study to facilitate access to workers, who were themselves supportive in assisting the researchers gain access to families. This is testament to the way that an embedded team can work closely with a local authority to generate a range and quality of evidence that is exceptionally unusual in social work research or the evaluation of innovations in social work.

We want to highlight the potential of the KPI dataset developed by the FSH partnership. There has been considerable and on-going debate about how to measure outcomes in Children's Services, including the recent critical report from the National Audit Office (NAO, 2016). The KPI set assembled by Hertfordshire was able to provide only indications of the impact of the FSH reform at this stage because the follow-

up period was necessarily so limited. However, its genuine worth would be if it could be sustained, so that patterns and changes in use of other services could be mapped with a follow-up period of a year or more. Outcomes such as police involvement and emergency hospital admissions are important indicators of child welfare, as well as having economic cost implications. Gathering and sharing such data has the potential to also provide a basis for interagency collaboration in delivering Children's Services.

A particular strength of the study is that the data gathered allows us to compare and contrast evidence from different sources. This is sometimes referred to as triangulation, though this has connotations of a single, true answer. We felt that we were privileged enough to have evidence from children, parents, workers and senior managers over the course of a year, and we have tried to present a suitably 3 dimensional depiction of the Innovation over time. This is perhaps both the strength of the study, and its weakness; it allows us to explore the complexity of the process of change and its consequences, but our ability to present such complexity makes drawing simple conclusions challenging.

For future evaluations of whole system changes in Children's Services we felt that there were some important implications. First, before considering evaluation of outcomes we need to explore whether the right families are receiving proportionate interventions. This is not a straightforward challenge. While it may be possible to identify false negatives - that is, families where a serious risk to children was missed - it is far more difficult to miss false positives; that is, families being worked with who do not require such involvement. Yet such considerations are important before we think about evaluating outcomes. Second, outcomes are a very complicated area to evaluate. The children that were worked with ranged in age from unborn babies to older teenagers. Furthermore, there are complex debates about who decides what outcomes should be measured. We are preparing a number of papers looking at this issue, but would commend Goal Attainment Scaling as a promising approach. Third, studies have not observed the quality of practice often enough. A strength of the study was our ability to observe and code for a large number of interviews, and this provides some of the strongest indications of the complex realities of changing practice.

6 Implications and Recommendations for Policy and Practice

Our pattern of findings is best explained by 2 crucial lessons that emerge from the study of FSH. The first is that creating meaningful changes in practice in Children's Services is very difficult. Training has limited impact, unless it is backed up by wider cultural changes that are reflected in supervision and the whole approach to understanding what good practice is and how it can be supported. Even if these are in place, they are likely to take time to make a difference. This is, in fact, not surprising. Creating organizational change is difficult, as noted by Cameron et al (2016), 90% of such reforms fail. After all, if a worker has worked in one way for some years, expecting them to change significantly in a few months is probably too much to expect.

It would therefore, perhaps, be unrealistic to expect FSH to have achieved such change. The reform is in its infancy and, while strong and effective management can put in place the conditions for changes in practice swiftly, the actual changes are likely to take considerable time to bear fruit. In this respect, our qualitative evidence suggested that initial enthusiasm had been created through the training in MI, despite reservations about the training itself, and the group discussions showed evidence of producing more reflective and thoughtful consideration of cases. Of particular importance was having adult workers involved in these and in discussion of cases in general, as they provided a different perspective, and therefore prevented overly linear thinking. There were indications of improvements in practice, which suggested that improving practice is possible but that it takes time.

Yet, given the nature of this challenge, in some senses what has been achieved in FSH has crucial learning for Children's Services across the country. For, while deep seated and meaningful change in practice inevitably takes time, FSH managed to create crucially important quick wins that allow the service to continue the focus on improving practice in the longer term.

This is, therefore, the second key lesson arising from the FSH reform. For, while everyday practice did not change hugely, and the process of improving worker skills inevitably takes time, very important reductions were seen in the use of care; the number of child protection cases held, and there were indications of reductions in use of emergency admissions and police involvement. There was also powerful qualitative evidence of transformed practice for some families, and indications in the outcomes for families that those with more serious problems who worked with an adult worker were achieving particularly positive outcomes. So how was this achieved, and what can be learnt from the experience?

The main engine for these changes seemed to be the introduction of adult workers. It

would be simplistic and inaccurate to depict the introduction of adult workers alone to be the magic ingredient; their impact was facilitated by the excitement generated by the innovation process: by training in MI that helped workers to understand different conceptions of working with people; and by putting in place group case discussions that, when done well, created debate and dialogue between different workers. These facilitating elements allowed adult workers to come in and make a significant difference for families. Their input seemed to allow swifter and more effective help for the many families where parental problems were directly affecting the children's welfare. Yet there was more to the involvement of adult workers than simply providing direct input to families. Introducing adult workers moved the nature of practice. It created multidisciplinary teams. This in turn provided an element of challenge and increased the variety of views when families were discussed and thought about. It also created the potential for different professionals to learn from one another.

We therefore feel that FSH has substantial lessons for Children's Services across the country, and that our evaluation has lessons for the FSH Innovation as it develops. The lessons for the country are that creating organisational changes in a complex practice such as social work is difficult, requires sustained whole system change and is therefore unlikely to achieve substantial transformation in short time periods. Yet, crucially, while organisations attempt to create cultural changes to improve practice, there are key changes that can be put in place to support such deeper change. For FSH, most important was the recognition of the high level of complex parental problems in families being worked with, and the insight that introducing adult workers into teams would both enable more effective responses for families, and help support wider improvements in practice by creating a multidisciplinary team. In doing this, the FSH Innovation seems to have been markedly successful. This is a success that we feel other authorities can learn from, particularly if the complexity of achieving transformative changes in professional practice is taken seriously.

For these more deep-seated changes to practice, FSH is still working on creating change. We did not see evidence that attempts to simplify professional practice - for example through assessment workbooks or structured interventions - had succeeded yet. Instead, a longer road focused on improving practice and developing the skills of workers is being embarked upon. However, the introduction of adult workers, creation of group discussions, development of a whole system practice framework related to MI, and on-going focus on supporting workers to undertake meaningful work with families are hugely important first steps in FSHs ambitious attempt to improve practice and transform outcomes for children and families.

Recommendations for policy and practice

Implications for Hertfordshire

- given the positive nature of the evaluation, it is important that the various agencies in the partnership continue their impressive level of cross-agency support and strategic management of FSH
- the KPIs have huge potential, though further work is needed to develop them and address the practical challenges of collecting, collating and analysing findings
- further development of the adult worker role is required. Involving adult workers is a core element in the success of FSH, yet there was variation in the integration of such workers. There could now be an increased focus on developing and harnessing the expertise of adult workers to support multidisciplinary working
- further work is needed in developing the conceptual framework, and, in particular, in integrating the principles of MI into the way risk assessment is understood and carried out. This is closely linked to the next recommendation
- there is a need to develop the theoretical approach to group case discussion and provide training and supervision for those leading such discussions. Group case discussions are already making a positive contribution to improving the depth of analysis. However, work is needed to maximise their potential
- further work is needed to support the understanding and application amongst workers of the principles and skills of the practice model being developed by Hertfordshire. This should include a next phase of training, materials and perhaps other initiatives such as coaching or consultancy on cases. Steps are being taken to address this recommendation, and the 3 previous recommendations

National Implications

- all local authorities should consider the potential that multidisciplinary working has for improving practice and outcomes in Children's Services. In Hertfordshire, adult specialists have played a central part in creating more family focused assessment and intervention, and this has helped reduce the need for children to enter care and contributed to other positive outcomes
- multidisciplinary working requires more than simply recruiting adult specialists; processes such as group case discussion and a framework for practice, in this case MI, are necessary to make this a genuinely multidisciplinary experience, and to provide a framework for helpful discussion and new ways of thinking
- the KPIs are a hugely promising approach to measuring outcomes, though setting them up was very resource intensive. We think it important that this innovation continues and is taken up in other local authorities
- this evaluation provides a very positive set of initial indicators of outcomes in such a short period. As such, it provides unequivocal support for continuing the

development of FSH. We would therefore encourage other local authorities to consider replicating or implementing central elements of FSH. However, for this to work, it needs to be seen as more than a technical fix. To be successful, it also requires committed and passionate leadership

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Appendix 1: Further Detail on Methods and Data Collected

This appendix provides additional information on data collection and analysis to complement that in the main report.

The comparative study data collection
Families allocated into FSH were identified in 2 collection periods: families allocated between July and October 2015 and families allocated from November 2015 to February 2016. This consisted of a whole sample of 447 families who were eligible for data collection.

The initial intention was to compare the 2 groups; however, this was not appropriate because the process of rolling out the Innovation across the offices meant that some offices had already moved to FSH in Phase 1. Instead, therefore, families were allocated to the pre- or post-FSH groups based on the point at which their office had moved to FSH. Even this proved problematic, and therefore multiple analyses have been carried out to provide an in-depth analysis of change over time. This is further discussed in the next section, and full analyses explore a variety of comparisons, including both before-and-after, and change over time, in the results section.

Social workers asked parents and carers if they were willing to take part in the research, and, where consent was given, data was collected in the following areas:

- observation of practice: where parents agreed, meetings with workers were observed, recorded and coded for key social work skills including level of MI skill
- parent and child post-observation interview: research interviews with parents, and, where appropriate, children and young people, gathered evidence on their experience of the service, engagement, levels of need and risk and a range of standardised measures for key elements of welfare. Key outcome measures include:
  - parent rating of family life (Life Rating Scale)
  - identification of goals for work and whether achieved (Goal Attainment Scaling (GAS))
  - family functioning (SCORE-15)
  - parental rating of child welfare (Outcomes Rating Scale (ORS-40))
  - parental stress or anxiety (GHQ-12)
  - parental engagement with worker (WAI-12)
- standardised measures where specific issues were identified including the child's emotional or behavioural welfare (SDQ) and social isolation (SSA)
- parent and child follow-up interview: 3 months later a follow-up telephone interview

was carried out with parents, focusing on their experience of the service; whether agreed goals had been achieved, and any changes in standardised instruments and other outcome measures
- social worker questionnaire: social workers completed a questionnaire outlining their rating of concerns and risks for the family at T1. At T2 workers repeated these ratings, and in addition provided information on the degree to which goals in work were achieved, and the support provided for their work and its contribution: for example, adult workers, group supervision
- ICS data was gathered for all these families (447 families or 860 children) from computerised records. This involved: some basic information on family profile; detailed information on services received;outcomes relating primarily to the use of care proceedings which were entered onto SPSS and analysed

Two further types of analysis were carried out to supplement the comparative element of the study:

- families where FSH was working particularly well were identified and a combination of multiple interviews (with parents, children and workers) and observations of practice was used to provide an in-depth picture of FSH in practice: these provide an unusually rich picture of the complexities of practice and the relationship to outcomes
- eight group case discussions were observed

Data Analysis

As noted in the main report, FSH was a rolling programme of reform. The evaluation of before (pre-FSH) and after (post-FSH) outcomes was not therefore straightforward. For the comparative datasets we have used the following comparisons:

- family data (observations and research interviews): accurate date of allocation information was not available for this sample. An estimate was made that, on average, interviews took place 8 weeks after allocation. Thus, for comparative purposes the analysis compares families interviewed prior to, or during, the first 2 months of transition to FSH (pre-FSH), with those interviewed once FSH was in place (post- FSH). However, this proved a problematic comparison. Most importantly all pre-FSH data came from 1 office. A variety of additional analyses were therefore carried out and results are described, including comparisons across offices and analyses of changes over time
- qualitative staff interviews: much of the qualitative data was focused on the process of change and therefore before-and-after comparisons are not generally made
- staff surveys: these were carried out in July 2015, November 2015 and July 2016.

However, as illustrated in Figure 1, the process of change was rolled out across offices at different times. To allow for analysis of this, as well as overall findings where appropriate, the breakdown by office is provided

- ICS data: for comparative purposes, the ICS data is divided into families allocated prior to FSH going live in the relevant office; those allocated during the 2 months of transition after this date, and those referred once FSH was established. Data is presented for each group, but statistical tests simply compare the pre-FSH and post-FSH groups
- KPI data: KPI data is provided for all families referred to FSH by quarter, in the year 1 July 2015 to 30 June 2016. The comparison is between service use prior to, and after, allocation in the service. KPI data therefore does not compare pre-FSH with post-FSH outcomes for the service. It compares use of other services prior to, and after, allocation to a worker in FSH, but not the equivalent data for workers prior to FSH

All qualitative data has been analysed using the qualitative data analysis software package, Nvivo. Nvivo allows the researcher to index segments of text to particular themes, to link research notes to coding, to carry out complex search and retrieve operations, and to aid the researcher in examining possible relationships between the themes (King, 2004). Initial codes were developed using a concept mapping approach, drawing on questions asked of respondents. Once data was coded using this framework, content analysis was conducted to identify common and divergent themes (Kane and Trochim, 2007).

Appendix 2: Process of Change – Interviews and Staff Survey

Process of Change Data - Qualitative Interviews

Table 15 shows the number of workers by role that participated in a research discussion with a member of the evaluation team between March and June 2016.

Table 15: Number of Workers by Role who Participated in Research Discussions

Role	Number that participated	%
Team Manager	6	10%
Consultant Social Worker	5	8%
Senior Practitioner	3	5%
Social Worker	16	26%
Child Practitioner	10	16%
Student Social Worker	1	2%
Adult Worker- Domestic Abuse	9	15%
Adult Worker- Substance Misuse	3	5%
Adult Worker- Mental Health	6	10%
Missing	2	3%
Total	**61**	**100%**

Source: Qualitative Interviews with workers

Staff Survey Data

Workers who participated in the staff surveys

Table 16 shows the number of workers by role that completed each of the 3 staff surveys; July 2015 (T1), November 2015 (T2) and July 2016 (T3).

Table 16: Number of Workers by Role that Completed each Staff Survey

Staff Survey Date of completion	T1 (July 2015)		T2 (Nov 2015)		T3 (July 2016)	
Role	**n**	**%**	**n**	**%**	**n**	**%**
Consultant Social Worker	11	8%	12	9%	14	9%
Senior Practitioner	25	17%	16	12%	12	8%
Social Worker	46	32%	44	32%	50	31%
Child Practitioner	31	22%	28	20%	20	13%
Adult Worker	4	3%	17	12%	19	12%
Team Manager	15	10%	8	6%	17	11%
Support Officer	5	3%	3	2%	13	8%
Role not given	6	3%	9	7%	14	9%
Total	**143**	**100%**	**137**	**100%**	**159**	**100%**

Source: Staff Survey

Table 17 shows the number of workers by office that completed each of the 3 staff surveys; July 2015 (T1), November 2015 (T2) and July 2016 (T3).

Table 17: Number of Workers by Office that Completed each Staff Survey

Staff Survey Date of completion	T1 (July 2015)		T2 (Nov 2015)		T3 (July 2016)	
Office	**n**	**%**	**n**	**%**	**n**	**%**
Office 1	38	27%	37	28%	42	26%
Office 2	40	29%	38	29%	52	33%
Office 3	61	44%	57	43%	65	41%
Total	**139**	**100%**	**132**	**100%**	**159**	**100%**

Source: Staff Survey

Appendix 3: Mixed methods comparative study: Services and Outcomes Pre- and Post-FSH

Table 18 summarises family profile data collected from ICS for the 3 samples: Pre-FSH, post-FSH and transition phase.

Table 18: Summary of ICS Data for Families Pre-FSH, Post-FSH and During Transition

ICS Profile Data	Pre-FSH	Transition phase	Post-FSH	Significance p-value
	Mean	Mean	Mean	
Number of Children in Household?	1.92	1.84	2.01	Ns
Number of Adults in household?	1.88	1.44	1.90	Ns
Number of Previous involvements with Children's Services	.88	1.51	2.47	P<0.001
	N %	N %	N %	
Previous involvement with Children's Services	63 (29%)	24 (39%)	87 (53%)	P<0.001
Ethnicity eldest child (% white British)	142 (65%)	42 (69%)	113 (68%)	Ns

Source: ICS data

What services did families receive?

Table 19 summarises service input for families in the research sample during the 5 month period following referral ICS for the 3 samples: Pre-FSH, Post-FSH and transition phase.

Table 19: ICS Data on Service Input Pre-FSH, Post-FSH and During Transition

In the 5 months following referral, how many…	Pre-FSH or Post-FSH			Significance p-value
	Pre-FSH	Transition phase	Post-FSH	
	Mean	Mean	Mean	
Allocated social workers?	1.94	1.80	1.66	<0.001
Times have family members been seen by Social Worker?	12.42	10.25	12.43	ns
Core group meetings	2.96	2.10	2.81	ns
Child in need meetings	3.01	2.41	1.94	<0.001
Child protection conferences	1.21	1.02	1.15	ns
Strategy meetings	.27	.25	.44	ns
s47s started?	.19	.23	.33	ns

Source: ICS data

What did parents and children think of the service they had received?

Table 20 summarises data from the parent interviews for the pre- and post-FSH samples. Data includes the mean scores for parents' views on their experience of Children's Services; the mean number of times parents reported seeing their worker in last 4 weeks; their mean rating for how happy they were with the amount of contact; and the mean rating for how well they felt their worker handled their last meeting. For each area, there is an indication of whether any differences between the 2 samples were statistically significant.

Table 20: Parents Views of Services Pre-FSH and Post-FSH

Experience of children's services: strongly disagree (1) to strongly agree (5)	Pre-FSH N=30 Mean	Post-FSH N=78 Mean	Significance p-value
on time	4.43	4.29	ns
reasons clearly explained	4.53	4.40	ns
included in meetings	4.07	4.18	ns
feel understood	4.47	4.30	ns
professional and respectful manner	4.23	4.13	ns
overall pleased	3.77	3.82	ns
Times seen social worker in last 4 weeks	2.57	2.77	ns
Rating of how happy with amount of contact with social worker	3.00	2.95	ns
Rating of how well worker handled observed meeting, 1 (very badly), 4 (OK) to 7 (very well)	6.17	5.77	Ns

Source: Parent and carer interviews

Analysis of Direct Observations

As noted in the main report, the analysis of before-and-after measures for observations of practice and family interviews in Hertfordshire was complicated by the fact that firstly, the reform was rolled out sequentially across different offices and secondly, data collection started as this process happened. This was not the case for ICS data, solely for researcher collected data.

As a result, data from before-and-after from observations and interviews is conflated by the office from which it was obtained. In fact, all the pre-FSH data came from one office, and there were significant variations in the timing of data collection in the different offices. These differences are summarised in Table 21, which sets out the breakdown of pre-FSH and post-FSH and the average days post-FSH for each family interview.

Table 21: Data Collection by Office

		Office		
		Office 1	**Office 2**	**Office 3**
Number Pre- or Post-FSH	Pre-FSH	34	0	0
	Post-FSH	15	41	38
Mean days since FSH started		52	193	277

This creates complexity for the analysis of observations and interviews, because it is possible that comparisons pre- and post-FSH are conflated with differences between offices. In this section, this possibility is examined further. We focus on coded observations of practice, both because we have a fuller sample for these factors and because the first hypothesis is that FSH will change the ways in which workers practice with families. Changes in outcomes are hypothesised to be, at least in part, linked to these.

We explore the impact of office differences in the following ways:

- we compare Office 1 pre- and post-FSH scores. While a relatively small sample, this is the purest test of FSH, as we have a pre- and post-reform sample
- we describe and compare worker skills in different offices at different stages of the reform process. Thus, for instance, while we do not have any pre-FSH observations in the other offices, we can compare levels of skills in the first and second 100 days post-FSH to explore whether there are office variations or whether offices are relatively similar
- we compare the impact of FSH over time on worker skills in the different offices; here the independent variable is time since FSH, and we see whether there are changes in skills over time

Scores pre- and post-FSH are shown for Office 1. There does not appear to be much difference, though there is a slight increase in care and engagement skills. However, the number post-FSH is far too small to draw any conclusions.

Table 22: Pre- and Post-FSH Scores for Office 1

	Pre or Post-FSH			
	Pre-FSH (n=31)		Post-FSH N=8	
	Mean	Standard Deviation	Mean	Standard Deviation
Care and engagement skills	2.23	.68	2.56	1.03
Good authority	2.37	.63	2.29	.79

Table 23 compared the offices by stages in relation to FSH. The complexities of the table reflect the challenge for the current analysis. It is probably best to ignore the cells with very small samples for some of these analyses, for example, less than 10, as the aim is to identify general trends. This being the case, the column for days 100-200 post-FSH is the only one which allows comparison across offices. Here, there is no meaningful difference between offices. This provides some tentative support for the generalisability of findings from Office 1 to the whole of Hertfordshire.

The table also provides more detail about the shifts in Office 1. Essentially, there was no move in good authority, but there was quite a substantial increase in care and engagement skills. These rose from a very low level, but by a fairly noteworthy amount. This shift is about onestandard deviation, which is certainly an indication of something fairly substantial happening.

However, the picture is more complex in the other offices. The figures for the first 100 days for Office 2 are outliers; 3 very high scores. It is probably more accurate to say there was little difference in practice skills in the second and third hundred days post-FSH. For Office 3 the picture was also complicated. Again it is probably best to compare the post-300 days figures with the previous figures combined. These suggest a limited increase in both care and engagement and good authority.

Table 23: Skills by Period Since FSH, by Office

		Time since FSH									
		Pre-FSH		First 100 days		Second 100		Third 100		300+	
		Mean	n	Mean	n	Mean	n	Mean	n	Mean	n
Office 1	Care	2.04	16	2.46	19	2.62	15	.	0	.	0
	Authority	2.42	16	2.31	19	2.30	15	.	0	.	0
Office 2	Care	.	0	2.83	3	2.24	20	2.33	17	.	1
	Authority	.	0	4.00	3	2.83	20	2.55	17	.	1
Office 3	Care	.	0	.	0	2.47	6	2.36	14	2.52	17
	Authority	.	0	.	0	2.40	6	2.72	14	2.82	17

If practice in Office 1 is broadly similar to practice in the other offices, then it is valid to compare pre-FSH and post-FSH levels of skills. This analysis is set out in Table 24.

Table 24: Independent Samples T-Test Pre- and Post-FSH for Care and Authority

	Pre or Post-FSH	N	Mean	Std. Deviation	T	P
Care and engagement	Pre-FSH	29	2.2299	.68489	-.916	.362
	Post-FSH	67	2.3781	.74512		
Good authority	Pre-FSH	31	2.3656	.62867	-2.330	.022
	Post-FSH	72	2.6852	.64249		

There was a small positive shift in care and engagement skills, though it was not statistically significant. However, there was a statistically significant positive shift in skills related to good use of authority.

To further explore these relationships, and avoid the relatively small numbers in some cells in the table above, we explored whether there was a correlation between time post-FSH and each type of skill overall. We then explored these relationships within offices.

Again, overall there were indications of positive changes. As can be seen in Table 25 the relationship was statistically significant for good authority. The shift was smaller, though still positive, for care and engagement.

Table 25: Correlation Between Days Since FSH and Authority and Engagament Skills

		Days since FSH started
Good authority	Pearson Correlation	.202*
	Sig. (2-tailed)	.041
	N	103
Care and engagement skills	Pearson Correlation	.143
	Sig. (2-tailed)	.164
	N	96

However, this relationship varied considerably across offices. Office 1 saw little shift in authority, though a fairly large relationship between care skills and time post-FSH (r=0.246). Office 3 had a large positive shift in good authority (r=0.297) and little change in care. There was an inverse relationship between time since roll-out of FSH and level of skill in good authority in Office 2 which was quite noteworthy (r=-.314) that is, skills appeared to get worse over time, and a small positive shift in care skills (r=0.126). Puzzling out the fact that Office 2 seemed to shift negatively while the overall shift was positive (and statistically significant) took some time. It is most easily explained through consideration of Figure 5.

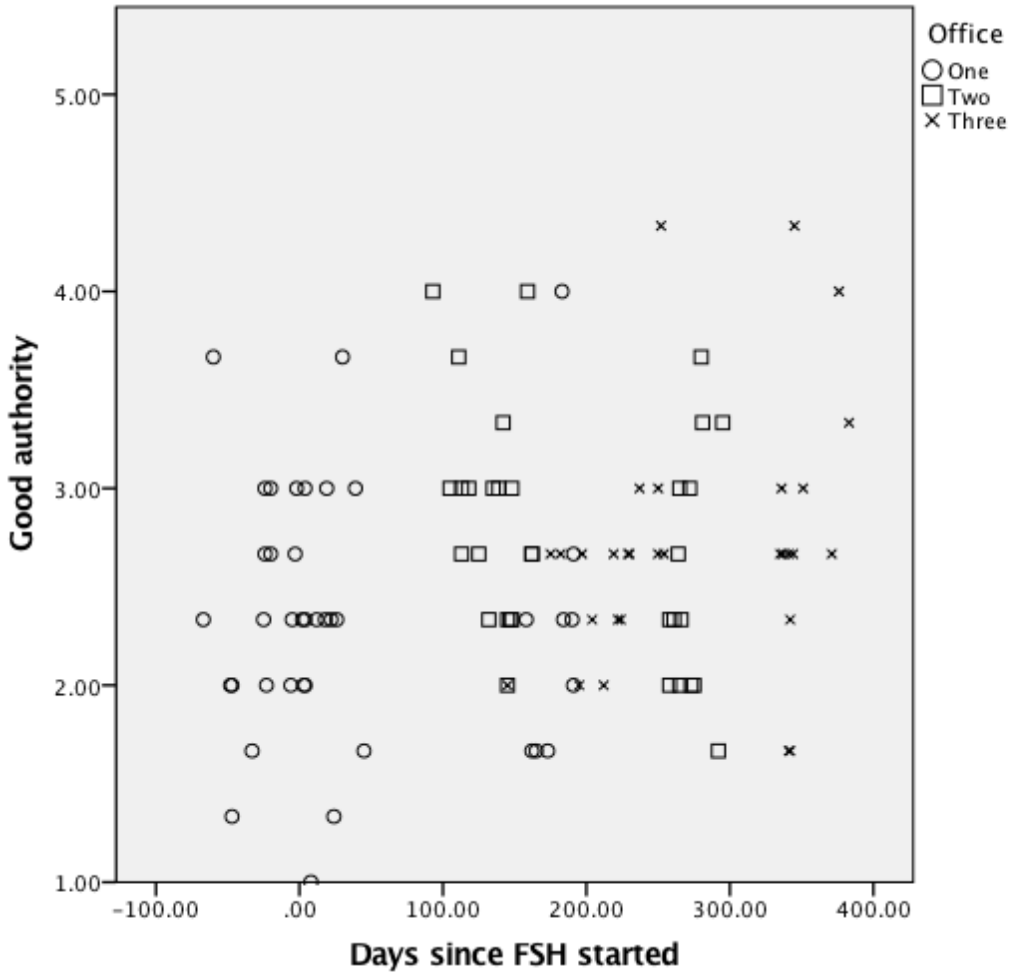
In Figure 5 the scores for good authority are plotted against the number of days pre- or post-FSH by office. A number of features of this graph are worth noting:

- it illustrates the statistically significant shift in the use of good authority over time found in the sample; the scores rise over time
- the negative shift within Office 2 is fully contextualised. The reason this had minimal impact on the overall relationship between time post-FSH and use of authority is that Office 2 had a relatively narrow window for data collection, and was

therefore skewed by a small number of relatively good interviews toward the beginning of this period

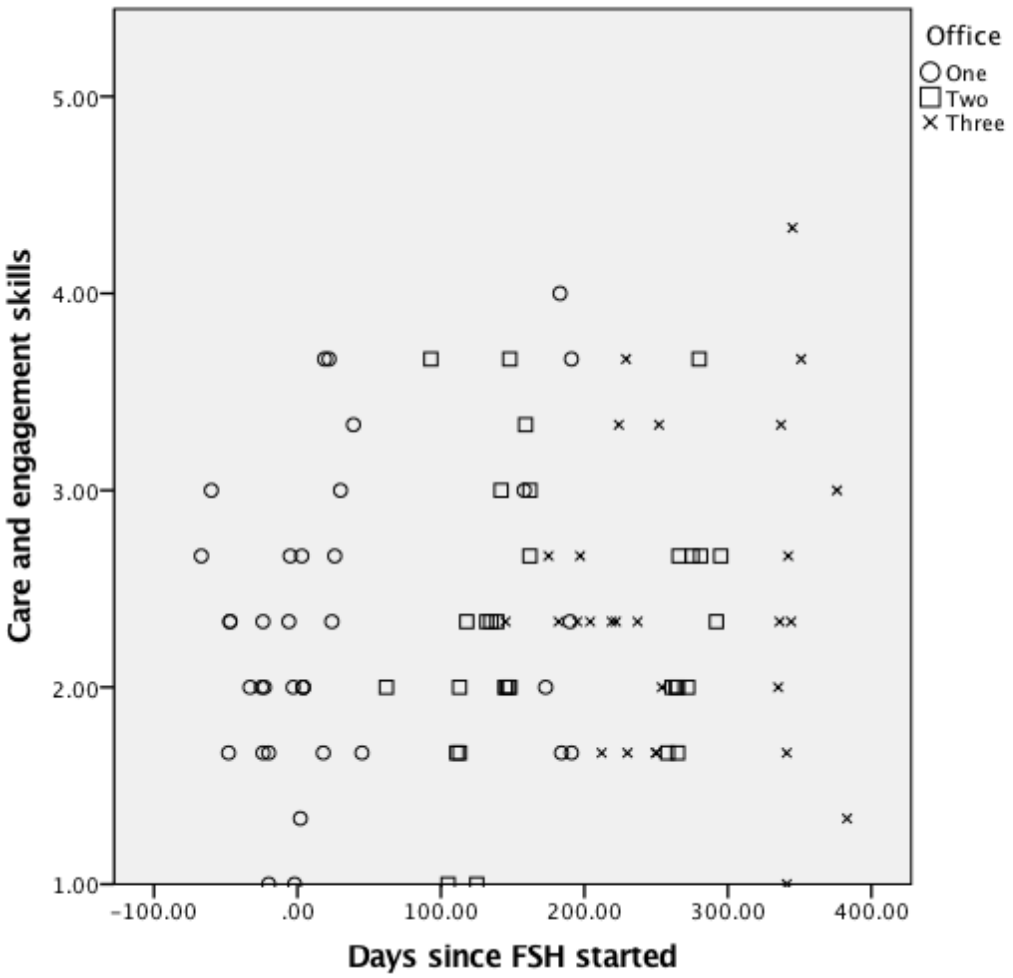
- more generally, the chart can be seen as a description of the messy realities involved in changing practice. These are measures of practice skill taken over the course of a year of reform and innovation. It can be seen that there was some good practice prior to the Innovation, and some poor practice despite all the changes. This is what real world change looks like

Figure 5: Good Authority and Days Since FSH Started (broken down by office)



For completeness, the graph showing shifts in care and engagement skills is also provided, Figure 6. The shift here is not statistically significant: it could be due to chance (there is a 1 in 8 chance), or other factors, such as office differences. Nonetheless, it does seem that there is a reduction in the poorest practice, and perhaps more good practice post-FSH.

Figure 6: Care and Engagement Skills and Days Since FSH Started (broken down by office)



Conclusions

This analysis has focused on unpacking the complexity of analysing changes in practice skills in a large authority over time. Our conclusion from these analyses is that:

- there are indications of a statistically significant shift in skills related to the use of good authority
- the positive shifts in engagement and care skills did not achieve statistical significance
- these shifts were not simply pre- and post-FSH but increased over time

Appendix 4: Key Performance Indicators

NHS data - use of emergency hospital services

Table 26 summarises the percentage difference in the average number of monthly NHS hospital emergency attendances or admissions for the period following referral to FSH compared with the period prior to FSH. Data is included for each Cohort 1 to 3. There was no follow-up data available for Cohort 4 at the time of analysis.

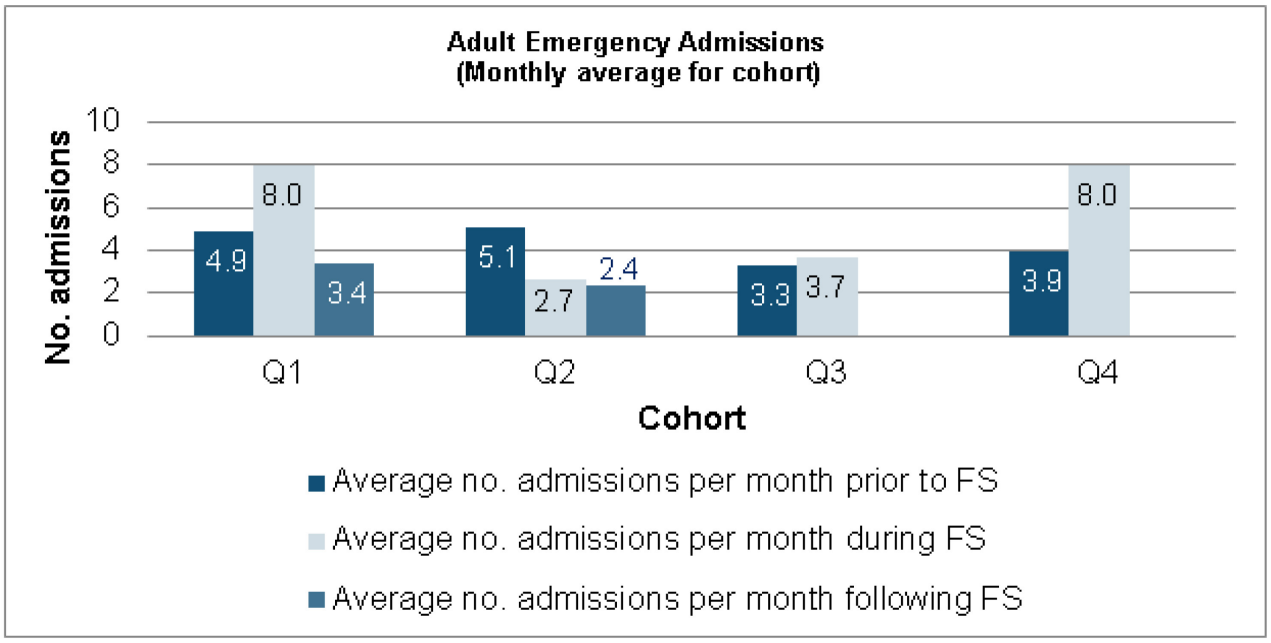
Table 26: Increase or Decrease in Average Number of Monthly NHS Hospital Emergency Attendances or Admissions for Each Cohort Post-FSH Compared with Pre-FSH as percentage

Cohort	Cohort 1	Cohort 2	Cohort 3	Cohort 4
A&E Attendance – CYP	15.2%	7.0%	10.4%	n/a
Emergency Admission - CYP	(50.9%)	(45.5%)	88.6%	n/a
A&E Attendance – Adult	55.2%	11.5%	(35.8%)	n/a
Emergency Admission - Adult	(31.4%)	(52.8%)	(100.0%)	n/a

Source: NHS KPI data

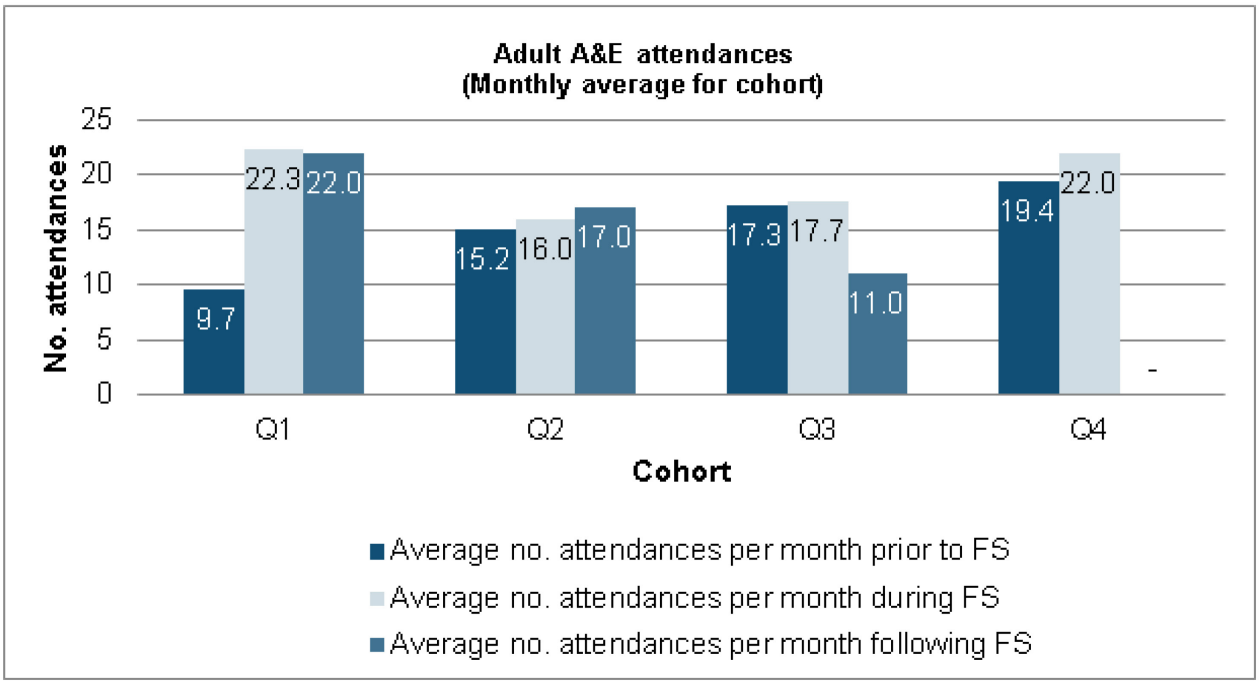
Figures 4 to 7 summarise the average number of monthly NHS hospital emergency attendances or admissions in the period prior to, the month of, and the period post-referral to FSH. There was no follow-up data available for Cohort 4 at the time of analysis.

Figure 7: Adult Emergency Admissions: Monthly Average per Cohort



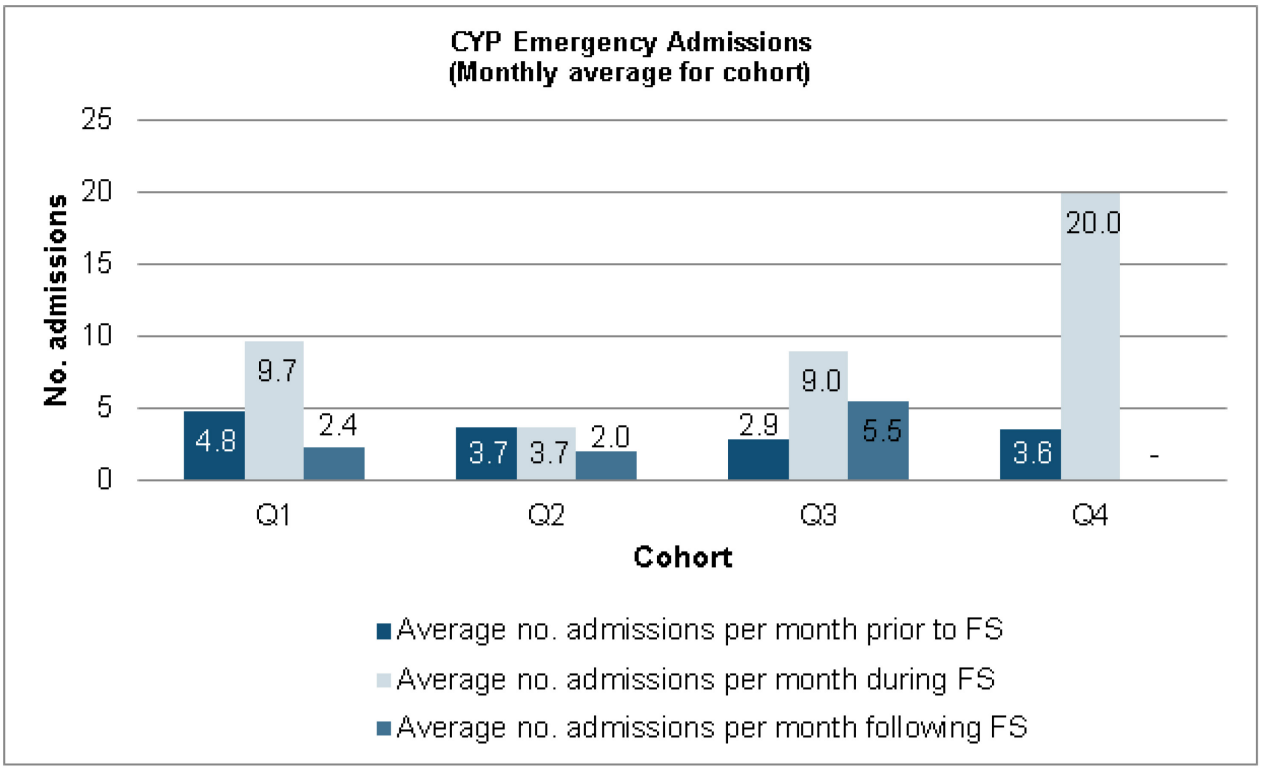
Source: NHS KPI data

Figure 8: Adult Accident and Emergency Attendances: Monthly Average per Cohort



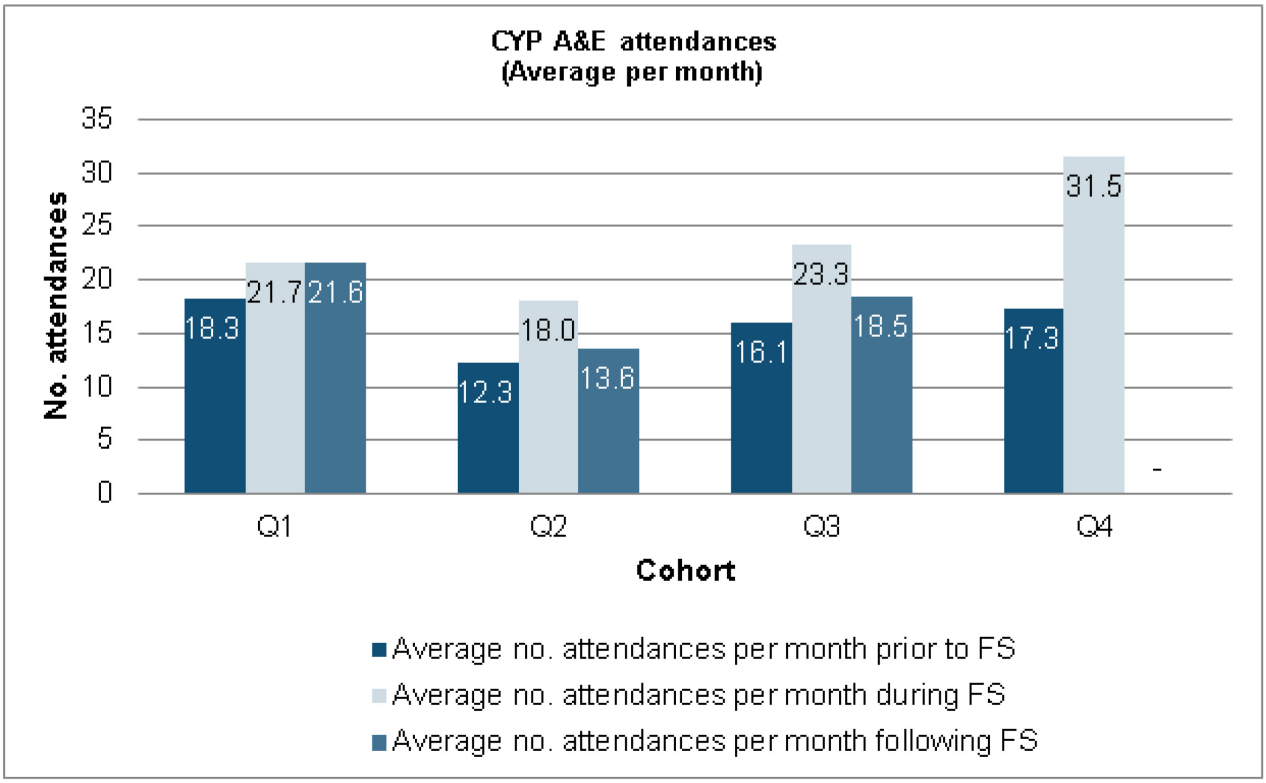
Source: NHS KPI data

Figure 9: CYP Emergency Admissions: Monthly Average per Cohort



Source: NHS KPI data

Figure 10: CYP Accident and Emergency Attendances: Monthly Average per Cohort



Source: NHS KPI data

Police data – number of incidents

Table 27 summarises the police data regarding the number of adults from the first year FSH cohort who were identified as involved in a police incident; detailed analysis by HCC suggested all incidents could be assumed to be related to domestic abuse. The table summarises the number of adults from each cohort who were involved with a police incident prior to FSH, and those for whom there was no prior incident: that is the first incident was from the time of referral to FSH.

Table 27: No. Adults in FSH First Year Cohort Involved in a Police Incident

No. adults in cohort	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Full Year
Adults with prior incident	10	12	37	61	**120**
Adults with no prior incident	28	14	25	13	**80**
Total adults in FSH first year cohort with recorded Police Incident	**38**	**26**	**62**	**74**	**200**

Source: Police KPI data

Table 28 summarises the police data regarding the number of incidents recorded in which an adult from the first year FSH cohort was involved. The table summarises the number of incidents in each cohort that were linked to an adult who had been involved with a police incident prior to FSH, and those that were linked to adults for whom there was no prior incident: that is, the first incident was from the time of referral to FSH.

Table 28: No. Police Incidents Recorded for First Year Cohort Pre- and Post-FSH

Total no. incidents	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Total
No. incidents pre FSH					
Adults with incidents prior 12 months	12	17	53	118	**200**
Adults with no incident in prior 12 months	0	0	0	0	**0**
Total no. incidents prior 12 months	**12**	**17**	**53**	**118**	**200**

Total no. incidents	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Total
No. incidents post FSH					
Adults with incidents prior 12 months	5	3	9	14	**31**
Adults with no incident in prior 12 months	50	17	36	20	**123**
Total no. incidents post-FSH	**55**	**20**	**45**	**34**	**154**

Source: Police KPI data

Appendix 5: Costing Analysis

Estimates of cost savings to Children's Services

Estimates of cost savings related to reduction in number of cases

Table 29 sets out the estimated annual cost saving calculation relating to the overall reduction in the number of Children in Need (CiN) and Child Protection (CP) cases post-FSH (April 2015 to June 2016) when compared with pre-FSH (November 2014 to March 2015).

Table 29: Estimate of Children's Services Cost Savings Associated with the Reduction in Number of Cases

Status of case	CiN	CP	Total Cases	Total Cost (£ pa)
Average no. cases open per month Pre- FSH (Nov 14 - Mar 15)/ related annual cost	1,055	969	2,024	6,490,752
Average no. cases open per month Post-FSH (Apr 15 - June 16)/related annual cost	962	687	1649	5,012,736
Reduction in average no. cases/related annual cost saving	93	282	375	1,478,016
% reduction	8.8%	29.1%	18.5%	22.8%
Cost of case pa (£) – see note on unit costs below	1,920	4,608		

Source: Hertfordshire County Council Data

Note on unit costs

The annual costs of a CiN and a CP case were provided by HCC. The costs were calculated using a top down approach to include costs for social worker, manager and administrative support time, based on average caseloads. Costs associated with CP and family group conferences were also included. The model assumed 35% of CP cases were Public Law Outline. Overheads were included at a rate of 2% for service overheads and an additional 27% for corporate overheads.

Estimates of cost savings related to reduction of number of days in care

Table 30 sets out the estimated annual cost saving calculation relating to the overall reduction in the number of days in care post-FSH when compared with pre-FSH for newly allocated cases. The reduction in the number of days in care was identified in ICS analysis (see Section 4.2).

Table 30: Estimate of Children's Services Cost Saving Relating to the Reduction in Number of Days in Care for Newly Allocated Cases

	Full year cohort
No. children entering care	166
No. days in care pre-FSH	120.12
No. days in care post-FSH	73.45
Cost of care pre-FSH	£3,071,490
Cost of care post-FSH	£1,878,246
Estimated annual cost saving	£1,193,244

Source: Hertfordshire County Council Data

Assumptions in Cost Model summarised in Table 30

- number of children entering care: ICS analysis conducted by HCC demonstrated that 78 children referred to FSH in the period June 2015 to January 2016 entered care. During the same time period, 443 families were referred to FSH. Applying a factor of 2.12, to reflect the total number of families in the full year cohort of 940, results in an estimated number of children entering care of 166 in the year
- number of days in care: the number of days in care is the actual number of days for the post-FSH and pre-FSH sample, extracted from ICS. This represents a reduction of 39%
- unit costs: the average cost per day of care of £154 applied in the model was provided by HCC. The cost was calculated using a top down approach to include

costs for social worker, manager and administrative support time, based on average caseloads, legal costs and average placement costs (CiPFA Benchmarking 2016). Overheads were included at a rate of 2% for service overheads and an additional 27% for corporate overheads

Estimates of cost savings to other services

Estimate of NHS cost savings associated with reduction in adult emergency admissions

There is an estimated annual cost saving of £220,002 as set out in Section 4.3.2 and Table 31 below.

Table 31: Estimate of NHS Cost Savings Associated with Reduction in Adult Emergency Admissions

Cohort	Total admissions prior 12 months	Total admissions in follow-up period	No. months in follow-up period	Annualised no. admissions based on Average Monthly Reduction to-date	Estimate of reduction (no. admissions / cost)	Estimate of reduction (%)
1	59	27	8	41	19	31%
2	61	12	5	29	32	53%
3	40	0	2	0	40	100%
4	47	n/a	0	27	20	42%
Total	**207**			**97**	**110**	**53%**
Unit cost	1,982			1,982	1,982	
Estimated total cost	**410,274**			**192,254**	**220,002**	**53%**

Source: Hertfordshire NHS KPI and Unit cost data

Key assumptions in Adult Emergency Admissions cost model

- reduction in number of admissions: monthly reduction in number of admissions for each cohort is based on the monthly reduction in the follow-up period to date and extended for a 12 month period. As there was no follow-up data available for Cohort 4, the average of Cohort 1 and 2, (reduction of 42%) was applied. The resulting reduction in number of admissions is 53%
- unit cost: the cost of a single emergency admission ranges from £73 to £22,157, and a mean cost has been calculated at £1,982, to take into account a provider-specific multiplier of between 1.14 and 1.20 (Herts 2014 to 2015). This compares to an estimated non-local cost of £1,863 (New Economy Manchester Unit Cost Database v1.4)

Estimate of Police and Criminal Justice System cost savings associated with reduction in repeat police incidents

There is an estimated annual cost saving of £106,824 as set out Section 4.3.2 and Table 39 below. This has been calculated by:

- multiplying the number of incidents for the full year cohort prior to referral to FSH by the unit cost per incident
- estimating the total number of police incidents for this cohort in the 12 months post-FSH
- applying the unit cost to the estimated number in the above, and comparing the 2 costs

Table 32: Estimate of Police and CJS Cost Savings Associated with Reduction in Repeat Police Incidents

	Pre-FSH		Post-FSH		Decrease	
Incident Type	**Annual no. incidents**	**Estimated cost**	**Estimated annual no. incidents**	**Estimated cost**	**Estimated annual no. incidents**	**Estimated annual cost**
Victim	186	170,004	78	71,292	108	98,712
Offender	14	14,196	6	6,084	8	8,112
Total	**200**	**184,200**	**84**	**77,376**	**116**	**106,824**

Source: Hertfordshire Police KPI and Unit Cost data

Estimate of costs: pre-FSH

A total of 200 police incidents were recorded for the FSH first annual cohort for the 12 month period prior to referral to FSH, which equates to an estimated annual cost of £184,200.

Unit costs

The average cost to the police of a single domestic abuse incident is estimated at £914 (data provided by Hertfordshire Constabulary). Additional costs to the Criminal Justice system are estimated at £667 (New Economy Manchester Unit Cost Database v1.4). The model assumes that 100% of all incidents incur the police unit cost and that 15% of all offender incidents and 0% of all victim incidents incur the CJS unit cost. As a result, the unit cost per incident included in this model is £914 for victim incidents and £1,014 for offender incidents.

Estimated reduction in repeat incidents: post-FSH

The cost model assumes the reduction of 58% achieved for Cohort 1 in the 12 months post-FSH is applied to the full year cohort, resulting in an estimated number of incidents post-FSH of 84.

Estimate of costs: post-FSH

Application of the same unit cost results in an estimated annual cost of £77,376 post-FSH, which, compared to the estimated annual cost pre-FSH, results in an estimated annual saving of £106,284.



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Department for Education

Family Safeguarding

Evaluation report

July 2020

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Key messages

This report presents the findings of an independent evaluation of Family Safeguarding in Hertfordshire, Bracknell Forest, Luton, Peterborough and West Berkshire. Family Safeguarding is a whole system reform of child protection services that aims to keep children safely within their families by identifying and meeting need. Core elements of Family Safeguarding include Motivational Interviewing (MI), Group Case Supervision (GCS), an Electronic Workbook and an eight module intervention programme.

Practitioners, social work managers and senior leaders in all five authority areas expressed overwhelming support for Family Safeguarding, including near universal agreement that it represents a more effective way of working than its predecessor services. Frontline practitioners routinely cite Family Safeguarding as the best model for delivering children's social care they have experienced.

The parents and carers that contributed to the evaluation typically said that through Family Safeguarding, they feel they have been worked with and not done to. Most also said that their chances of making lasting, beneficial changes to their lives had improved as a direct result of Family Safeguarding.

The evaluation demonstrates that multi-disciplinary working – and specifically the integration of specialist adult workers within social work teams – is the foremost success factor of Family Safeguarding. It has given families prompter access to specialist input and has provided more joined-up and tailored packages of support. Other success factors include MI (which has improved engagement and ownership amongst families) and GCS (which has enabled practitioners to better manage risk and be more reflective).

In each authority, there have been statistically significant reductions in looked after children numbers and/or Child Protection Plans in the two years following the introduction of Family Safeguarding. Police call-outs have reduced by up to two-thirds and there are signs that Family Safeguarding is reducing the frequency of unplanned, reactive mental health contacts amongst the adults it supports.

The data available to the evaluation suggests that the financial case for Family Safeguarding is strong. Based on reductions in looked after children and Child Protection Plans alone, the annual savings exceed the annual delivery costs within two years and the break-even point (where cumulative savings exceed cumulative costs) occurs shortly after.

This evaluation supports the wider roll-out of Family Safeguarding and concludes that where children's social care is not yet being delivered via close multi-disciplinary working and a solution-focused ethos, Family Safeguarding has the potential to improve outcomes and save money.

Executive summary

Introduction

This report presents the findings of an independent evaluation of Family Safeguarding in Hertfordshire, Bracknell Forest, Luton, Peterborough and West Berkshire. Hertfordshire implemented Family Safeguarding under Round One of the Department for Education's Children's Social Care Innovation Programme and continued the model into Round Two. The other four authorities (referred to in this report as the 'new authorities') implemented Family Safeguarding under Round Two.

The project

Family Safeguarding is a whole system reform of child protection services. It brings together the professionals working with a family as one team and aims to keep children safely within their families by identifying and meeting need. Using motivational practice, multi-disciplinary teams work on addressing the compounding factors known as the 'trio of vulnerabilities': domestic abuse, parental substance misuse and parental mental health. There are five core components of the Family Safeguarding model:

1. **Multi-Disciplinary Teams (MDTs):** specialist adult workers with domestic abuse, substance misuse and mental health expertise working within social work teams.
2. **Motivational Interviewing (MI):** a strengths-based approach designed to better engage and structure conversations with families.
3. **Electronic Workbook:** a new method of recording case notes that aims to improve information sharing and reduce the amount of time practitioners spend on reporting.
4. **Group Case Supervision (GCS):** monthly supervision meetings for each case, allowing practitioners to review progress, discuss outcomes and agree next steps.
5. **Eight Module Intervention Programme and Parenting Assessment:** the intervention programme provides a framework for practitioners' direct work with children and families through Family Safeguarding. The parenting assessment enables practitioners to capture the work completed through the intervention programme and document the outcomes achieved. Appendix 3 provides more detail on the intervention programme and parenting assessment.

The evaluation

The evaluation assesses the implementation and impacts of Family Safeguarding. The primary research included more than 100 qualitative consultations with social

work/service managers, three waves of practitioner e-surveys that generated almost 800 responses, practitioner focus groups with 200 attendees and qualitative consultations with parents and carers from 88 families supported by Family Safeguarding. Individual level and local authority level quantitative data has informed an assessment of the impact of Family Safeguarding on key social care indicators and a cost-benefit analysis.

Key findings

The evaluation findings clearly suggest that Family Safeguarding is effective at preventing children from becoming looked after (where that is safe and appropriate) and at reducing the number of children on Child Protection Plans. Data analysed for the evaluation shows large reductions in police call-outs in the twelve months after families are transferred in to Family Safeguarding. It also shows large reductions in the frequency of mental health crisis contacts.

Family Safeguarding enjoys strong support from social work practitioners and specialist adult workers. A large majority of those staff that contributed to the evaluation agree that it stimulates more sustained engagement and generates better and longer lasting outcomes for families than the social work models it has replaced. Practitioners in each of the five authority areas made it clear during the evaluation that they would like Family Safeguarding to be continued. They expressed no desire to return to the previous ways of working.

The parents and carers that contributed to the evaluation typically said that through Family Safeguarding, they feel they have been ‘worked with and not done to’. Most also said that their chances of making lasting, beneficial changes to their lives had improved as a direct result of Family Safeguarding.

The data available to the evaluation suggests that the financial case for Family Safeguarding is strong. Based on reductions in looked after children and Child Protection Plans alone, the annual savings exceed the annual delivery costs within two years in each of the new authorities and the break-even point (where cumulative savings exceed cumulative costs) occurs shortly after. Within two years of break-even, cumulative savings to each authority are estimated to be at least £2m.

Evidence from Hertfordshire suggests that the impacts of, and enthusiasm for, Family Safeguarding do not become diluted within four years of implementation. The reductions in looked after children and Child Protection Plan numbers in Hertfordshire have been sustained, as have the reductions in police call-outs. Re-referral rates reduced significantly in the first two years of Family Safeguarding and have stayed broadly at that level in the subsequent two years.

The evaluation has identified a number of critical success factors for Family Safeguarding. Central amongst them is the inclusion of specialist adult workers, although it is not just their presence in the teams but their close working with social workers and informed input into risk assessment that makes the difference. MI empowers families and promotes a sense of involvement and ownership. Domestic abuse is approached with support for the victims at the forefront, but also with interventions available to assist perpetrators in making permanent changes to their behaviour.

Lessons

A replicable and effective model: the evaluation supports the wider roll-out of Family Safeguarding and concludes that where children's social care is not yet being delivered via close multi-disciplinary working and a solution-focused ethos, then Family Safeguarding has the potential to improve outcomes and save money.

The importance of multi-disciplinary working: in the context of understanding what makes Family Safeguarding a success, it is difficult to overstate the significance of multi-disciplinary working. The evaluation has found that the teams function at their best when they are co-located, have been trained in MI and when GCS processes work well and meetings are well attended. It is these factors combined that foster the multidisciplinary approach about which the parents and carers in this evaluation have been so complimentary.

Domestic abuse perpetrator support: there is a growing body of research to demonstrate the effectiveness of domestic abuse perpetrator interventions. This research is supported by qualitative feedback from social workers and specialist adult workers during this evaluation about the effectiveness of perpetrator interventions. It is also clear from the evaluation that demand for perpetrator support has been consistently high. Consequently so have the caseloads of the perpetrator worker. Authorities that are new to Family Safeguarding have the opportunity to learn from this and to resource those posts accordingly.

Recording: it is important to acknowledge that practitioner views towards Family Safeguarding's Electronic Workbook became more positive during the evaluation period, especially in the new authorities. However, some practitioners are still uncertain over what should be recorded and where. Given the importance of accurate recording to effective case management, it is important that all authorities – old and new – delivering Family Safeguarding ensure that staff are clear on the guidelines and standards and that these are consistently applied across all teams.

Evaluation as a platform for winning hearts and minds: organisational change is not easy. The five local authorities within the evaluation scope have all willingly embarked on the journey of implementing Family Safeguarding, but all have faced challenges in

embedding whole-system reform. The findings in this evaluation report should therefore be widely shared and explained to local authorities. They can help to reinforce the rationale for introducing Family Safeguarding and for committing the time, effort and initial financial investment that it involves. The report showcases not only the short-term impacts of Family Safeguarding but it also (via the findings from Hertfordshire) lends weight to the argument that these impacts can be sustained over a longer period. It does this with strict independence and objectivity.

1. Overview of the project

Project context

Family Safeguarding is a whole system reform of child protection services. The model aims to keep more children that are at risk of abuse and neglect safely within their families by identifying and meeting need. Rather than focusing on identifying risk, multi-disciplinary teams, using motivational practice, work on addressing the compounding factors known as the ‘trio of vulnerabilities’ that are known to cause harm to children: domestic abuse, parental substance misuse and parental mental health.

Hertfordshire County Council received funding through Round One of the Department for Education’s Children’s Social Care Innovation Programme (hereafter referred to as the Innovation Programme) to implement Family Safeguarding. In Round Two of the Innovation Programme, Family Safeguarding was introduced in four other local authority areas: Bracknell Forest, Luton, Peterborough and West Berkshire. These are referred to in this report as the ‘new authorities’. Hertfordshire County Council also continued delivering Family Safeguarding during Round Two.

Later sections of this report show that the reductions recorded against key indicators – namely the rate of looked after children and the number of Child Protection Plans – are considerably larger in Hertfordshire than in the other authorities. As a result, the break-even point occurs earlier in Hertfordshire and the cost savings are greater. This is influenced by a number of factors, including Hertfordshire having delivered Family Safeguarding for longer and them having been the original creators of the model. Largely by virtue of its size, Hertfordshire also has proportionately lower fixed costs on Family Safeguarding than the new authorities. In addition, the senior management team responsible for Family Safeguarding in Hertfordshire remained relatively stable throughout its implementation.

Project aims and intended outcomes

Table 1: Intended outcomes of Family Safeguarding

For families:
• Increase engagement with professionals, leading to more help and support. • Provide a multi-disciplinary, whole family response enabling issues with parents and children to be addressed effectively. • Provide more responsive and timely support, leading to reduced drift and delay. • Keep more high-risk families together safely. • Improve health and educational outcomes for children.
For practitioners[1]:
• Enable practitioners to undertake more direct work[2] with families. • Develop skills and knowledge. • Strengthen information sharing and shared decision-making. • Minimise pressure for social work practitioners through reduced caseloads.
For local authorities:
• Provide high quality services at lower cost. • Improve cross-agency partnership working.

Project activities

Family Safeguarding brings together the professionals working with a family as one team. Social workers, family support workers, domestic abuse practitioners, recovery workers, mental health practitioners and psychologists are co-located to facilitate improved dialogue and shared decision-making. The intention is that families' needs are met in a more holistic way, leading to reduced risk and better outcomes. Family Safeguarding uses a strengths-based approach with practitioners trained in Motivational Interviewing (MI). Practitioners work closely with parents to motivate them to take ownership of their support and the ensuing change.

[1] Throughout this report, 'practitioners' is used as a collective term for social workers, family support workers, children's practitioners and adult workers.
[2] Direct work is defined here as face-to-face contact time with children and/or families.

There are five core components of the Family Safeguarding model:

1. **Multi-Disciplinary Teams (MDTs):** specialist adult workers with domestic abuse, substance misuse and mental health expertise working within social work teams.
2. **Motivational Interviewing[3]:** a strengths-based approach designed to better engage and structure conversations with families.
3. **Electronic Workbook:** a new method of recording case notes that aims to improve information sharing and reduce the amount of time practitioners spend on reporting.
4. **Group Case Supervision (GCS):** monthly supervision meetings for each case, allowing practitioners to review progress, discuss outcomes and agree next steps.
5. **Eight Module Intervention Programme and Parenting Assessment:** the intervention programme provides a framework for practitioners' direct work with children and families through Family Safeguarding. The parenting assessment enables practitioners to capture the work completed through the intervention programme and document the outcomes that have been achieved.

[3] 'A client-centred, directive therapeutic style to enhance readiness for change' (Rollnick and Miller, 1995).

2. Overview of the evaluation

Evaluation questions

1. Has Family Safeguarding been implemented as planned in the four new authorities?
2. What are the impacts of Family Safeguarding for children and families?
3. What are the impacts of Family Safeguarding for the social care workforce?
4. How has Family Safeguarding impacted on the demand for social care services?
5. Does Family Safeguarding save costs for local authorities and partner agencies?
6. Do the impacts of Family Safeguarding vary between local authorities? If so, why?
7. In Hertfordshire, have the benefits from Round One been sustained?

Evaluation methods

Strategic consultations

Activity: an annual programme of one-to-one, semi-structured consultations with local authority managers and senior managers responsible for the delivery of Family Safeguarding.

Volume: 107 consultations.

Focus: implementation, recruitment and retention, partner agency involvement, leadership and governance, sustainability planning.

Practitioner surveys and group consultations

Activity: three quantitative e-surveys with Family Safeguarding frontline practitioners, supplemented by semi-structured group consultations to explore the survey results in greater depth. The surveys took place in early 2018, late 2018 and late 2019.

Volume: 779 e-survey responses[4] and 200 group consultation attendees.

Focus: parental and family engagement, MI, GCS, caseloads, training and support, outcomes and impacts of Family Safeguarding.

Responses to the late 2019 survey (the most frequently referenced of the three evaluation surveys in the main report) have been included at Appendix 5, split by local

[4] In each of the three waves of surveying, the volume of responses gives an estimated margin of error of 4.93% at a 95% confidence interval.

authority. The number of responses, percentage response rate and estimated margin of error in the results for each local authority are shown in Table 2. Where the survey results are compared across authorities or across years in the report, the reported differences are all statistically significant.

Table 2: Responses to the late 2019 practitioner survey

Local authority	No. practitioners in late 2019 sample	No. responses	% response rate	Estimated margin of error[5]
Bracknell Forest	43	38	88%	5.49%
Hertfordshire	222	82	37%	8.60%
Luton	60	18	30%	19.49%
Peterborough	58	30	52%	12.34%
West Berkshire	41	37	90%	5.09%

Source: York Consulting

Family consultations

Activity: semi-structured consultations with members of families supported by Family Safeguarding. The consultations were undertaken as a rolling programme of primary research during the 2018 and 2019 calendar years.

Volume: 88 families across the five authorities. Usually one family member – typically the mother/female carer – was interviewed, although on occasion both parents/carers requested that they be consulted together.

Focus: experience of multi-agency support, comparisons with previous experiences of social services (where applicable), changes and improvements in family circumstances as a result of Family Safeguarding.

Analysis of Family Safeguarding performance data

Activity: collection and analysis of individual level and local authority level quantitative data relevant to Family Safeguarding:

- The local authority level data focuses on the key social care indicators of looked after children rates and Child Protection Plan numbers. It covers pre-implementation and post-implementation timepoints, allowing for time-adjusted analysis using Poisson regression for the rate outcome (looked after children) and logistic regression for the binary outcome (Child Protection Plan numbers).

[5] At a 95% confidence interval

- The individual level data includes pre and post-implementation figures for police call-outs and shows whether, and how many, children were placed on a Child Protection Plan or became looked after during or following their support through Family Safeguarding. In the new authorities, chi-square tests assessed whether statistically significant differences exist in the outcomes experienced by families supported by Family Safeguarding immediately following its launch with those supported once the model was fully established. This is subsequently referred to in the report as 'cohort analysis'.

Volume: the individual level data covers 5,119 people supported by Family Safeguarding across four of the five authorities (Bracknell Forest, Hertfordshire, Peterborough and West Berkshire). The authority level data focuses on children aged under 12 (the recognised target group for Family Safeguarding) and compares data from the Family Safeguarding teams with equivalent data from the teams that existed prior to Family Safeguarding. As such it provides a good like-for-like comparison.

Focus: key social care indicators (Child Protection Plans and looked after episodes) and police call-outs. In addition, data on A&E and unplanned hospital admissions was supplied by one local authority and data on the use of mental health services by Family Safeguarding beneficiaries was supplied by two authorities.

Changes to the evaluation methods

It tended to take the authorities longer than planned to identify and/or obtain consent from families to participate in the evaluation. In addition, some families agreed to take part but subsequently changed their minds or had to withdraw due to arising circumstances. As a result, the family consultations took place as a rolling programme of activity throughout 2018 and 2019, whereas originally they were scheduled as discrete, time-bound blocks of research activity. However, there is nothing to suggest that this has altered or skewed the findings from that strand of the evaluation.

Limitations of the evaluation

Response rates on the practitioner e-surveys have varied considerably by local authority, from 30% in Luton to 90% in West Berkshire. The completeness of the individual level and authority level quantitative data supplied by the authorities has also varied, placing some limitations on the breadth and depth of the analysis. For example:

- Luton were not able to supply the requested individual level data within the evaluation timeframe. As such, Luton has not been included in the quantitative analysis of police call-outs nor in the cohort analysis. Also of note is that Luton's Child Protection Plan data is not routinely separated by age group, making it very difficult for the authority to supply data for children aged under 12. Therefore, the analysis of savings to the

public purse in Luton is based only on changes in the rate of looked after children (which is available for under 12s).

- Hertfordshire was the only authority that was able supply data on A&E visits and unplanned hospital admissions amongst the Family Safeguarding cohort.
- The data supplied by the authorities on educational absences varied considerably in terms of the time periods it covers and its completeness. This made it difficult to form an objective view on whether, and to what extent, Family Safeguarding has caused absence rates to reduce amongst the children it has supported.

Also of note here is that Bracknell Forest implemented an all-age Family Safeguarding service, whereas the other authorities have focused their support on children aged under 12. The quantitative impact assessment in this evaluation focuses primarily on under 12s, but there is data to suggest that Bracknell Forest have also impacted on the older age group. For example, 15 young people aged over 12 became looked after in Bracknell Forest between October 2017 and March 2018 (i.e. prior to the full implementation of Family Safeguarding). Between October 2018 and March 2019, the equivalent figure was four young people.

More broadly, the evaluation provides new insight into the short-term impacts of Family Safeguarding but, because the evaluation could only assess two years of delivery in the new authorities, it unavoidably says less about the persistence of those impacts and how they may benefit families over the longer term. That said, elements of the Hertfordshire data cover four years of post-implementation activity and therefore provide a view on the lasting effects of implementing the model.

3. Key findings

Has Family Safeguarding been implemented as planned in the four new authorities?

In the main, the core components of Family Safeguarding (covered in turn below) have been implemented as planned in the new authorities, helped by the support and coaching provided to those authorities by Hertfordshire County Council. Implementation challenges on a change programme of this scale are not unexpected; where they have occurred in the new authorities, they have typically involved the timely recruitment of specialist adult workers and securing full attendance at GCS sessions.

Multi-disciplinary working

Multi-disciplinary working – and specifically the integration and co-location of specialist adult workers within social work teams – was routinely cited by practitioners, senior local authority stakeholders and parents/carers in each local authority area as the foremost critical success factor of Family Safeguarding. In late 2019:

- 85% of the 166 social work professionals[6] responding to the evaluation survey said it was easy for them to access support for families with mental health issues, up from 13% when the first evaluation survey took place in early 2018.
- 89% of the social work professionals said it was easy for them to access substance misuse support for families (up from 39% in 2018).
- 85% of the social work professionals said it was easy for them to access domestic abuse support (up from 36% in 2018).

The lower figures in the earlier survey reflect the fact that Family Safeguarding was operational in the new authorities before the adult worker vacancies had all been filled (this was explained by practitioners in the free-text responses in the surveys and corroborated during the qualitative consultations with social work managers). This is not a criticism; on the contrary, it is impractical to have all adult workers in post from day one given the need to work notice periods on previous posts. However, it took longer than expected for each of the new authorities to fill their adult worker vacancies, an issue which they attribute mainly to a national shortage of suitable applicants with the relevant specialisms and expertise.

Bracknell Forest and West Berkshire had recruited their full cohort of adult workers by mid-2018. The challenges in Luton and Peterborough persisted for longer. Luton did not

[6] Defined here as social workers, senior social workers, team managers and children's practitioners.

reach its planned quota of domestic abuse workers during the evaluation timeframe[7], whilst Peterborough experienced ongoing difficulties in recruiting mental health specialists. As a workaround, both authorities offered secondments in place of permanent posts.

Motivational Interviewing (MI)

A clear finding from the evaluation is that MI is a cornerstone of the Family Safeguarding model and has been greeted with enthusiasm by practitioners in each of the five authorities:

- 94% of the 205 practitioners surveyed for the evaluation in late 2019 said they use MI in their work.
- 88% cited it as an effective way of working with families.

The quote below from a social worker echoes many similar remarks made during the practitioner focus groups undertaken for the evaluation.

"Families feel like they are working with us, rather than being told what to do. They are more engaged in the process and they do notice the difference. They feel that they are leading the process." (Social worker)

Practitioners also noted the benefits of refresher training in MI and of ensuring that social workers new to the authority receive MI training as promptly as possible upon recruitment.

Electronic Workbook

Based on practitioner feedback gathered during the evaluation, the Electronic Workbook has been the least well-received element of Family Safeguarding in the new authorities. In the 2019 survey, just over half of the practitioners (53%[8]) said it helped them to manage their caseloads effectively, while in the focus groups the recurring message was that it had not yet reduced their administrative workload. The focus groups also pointed to inconsistencies in practitioners' understanding of specifically what, and how much, information should be recorded in the Workbook. That said, it is of note that the parenting

[7] This was initially due to a shortage of suitable applicants and then to the uncertainty surrounding the re-nationalisation of the probation service (which supplies the domestic abuse workers in Luton).
[8] This excludes the survey results from West Berkshire, where the Electronic Workbook was not being used at the time of writing. There were no statistically significant differences in views towards the Workbook across the other authorities.

assessment – which as explained below received very positive feedback from practitioners – actually resides within the Workbook.

Due to compatibility issues with local authority IT infrastructure, the Workbook has not been implemented in West Berkshire. However, Family Safeguarding practitioners in West Berkshire record their case notes in a very similar way to their counterparts in the authorities where the Workbook is being used.

Parenting Assessment and Eight Module Intervention Programme

The vast majority of social workers report undertaking parenting assessments and using the eight module intervention programme (92% and 85% respectively of those that responded to the 2019 practitioner survey). Three-quarters (73%) agreed that the assessments had improved the quality of their practice, particularly in helping them to plan and structure family visits and understand families' circumstances and needs.

The only issue raised by practitioners about the intervention programme and the parenting assessment is whether all elements should be mandatory for each family. The majority view amongst the social work managers that contributed to the evaluation is that they should be mandatory to ensure consistency of approach and to maintain the veracity of the Family Safeguarding model. Social workers recognise this – and in the main they demonstrated wholehearted support for Family Safeguarding – but during the focus groups it was suggested that they would welcome discretion over whether a full assessment is required with every family.

Group Case Supervision (GCS)

GCS is being widely used within Family Safeguarding: in the late 2019 survey, 98% of practitioners in the new authorities reported taking part in GCS sessions (the corresponding figure in the previous survey was 92%). Practitioner feedback on GCS is generally very positive:

- 97% of surveyed practitioners agreed that GCS results in the right decisions being taken on cases.
- 96% agreed that GCS enables them to better manage risk.
- 86% agreed that GCS has helped them to be more reflective.

As explained in the box below, West Berkshire and Bracknell Forest have committed additional administrative resource specifically to GCS. The practitioners and social work managers in these authorities that attended the evaluation focus groups agree unanimously that this has resulted in consistently high attendance and that the GCS process works very well.

GCS in West Berkshire and Bracknell Forest

In these authorities, GCS sessions are diarised a year in advance and reminders are issued in the run-up to each session. Practitioners are asked to complete case summaries in time for review by team managers and real-time minutes are taken during the GCS sessions. Social work managers regularly quality assure GCS processes and activities. Non-attendance at the sessions is only permitted by exception.

What are the impacts of Family Safeguarding for children and families?

There is a clear consensus in all five authorities that Family Safeguarding generates greater impacts for children and families than its predecessor services. For example:

- Across two years of evaluation, no practitioner suggested that Family Safeguarding should be fundamentally re-designed or replaced.
- In the 2018 and 2019 focus groups, experienced social workers in each authority said, unprompted by the evaluators, that Family Safeguarding is the best model in which they have worked.
- Many of the parents and carers consulted for the evaluation said they had found Family Safeguarding processes to be more participatory, supportive and empowering than their previous experiences of social services. They have welcomed MI (albeit often after some initial reservation) and the multi-agency nature of the support. Almost without exception, the parents and carers told the evaluators that their quality of life had improved as a result of Family Safeguarding.

The sub-sections below look in more detail at the main impacts of Family Safeguarding from a children and family perspective. Some of these, particularly where they relate to reductions in looked after children numbers and Child Protection Plans, could also be included under the evaluation question, ‘What are the impacts of Family Safeguarding for the social care workforce?’. However, to avoid duplication, they have only been included here.

Improved family engagement

In the late 2019 practitioner survey, more than four-fifths (87%) of the 205 respondents said that Family Safeguarding had improved family engagement with social work and other support across the trio of vulnerabilities.

The practitioner focus groups and consultations with parents and carers suggest there are three main drivers of this. The first, and overarching, driver is the change in social

work practice engendered by Family Safeguarding, which aims to emphasise more empathy and less direct instruction passed from social workers to families. The parents and carers consulted for the evaluation often recognised this and explained during the consultations how their views towards social services had changed for the better following their support through Family Safeguarding. Initially, they were often unsure and unconvinced about the 'new' style of practice. It was not uncommon for them to explain how they initially "just wanted the social worker to tell me what to do" or that they "wished they [social worker] would stop asking me all these questions"[9]. Over time, and as they recognised that their views and preferences were being acknowledged and listened to, they became much more supportive of the approach and remained engaged. In each authority area, parents/carers gave examples of how they had spoken positively about Family Safeguarding to friends or family members who had a case open to social care. They had encouraged their friends/family members not to look at Family Safeguarding in the context of any previous interactions they may have had with social services, but rather to view it as an opportunity to work together with professionals to improve their circumstances and future opportunities.

Closely linked to this – and the second driver of improved family engagement – is MI: 78% of the surveyed practitioners said MI had improved family engagement by empowering parents and improving relationships between parents and practitioners. The parents and carers that contributed to the evaluation endorsed this, often explaining how they felt more involved and better informed of how they were being supported (see quotes below).

"I liked how the social worker took me seriously and listened to my opinion…I felt I was included, and we have got on much better because of that." (Parent)

"We have seen a big increase in the number of parents contacting us with positive feedback…praising us for how we've involved them." (Service manager)

The third driver of improved family engagement is the multi-disciplinary support that is provided through Family Safeguarding. Based on the feedback gathered from practitioners, social work managers and parents/carers, there can be little doubt that the close working between social workers and adult specialist workers has:

- Provided timely and high quality support for families. Many of the parents and carers that contributed to the evaluation report being impressed by the promptness with which they have been able to access specialist support.

[99] These are illustrative quotes that capture the essence of the feedback from parents and carers that contributed to the evaluation. They are not verbatim nor specific to any particular family or authority.

- Enabled the support to be more co-ordinated than under the predecessor services. Parents and carers often commented on how the specialist adult workers were well-informed about their cases and how pleased they were that they did not have to re-tell their story numerous times.
- Improved risk assessments through knowledge sharing and task assistance with cases. Adult workers can explain the types of issues that may be influencing a parent or carer's behaviour and can help develop an understanding of this across the team, resulting in the more accurate assessment and management of risk.
- Removed a well-recognised barrier to participation by providing support in the home, namely the barrier of travel to, or attending support sessions in, external venues.

Qualitative feedback obtained from the consultations with parents and carers points not only to improved engagement but also to the positive outcomes arising from that engagement. The parents and carers provided examples of improved intra-family relationships, less deterioration and escalation, less domestic abuse and substance misuse and improved mental health. Two case study examples are provided on the following pages. Three more (one for each of the other authorities) have been included at Appendix 6.

Family Case Study: Peterborough

Background

The family was referred to Family Safeguarding by the midwife on account of dad's fluctuating mental health, suicidal feelings, involvement with the police and abusive behaviour towards mum. During an initial child protection conference, a risk assessment was undertaken which identified safeguarding issues and the need to develop a family plan to support mum when the baby was born.

Mum and dad were initially reluctant to engage due to their negative perceptions of social workers. Mum had friends whose children had been taken into care and dad felt he would be judged on account of his mental health issues.

Support provided for the family

A mental health worker was involved in the case from the beginning and undertook the parenting and risk assessments. This helped to secure dad's engagement and commitment to the process.

The assessments and the MI approach were well received by both parents. Mum said she was "pleasantly surprised" by the reflective nature of the assessment and how she was encouraged to be involved in the design of her pre-birth plan. MI helped dad to overcome his initial skepticism and built trust between him and the social worker. This trust provided an important platform for dad to assess his own needs and circumstances and for him to have a voice in the planning and delivery of the support. The social worker agreed, adding that the modules and visual tools were very effective in enabling mum and dad to discuss their capacity and reflect on their baby's needs.

A family group conference was undertaken with members from both parents' families. Mum felt reassured by her support network, knowing that she had somewhere to turn for help should there be a risk to the baby's welfare. A family plan was developed to ensure she would have access to the requisite practical support and respite when the baby arrived.

Outcomes and impacts

Key to this case was the involvement of the mental health worker and the identification of an earlier misdiagnosis. Dad had been diagnosed with Emotionally Unstable Personality Disorder (EUPD), but this was challenged by the mental health worker who believed he was suffering from a combination of Attention Deficit Hyperactivity Disorder (ADHD) and Post Traumatic Stress Disorder (PTSD), having witnessed the death of a close friend.

The social worker and mum both felt that had it not been for the mental health worker, dad is unlikely to have engaged in the Family Safeguarding process, could easily have become angry and confrontational and could have been disruptive at meetings. Instead, the mental health worker worked with dad to help him understand his new diagnosis, provided coping mechanisms, referred him to the adult ADHD team and helped him get a prescription for more suitable medication. There was a consensus from all concerned that in the absence of a mental health worker, dad's needs are unlikely to have been adequately addressed.

"He was much calmer and able to talk without emotional escalation."
(Social worker)

Mum gave birth and, according to the social worker, "did everything that was asked of her". She demonstrated a good awareness of the baby's needs and other elements of risk, giving confidence to the team that she knew how to protect the baby should dad's mental health deteriorate. With the mechanisms in place to understand and cope with his mental health, dad was deemed not to be a risk to the baby. The case was stepped down to Child In Need and subsequently closed.

Family Case Study: Luton

Background

The family had two children of primary school age and had recently moved to Luton. Mum spoke relatively little English and, as a result of misuse of alcohol, dad had recently lost his job. There had been episodes of domestic abuse perpetrated by the father, some of which had been witnessed by the children. Other incidents and arguments between the parents had also resulted in police call-outs.

Support provided for the family

The support provided by the Family Safeguarding team was focused on addressing the abusive relationship between the parents, mitigating the negative impacts on the children and addressing financial issues resulting from dad's unemployment and alcohol misuse.

A domestic abuse perpetrator worker completed a risk assessment and a plan was put in place. Dad was also supported by a substance misuse worker to help address his alcohol issues. A referral to the domestic abuse worker (victim) was made for mum. Work with the children included 'The Three Houses' (Signs of Safety[10]) and an emotional checklist questionnaire.

Mum discussed her concerns about the family's financial situation with the social worker. She recognised that she needed advice and support to address this and to find work: *"I felt like I was quite alone and needed a lot of advice." (mum)*

The family engaged well with the support, with both parents contributing well to meetings and decision making. A safety plan was developed with mum and, although initially reluctant, dad engaged well with the alcohol misuse support. MI helped with this and was an important factor in him being able to make progress relatively quickly.

[10] www.signsofsafety.net

Outcomes and impacts
The Family Safeguarding staff involved in this case all felt that the support had resulted in positive outcomes for this family. They concurred that without the support, and the multi-disciplinary nature of it, the family's situation is likely to have deteriorated. The children have benefited from a more independent and confident mum who is now in employment and who has better control over the family's finances. Initially mum's newfound independence had been challenging for dad because it took away his ability to control her. However, his work with the domestic abuse perpetrator worker has enabled him to change his mindset on this. There have been no further reports of domestic abuse, he is back in work and his alcohol misuse is greatly reduced. The social worker considers the children to be much safer, reflected in the recent stepdown and closure of this case.

Fewer police call-outs

There are strong indications that Family Safeguarding reduces the regularity with which the police are called out to the families supported. The analysis undertaken to support this claim mirrors that in the Round 1 evaluation, i.e.:

- For each family, it compares the average number of police call-outs per month in the 12-month prior to their transfer in to Family Safeguarding with the average number of call-outs in the next 12 months.
- The family level data is then aggregated to give local authority level results.

As shown in Table 3, the reductions in average call-outs per month range from 25.5% in Peterborough to 66.7% in West Berkshire. The reduction reported in Hertfordshire in Round 1 was 66%, suggesting that the model has continued to have a similarly positive effect on police call-outs in Hertfordshire since that evaluation was completed.

Table 3: Average monthly police call-outs before and after Family Safeguarding

	Bracknell Forest	Hertfordshire	Peterborough	West Berkshire
Average no. call-outs per month pre-Family Safeguarding	6.8	3.3	15.3	4.8
Average no. call-outs per month post-Family Safeguarding	2.9	1.2	11.4	1.6
Reduction in average no. incidents per month	**-57.4%**	**-63.6%**	**-25.5%**	**-66.7%**

Source: Individual level data supplied by local authorities

It is the view of the evaluators that the raw data upon which the analysis has been based is reasonably robust, although the significantly higher average number of call-outs contained in the Peterborough data raises the question of whether it is a like-for-like comparison across all authorities.

Also of note is that the evaluation has not had access to police call-out data from other local authorities where Family Safeguarding is not operating. This makes it more difficult to assess the net impact of the service. In other words, it is possible that the average number of call-outs per month would reduce to some extent anyway under any well-functioning model of children's social care, including the predecessor services in the five authorities within the scope of this evaluation.

The qualitative consultations undertaken with local authority stakeholders revealed a shared view that Family Safeguarding is likely to have been responsible for a large proportion of the reductions reported through this evaluation. This view was echoed by the majority of practitioners that attended the evaluation focus groups (particularly the focus groups in late 2019). The consultations with parents and carers undertaken by the evaluators also provided numerous examples of where police call-outs are unlikely to have reduced to the same extent were it not for the multi-disciplinary, restorative approach applied through Family Safeguarding. It nonetheless remains the case that the reductions may not be entirely attributable to the service.

For Bracknell Forest, Peterborough and West Berkshire, analysis has also been undertaken to test whether the average reduction in call-outs is greater amongst those families supported under a fully established Family Safeguarding model, compared with those supported in the early stages of the service. This is the 'cohort analysis' explained in the 'Evaluation methods' section of the report[11]. In this context, 'fully established' is defined as occurring when:

- 70% of specialist adult workers are in post.
- 70% of practitioners have completed MI training.
- 70% of practitioners have attended Family Safeguarding workshops.

It is difficult to pinpoint precisely when this happened for each authority, but the end of March 2018 is a suitable estimate. The analysis therefore compares the families transferred in to Family Safeguarding before this point (referred to here as Cohort 1) with those referred in afterwards (referred to as Cohorts 2, 3 and 4).

[11]Cohort analysis is not relevant to Hertfordshire as the model was already fully established at the start of Round 2.

In Bracknell Forest and West Berkshire (Tables 4 and 5), the reductions in police call-outs are larger in Cohorts 2, 3 and 4 than in Cohort 1. In both cases, chi-square analysis confirms statistical significance ($p<0.001$), indicating that the larger reductions in the later cohorts are not simply the product of chance. This would support, although does not prove, the notion that Family Safeguarding has a greater impact on police call-outs once it becomes fully established. In Peterborough (Table 6), no such trend is observed.

Table 4: Police call-outs in Bracknell Forest

	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Average no. call-outs per month pre-Family Safeguarding	4.3	5.4	6.3	11.0
Average no. call-outs per month post-Family Safeguarding	3.7	3.9	1.1	3.0
Reduction in average no. incidents per month	**-14.0%**	**-27.8%**	**-82.5%**	**-72.7%**

Source: Individual level data supplied by local authorities

Table 5: Police call-outs in West Berkshire

	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Average no. call-outs per month pre-Family Safeguarding	3.6	10.8	2.3	2.6
Average no. call-outs per month post-Family Safeguarding	3.4	2.4	0.4	0.2
Reduction in average no. incidents per month	**-5.6%**	**-77.8%**	**-82.6%**	**-92.3%**

Source: Individual level data supplied by local authorities

Table 6: Police call-outs in Peterborough

	Cohort 1	Cohort 2	Cohort 3	Cohort 4
Average no. call-outs per month pre-Family Safeguarding	13.0	18.5	17.3	12.3
Average no. call-outs per month post-Family Safeguarding	9.0	11.8	13.7	11.0
Reduction in average no. incidents per month	**-30.8%**	**-36.2%**	**-20.8%**	**-10.6%**

Source: Individual level data supplied by local authorities

Fewer children becoming looked after

In all five authorities, the average annual rate of new looked after children (aged under 12[12]) per 10,000 population is lower post-implementation of Family Safeguarding than it was under the predecessor service.

For the new authorities, this has been calculated by comparing the average looked after children rates across three pre-implementation years (2014/15, 2015/16 and 2017/18)

[12] This age group was selected for the analysis to reflect the focus of Family Safeguarding on pre-teenage children.

with the average across two post-implementation years (2018/19 and 2019/20). For Hertfordshire, the pre and post-implementation periods are different due to their earlier introduction of Family Safeguarding. The pre-implementation period used in the Hertfordshire analysis is 2012/13 to 2014/15 inclusive. The post-implementation period is 2016/17 to 2019/20 inclusive. For all authorities, adjustments have been made in the calculations to account for changes in local under 12 populations over the analysis period[13].

As shown in Tables 7 to 11:

- The percentage reductions in new looked after children per 10,000 population pre and post-implementation of Family Safeguarding range from 9% in Peterborough to 30% Hertfordshire (as per earlier commentary, this is influenced by a range of factors including stability in senior leadership).
- The reductions in absolute numbers (heavily influenced of course by the size of the local populations) range from 4.8 looked after children per annum in Bracknell Forest to 90 looked after children per annum in Hertfordshire.

It is important to acknowledge that in Bracknell Forest, the results are influenced (and the reported reduction is made lower) by unusually low numbers of looked after children in 2014/15 and 2015/16: 11.2 and 12.5 per 10,000 population respectively. Reflecting local policy changes regarding child protection thresholds, the following two years saw these averages increase to 17.2 and then to 24.7 looked after children per 10,000 population. The analysis has sought to account for this, in part at least, by including the first six months of 2017/18 in the pre-intervention calculations for Bracknell Forest[14]. Even so, it remains the case that the reduction in the looked after rate in Bracknell Forest is likely to have been larger, and potentially quite considerably larger, had the same approach to thresholds been applied in both the pre and post-implementation periods.

[13] In four of the five authorities (the exception being Bracknell Forest), the under 12 population is larger in the post-implementation period than in the pre-intervention period. Assuming that the children in those two populations (pre and post-implementation) are equally likely to become looked after, then some of the effects of Family Safeguarding could be masked by the fact that the populations being compared are of different sizes. It is important that this is catered for in the analysis, which it is in the second row of each table.

[14] This is justified because Bracknell Forest did not begin the process of implementing Family Safeguarding until October 2017.

Table 7: Looked after children (LAC) rates in Bracknell Forest

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	31.7	27.0	-4.7	-15%
New LAC under 12 per 10,000 population (average per annum)	16.6	14.1	-2.5	-15%
Annual reduction in new LAC under 12			**-4.8**	

Source: Authority level data supplied by local authorities

Table 8: Looked after children (LAC) rates in Hertfordshire

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	277.7	205.0	-72.6	-26%
New LAC under 12 per 10,000 population (average per annum)	15.9	11.0	-4.8	-30%
Annual reduction in new LAC under 12			**-90.0**	

Source: Authority level data supplied by local authorities

Table 9: Looked after children (LAC) rates in Luton

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	99.7	92.2	-7.5	-8%
New LAC under 12 per 10,000 population (average per annum)	25.1	22.6	-2.5	-10%
Annual reduction in new LAC under 12			**-10.3**	

Source: Authority level data supplied by local authorities

Table 10: Looked after children (LAC) rates in Peterborough

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	100.0	99.3	-0.7	-1%
New LAC under 12 per 10,000 population (average per annum)	29.2	26.6	-2.6	-9%
Annual reduction in new LAC under 12			**-9.6**	

Source: Authority level data supplied by local authorities

Table 11: Looked after children (LAC) rates in West Berkshire

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	44.6	37.6	-6.9	-16%
New LAC under 12 per 10,000 population (average per annum)	18.9	16.1	-2.8	-15%
Annual reduction in new LAC under 12			**-6.6**	

Source: Authority level data supplied by local authorities

The question then turns to the impact of Family Safeguarding on these reductions. The majority view from the practitioners that contributed to the evaluation is that Family Safeguarding has been at least in part responsible: 61% of those responding to the 2019 practitioner survey agreed that it had, 11% disagreed and 28% said they did not know. To add further insight, three additional strands of analysis were undertaken:

- **Statistical neighbour comparisons:** three of the five authorities (Hertfordshire, Luton and Peterborough) have outperformed their statistical neighbours in terms of new looked after children rates over the analysis period. This is particularly the case in Peterborough, whose statistical neighbours recorded an average increase of 12% in their annual rate of new looked after children per 10,000 population, compared with a 9% reduction in Peterborough.
- **Time adjusted analysis:** a regression model was used to test the differences in the pre and post-implementation results for statistical significance. This analysis looked not only at the pre and post-implementation averages in isolation, but also took into account underlying trends in the data (the time adjusted element). The results of the time adjusted analysis confirm statistical significance in Bracknell Forest, Hertfordshire, Luton and West Berkshire ($p<=0.05$ in each of those areas). Statistical significance is not present in the Peterborough results, due to the downward trend in the rate of looked after children in the pre-intervention data.
- **Cohort analysis:** the individual-level data supplied by Bracknell Forest, Peterborough and West Berkshire enables an assessment of whether children supported by Family Safeguarding were more or less likely to become looked after once the model was fully established. As with the police call-out analysis, the end of March 2018 was used as the estimated date for full implementation. Children in Cohort 1, whose post-intervention data begins in January 2018, have been compared with Cohort 2, who were supported once the model had become fully established. In Peterborough there is no difference between the two cohorts: 12.2% of the children in Cohort 1 and 12.2% of those in Cohort 2 became looked after at some point in the 12 months following their transfer in to Family Safeguarding. In Bracknell Forest and West Berkshire, there were differences between the two cohorts (Table 12), although these do not reach statistical significance ($p=0.29$ in Bracknell Forest and $p=0.09$ in West Berkshire).

Table 12: Looked after children by Family Safeguarding cohort

	No. children looked after within 12 months		% children looked after within 12 months		p-value
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	
Bracknell Forest	7	5	10.0%	5.6%	0.29
West Berkshire	7	7	12.1%	5.1%	0.09

Source: Authority level data supplied by local authorities

In summary, the statistical significance observed in the time adjusted analysis in four of the authorities indicates that the reductions in looked after children are unlikely to be the product of chance. That does not prove that Family Safeguarding was necessarily responsible, although the qualitative evidence gathered for the evaluation gives reason to believe that it was a significant contributory factor.

Reductions in the number of Child Protection Plans

In each of the four authorities for which data is available[15], the number of children aged under 12 on Child Protection Plans has reduced following the introduction of Family Safeguarding. The pre and post-implementation periods for these calculations are the same as for the looked after children calculations above. Likewise the analytical approach, i.e. the average across three pre-intervention years is compared with the average of two post-intervention years. The exception is Hertfordshire, where four years of post-intervention data is available. Once again, adjustments have been made for changes over time in the under 12 populations. The points made above on pre-Family Safeguarding practice in Bracknell Forest and the potential impact on the results also apply here.

Once population changes have been factored in, the reductions in Child Protection Plan numbers range from 7% in West Berkshire to 46% in Hertfordshire. This equates to reductions in absolute terms of between 6.3 children per annum in West Berkshire and 379.2 in Hertfordshire (Tables 13 to 16).

Table 13: Child Protection Plans (CPP) in Bracknell Forest

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	88.0	80.8	-7.3	-8%
Average no. children under 12 on a CPP per 10,000 population	46.0	42.4	-3.6	-8%
Annual impact on no. children on a CPP			**-6.8**	

Source: Authority level data supplied by local authorities

[15] Bracknell Forest, Hertfordshire, Peterborough and West Berkshire.

Table 14: Child Protection Plans (CPP) in Hertfordshire

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	787.5	451.2	-336.3	-43%
Average no. children under 12 on a CPP per 10,000 population	44.5	24.1	-20.4	-46%
Annual impact on no. children on a CPP			**-379.2**	

Source: Authority level data supplied by local authorities

Table 15: Child Protection Plans (CPP) in Peterborough

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	182.3	161.7	-20.6	-11%
Average no. children under 12 on a CPP per 10,000 population	52.3	43.1	-9.2	-18%
Annual impact on no. children on a CPP			**-34.2**	

Source: Authority level data supplied by local authorities

Table 16: Child Protection Plans (CPP) in West Berkshire

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	89.8	83.0	-6.7	-7%
Average no. children under 12 on a CPP per 10,000 population	37.9	35.3	-2.7	-7%
Annual impact on no. children on a CPP			**-6.3**	

Source: Authority level data supplied by local authorities

Time adjusted analysis was undertaken on the Child Protection Plan data to test for statistical significance. In all four authorities, statistical significance was confirmed ($p<=0.05$).

Cohort analysis was also undertaken, the results from which show a statistically significant difference in West Berkshire but not in Bracknell Forest or Peterborough (Table 17):

Table 17: Child Protection Plans (CPP) by cohort

	No. children on CPP within 12 months		% children on CPP within 12 months		p-value
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	
Bracknell Forest	19	16	27.1%	17.8%	0.16
Peterborough	10	11	8.1%	8.4%	0.94
West Berkshire	5	1	8.6%	0.7%	0.004

Source: Authority level data supplied by local authorities

As with the looked after children data, the statistical significance observed in the time adjusted analysis, coupled with the qualitative feedback gathered during the evaluation, supports the claim that Family Safeguarding has contributed to the reductions in Child Protection Plans. It does not provide proof, but the evaluators are not aware of any other major influences that are likely to have had a significant impact on Child Protection numbers over that period.

Encouraging mental health outcomes

Data on the use of mental health services amongst the adults supported by Family Safeguarding is available for West Berkshire and Bracknell Forest. This data was supplied by the two authorities as an addition to the main data submissions for the evaluation. It was not specifically requested from each authority (see earlier point under 'Future evaluation activity' about the incorporation of this data within future evaluations).

The results from the analysis of the data point to encouraging outcomes:

- In West Berkshire there had been a 100% reduction in emergency/crisis contacts and use of front door mental health services amongst the adults supported by Family Safeguarding (defined here as zero crisis contacts for all adults in the six months following their Family Safeguarding support).
- In Bracknell Forest, the equivalent figure is 75%.
- Across the two authorities combined, approximately 80% of those receiving mental health support through Family Safeguarding reported an improvement in their anxiety and/or depression. Approximately 80% in West Berkshire and 100% in Bracknell Forest also reported improvements in family functioning.

The specialist mental health workers and service managers that contributed to the evaluation in these authorities consider these to be positive findings. They state that reductions in unplanned, reactive mental health contacts, coupled with an increase in more progressive and planned mental health support is an outcome from Family Safeguarding that not only benefits the adults and families concerned, but also the mental health system in these two authority areas. The example below highlights Family Safeguarding's work to encourage better mental health outcomes:

Mental health support through Family Safeguarding

The case was referred in to Family Safeguarding due to conflict in the home between the mother and her children. There were reports of physical and verbal abuse from the mother, school attendance was poor and there were concerns over child criminal exploitation. The mother had previously been referred for talking therapy but had not attended. She also had a recent history of contacts with the Crisis Resolution and Home Treatment Team.

Through Family Safeguarding, the mother attended weekly dialectical behaviour therapy sessions focusing on distress tolerance and emotional regulation. Her engagement enabled the case to be held within Family Safeguarding and not to be escalated to the Community Mental Health Team.

She has shown a reduction in emotional deregulation, has taken part in community activities and has started exercise classes. She has also maintained engagement with Intensive Management of Personality Disorders and Clinical Therapies Team.

Her children's school attendance has improved considerably and there has been an increase in positive family activity, e.g. birthday parties and a holiday. The children reported having "more fun" and said their mum was "less stressy".

At the time of writing the case had been closed to social care.

Inconclusive findings on school absences, physical health and substance misuse

The evaluation sought to analyse whether average school absence rates amongst the children supported by Family Safeguarding were lower during and after that support than they were in the preceding school year. However, no conclusions can be drawn on this, due mainly to gaps, inconsistencies and duplicate entries in the data, both within and across local authorities.

Turning to physical health outcomes, data was requested on the number of A&E visits and unplanned hospital admissions pre and post-Family Safeguarding for the children and adults supported during the evaluation period. As noted under 'Limitations of the evaluation', that data proved difficult to source and could only be provided by Hertfordshire.

The Hertfordshire data points to a 13% reduction in A&E visits amongst those supported by Family Safeguarding (compared with the preceding 12 months) and a 3% reduction in unplanned hospital admissions. Practitioners in Hertfordshire feel confident that Family

Safeguarding has contributed to these reductions, but the absence of comparator data makes it difficult to estimate the extent to which that is the case in practice.

The available data on participation in, and completion of, substance misuse programmes through Family Safeguarding also makes objective analysis challenging. Taking the data at face value, it appears that completion rates (defined as the proportion of adults that started a programme and had completed it successfully by September 2019) were between 20% and 30% in Bracknell Forest, approximately 40% in Peterborough and approximately 50% (and potentially higher) in Hertfordshire and West Berkshire. The variations by authority could exist for several reasons beyond the quality or effectiveness of the provision. One is simply inconsistencies in the data. Another is that an authority may have an above or below average proportion of opiate users in their cohort who, typically, are on programmes for longer and who have lower completion rates than non-opiate and alcohol users.

The proportion of adults being re-referred onto substance misuse programmes within six months appears low. It ranges from approximately 4% in Peterborough to approximately 10% in Bracknell Forest, although as above, it is difficult to interpret this confidently due to issues of data consistency.

What are the impacts of Family Safeguarding for the social care workforce?

Family Safeguarding has three key aims in relation to the social care workforce:

- Strengthen information sharing and decision making.
- Develop the skills and knowledge of practitioners.
- Minimise pressure for social workers through reduced caseloads.

Information sharing and decision making

A large majority of the surveyed practitioners (88%) said that Family Safeguarding had improved information sharing and decision making. They reported:

- Having more timely access to specialist information and support.
- Being able to complete more holistic assessments of families' needs.
- Being able to respond quickly in a way that reduces risk.

They also explained how Family Safeguarding better enables them to challenge families (where it is appropriate to do so) and to more easily explore inconsistencies in information that families have provided to different professionals.

Stakeholders working outside of Family Safeguarding – e.g. in early help, multi-agency support hubs and looked after teams – also praised the sharing of information through Family Safeguarding. Unanimously, these stakeholders spoke of their support for the Family Safeguarding model. Staff working in looked after teams, for example, said they have renewed confidence that all appropriate preventative activity has been attempted before social workers recommend that a child becomes looked after.

Skills and knowledge of practitioners

Nearly nine in ten of the surveyed practitioners (88%) said their skills and knowledge had improved because of Family Safeguarding and that they were able to work more effectively alongside their colleagues. The specific areas or types of skills and knowledge cited most regularly were:

- Care and engagement skills, defined here as collaboration, autonomy and empathy (note that the practitioners tended not to use these specific terms, but they are appropriate categories for the points made during the focus groups).
- Being able to better identify and understand families' issues and the associated risks to the child or children.
- Being better able to empower parents/carers and help them have a central role in the direction and ownership of their cases. MI has been the primary tool for achieving this.
- Having a better appreciation of the work undertaken by specialist adult workers. In addition, adult workers often remarked that they feel better informed about the circumstances and constraints within which their social work colleagues operate.

The culture change engendered by Family Safeguarding, together with the accompanying staff training, is a major influence on why so many practitioners cited the above.

Caseloads

Caseloads have reduced during Family Safeguarding, but only a small majority of the surveyed practitioners (57%) said they felt less pressure as a result. This is for a variety of reasons, including:

- A general view amongst social workers that cases are, over time, becoming more complex.
- Despite its evident benefits, MI can be time-consuming to apply.
- Feedback from practitioners that the Workbook has not yet reduced their administrative workload.

How has Family Safeguarding impacted on the demand for social care services?

The answer to this question will only fully become apparent over the longer-term. As already demonstrated in earlier sections of this report, there are encouraging signs in each authority in the form of reductions in looked after children and/or Child Protection Plans. Data from Hertfordshire shows that these reductions have continued (albeit with some small fluctuations) throughout four years of post-implementation activity.

A further way of assessing the impact on the demand for social care services is to look at re-referral rates, defined here as any referral into Family Safeguarding that had a previous referral within the preceding 12 months. Data supplied by the local authorities shows that re-referral rates can fluctuate considerably year-on-year. For example:

- In West Berkshire, the average re-referral rate for children aged under 12 fell from 28.3% in 2014/15 to 22.6% in 2015/16, but then rose to 27.6% the following year.
- In Peterborough, the average re-referral rate fell from 23.6% to 16.8% between 2016/17 and 2017/18, but then rose from 21.3% to 28.9% between 2018/19 and 2019/20.
- Only in Hertfordshire has there been a downward trend in re-referral rates: the average across three pre-intervention years was 20.0% compared with a post-intervention average of 14.7%. Before making time adjustments, this shows a high degree of statistical significance ($p<0.001$). However, due to the downward trend starting in the pre-intervention period (the re-referral rate in Hertfordshire was 24.5% in 2012/13, falling to 16.7% in 2014/15), the statistical significance becomes lower once time adjustments are made ($p=0.07$).

The question then becomes, why are more consistent and systematic reductions in re-referral rates not yet being observed, given the other positive messages in this report? There could be many answers to that and they will differ by authority, but two issues are of particular importance:

- **Post-implementation analysis period:** in the new authorities, the evaluation can only consider one year of re-referral data (covering the period March 2019 to March 2020). A fuller and more accurate picture in each of the new authorities will emerge when two or more years of post-implementation re-referral data becomes available.
- **The influence of practice in other service areas:** at the time of writing, the Family Safeguarding approach had not been introduced in the assessment teams of the new authorities. The decisions taken by these teams have a considerable influence on the number of referrals and re-referrals that are made to Family Safeguarding. Service managers and other senior stakeholders in the new authorities expect re-referral rates

to reduce once these teams are operating under a framework that is more closely aligned with Family Safeguarding.

Does Family Safeguarding save costs for local authorities and partner agencies?

Approach

The cost-benefit analysis of Family Safeguarding has been based on two key social care indicators: the rate of new looked after children and the number of children on Child Protection Plans. Explained in more detail at Appendix 4, the approach has been to:

a. **Calculate the average annual reductions against the two key indicators for each authority** (the Luton data only covers looked after children, not Child Protection Plans). The results from these calculations are presented earlier in the report under 'Fewer children becoming looked after' and 'Reductions in the number of Child Protection Plans'.

b. **Work with local authority stakeholders to agree the estimated average duration of a Child Protection Plan and an episode of care.** For Child Protection Plans, a one-year duration has been assumed. For looked after episodes, four years has been assumed (this factors in the age profile of looked after children and the proportions that are adopted – see Appendix 4).

c. **Calculate estimated unit costs for a Child Protection Plan and an episode of care.** For Child Protection Plans, a figure of £13,274 has been used. For episodes of care, an annual figure of £71,567 has been used, plus one-off legal costs in the first year of £17,622. In both cases the figures have been derived from in-house analysis undertaken by Hertfordshire County Council.

d. **Calculate the additional cost (compared with a business as usual service) of implementing and running Family Safeguarding.** Table 18 shows the estimated annual cost for each authority for the first three years of running Family Safeguarding, split by set-up costs and additional running costs. After Year 3, the annual cost of Family Safeguarding becomes the additional running cost (i.e. there are no further set-up costs) and is assumed to be the same each year.

Table 18: Additional costs of implementing and running Family Safeguarding

	Year 0 (pre-implementation)			Year 1			Year 2			Year 3 (and each year from then on)		
	Set-up	**Running**	**Total**	**Set-up**	**Running**	**Total**	**Set-up**	**Running**	**Total**	**Set-up**	**Running**	**Total**
Bracknell Forest	£88,548	-	**£88,548**	£1,288,581	£394,000	**£1,682,581**	£30,000	£394,000	**£424,000**	-	£394,000	**£394,000**
Hertfordshire	£2,495,626	-	**£2,495,626**	£1,022,716	£1,033,321	**£2,056,037**	-	£1,033,321	**£1,033,321**	-	£1,033,321	**£1,033,321**
Luton	£135,141	-	**£135,141**	£1,173,474	£785,577	**£1,959,051**	-	£785,577	**£785,577**	-	£785,577	**£785,577**
Peterborough	£455,787	-	**£455,787**	£1,682,778	£546,716	**£2,229,494**	£130,171	£546,716	**£676,887**	-	£546,716	**£546,716**
West Berkshire	£67,696	-	**£67,696**	£1,400,889	£381,730	**£1,782,619**	£73,490	£381,730	**£455,220**	-	£381,730	**£381,730**

Source: York Consulting, based on authority level data supplied by local authorities

e. **Calculate break-even points, annual and cumulative savings for each authority.** Having completed steps a. to d., the savings can be compared with the costs to identify a break-even point and the ongoing savings (annual and cumulative) generated by Family Safeguarding. It is of course possible that some of the savings would have occurred anyway even in the absence of Family Safeguarding, i.e. that there is a degree of deadweight in the results. The statistical tests and the qualitative feedback suggest that deadweight is likely to be low in each authority at most, but that does not mean it is non-existent. It is therefore important to keep in mind that while the break-even points and return on investment estimates presented below assume full attribution, there is a possibility that they might be further into the future and lower respectively.

Summary of results

The break-even point, i.e. the point from which the cumulative savings from reductions in looked after children and Child Protection Plans exceed the cumulative costs of delivery, varies by authority. As shown in Table 19, it ranges from eight months in Hertfordshire to four years and eight months in Bracknell Forest.

This variation across the authorities exists for three main reasons:

- The percentage reductions in looked after children and Child Protection Plans in Hertfordshire are considerably larger than in the other authorities.
- Set-up costs are, in proportionate terms, higher in the smaller authorities than in Hertfordshire (or other larger authorities).
- The pre-implementation looked after children and Child Protection Plan numbers for Bracknell Forest are atypically low. The break-even point for Bracknell Forest would have occurred sooner had the same approach to thresholds been applied in both the pre and post-implementation periods.

Table 19: Break-even points by authority

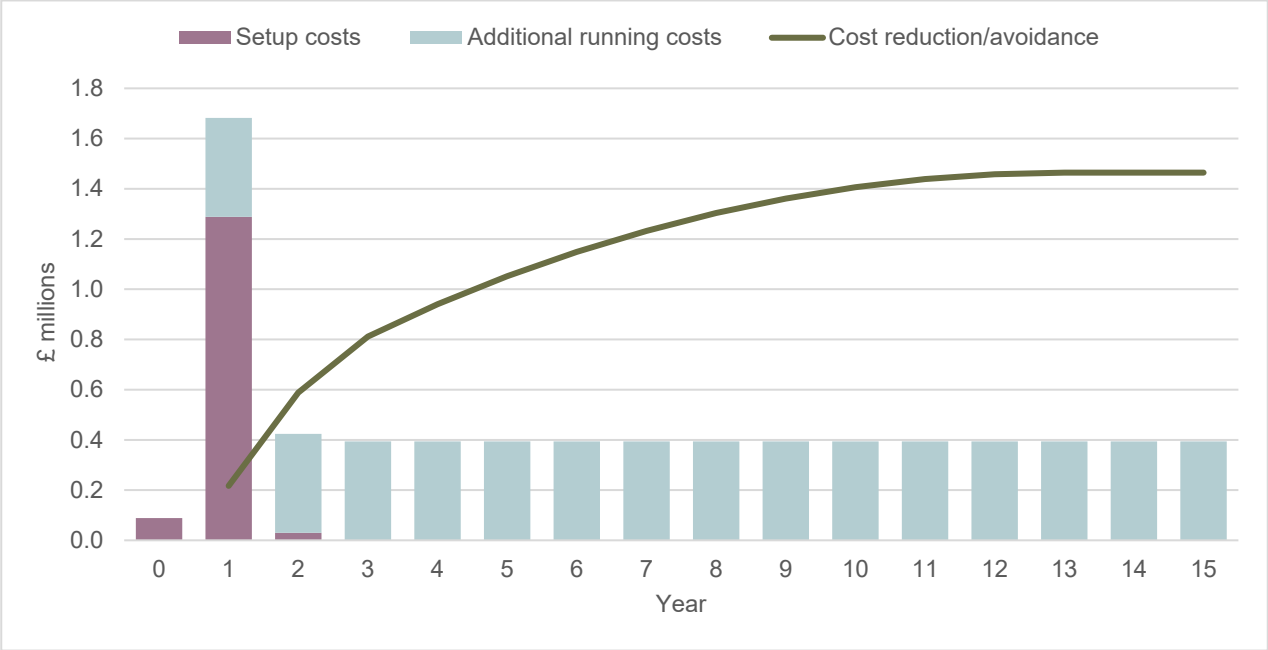
Authority	Break-even point (cumulative costs = cumulative savings)
Bracknell Forest	4 years 8 months
Hertfordshire	0 years 8 months
Luton	3 years 8 months
Peterborough	2 years 8 months
West Berkshire	3 years 8 months

Source: York Consulting, based on authority level data supplied by local authorities

Local authority results

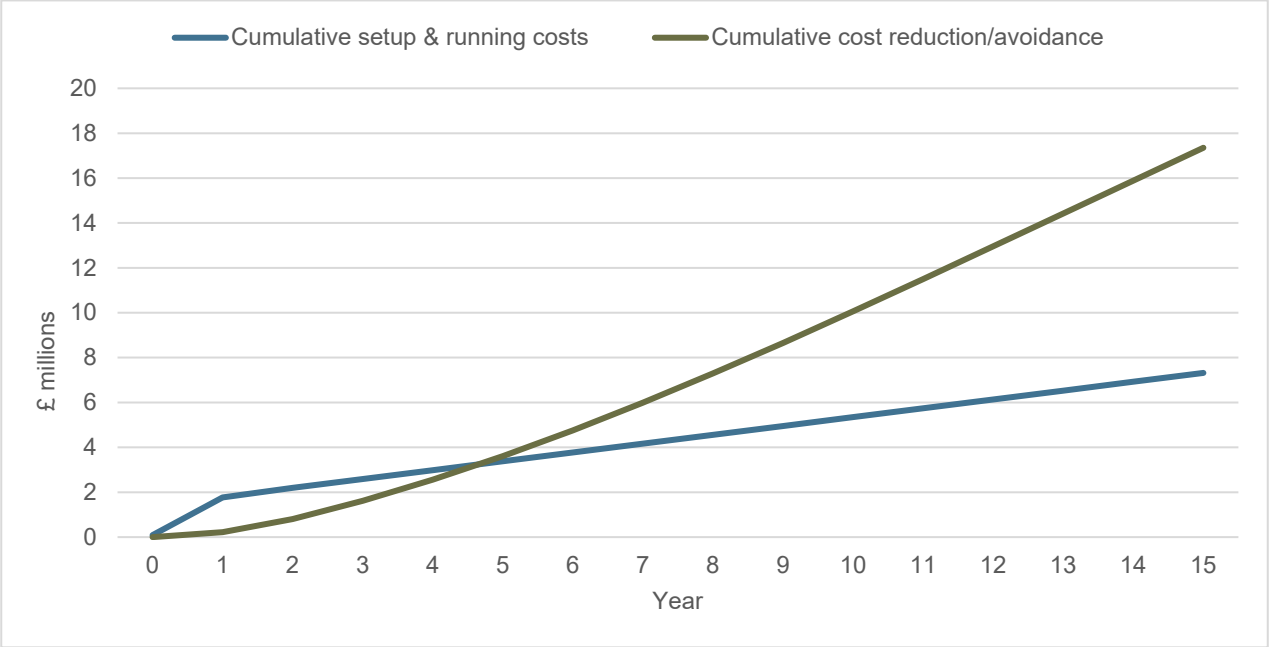
Bracknell Forest: the annual savings generated by Family Safeguarding through reduced numbers of looked after children and fewer Child Protection Plans are estimated to exceed the annual costs of the service in the second full year of delivery (Figure 1). By Year 5 (and assuming full attribution), estimated annual savings will exceed £1m and the service will have recovered its cumulative costs in looked after children and Child Protection Plan savings (Figure 2).

Figure 1: Annual costs and savings – Bracknell Forest



Source: York Consulting, based on authority level data supplied by local authorities

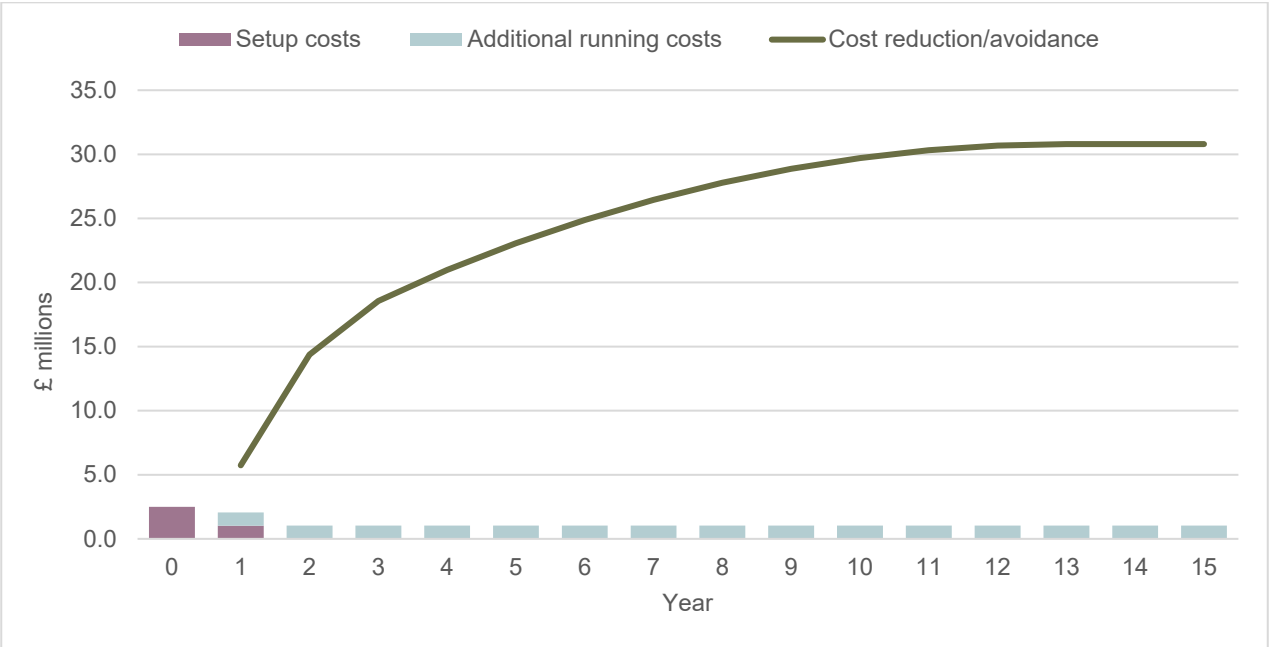
Figure 2: Cumulative costs and savings – Bracknell Forest



Source: York Consulting, based on authority level data supplied by local authorities

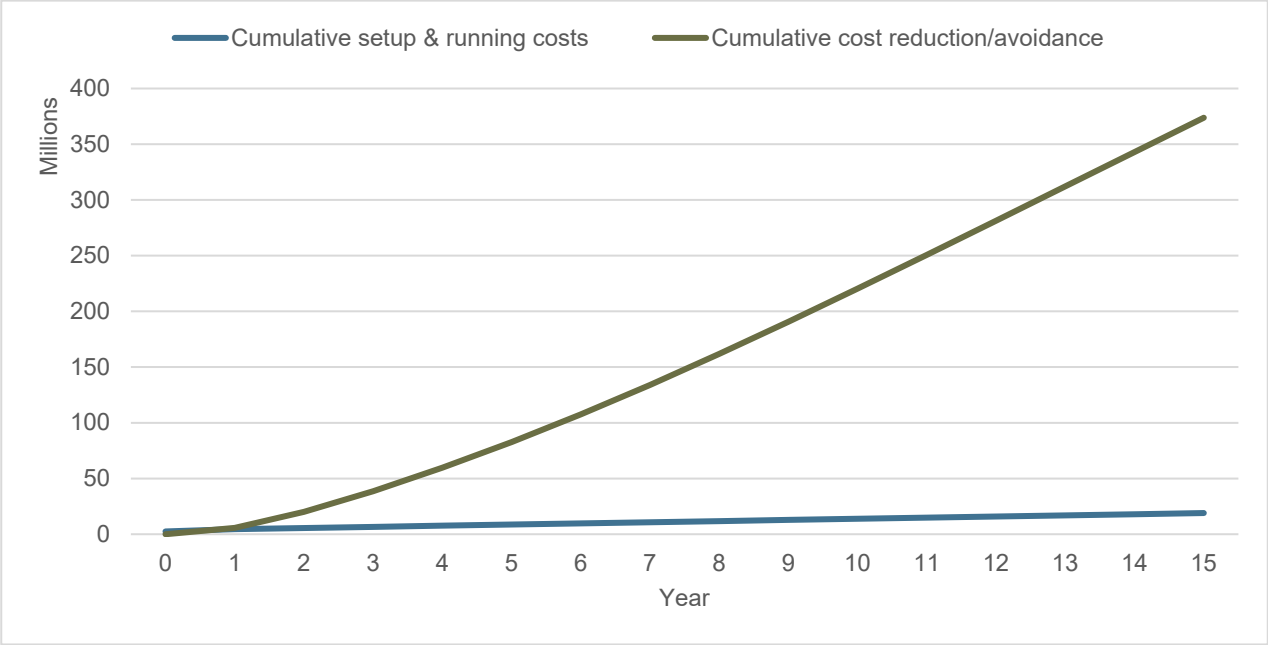
Hertfordshire: the large reductions in both looked after children numbers and Child Protection Plans in Hertfordshire means that annual savings exceed annual costs from the first year onwards (Figure 3) and the break-even point occurs within the first eight months (Figure 4). By the end of second year in Hertfordshire, cumulative savings are estimated to be £14.5m – a far greater amount than in the other authorities.

Figure 3: Annual costs and savings – Hertfordshire



Source: York Consulting, based on authority level data supplied by local authorities

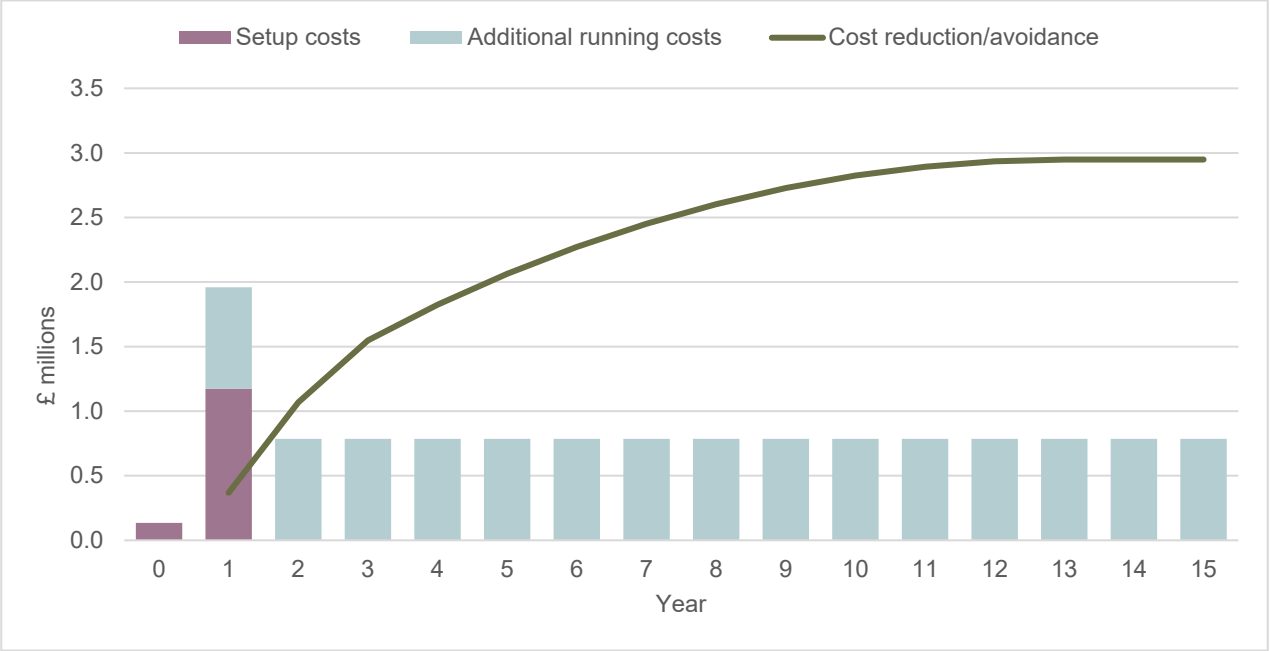
Figure 4: Cumulative costs and savings – Hertfordshire



Source: York Consulting, based on authority level data supplied by local authorities

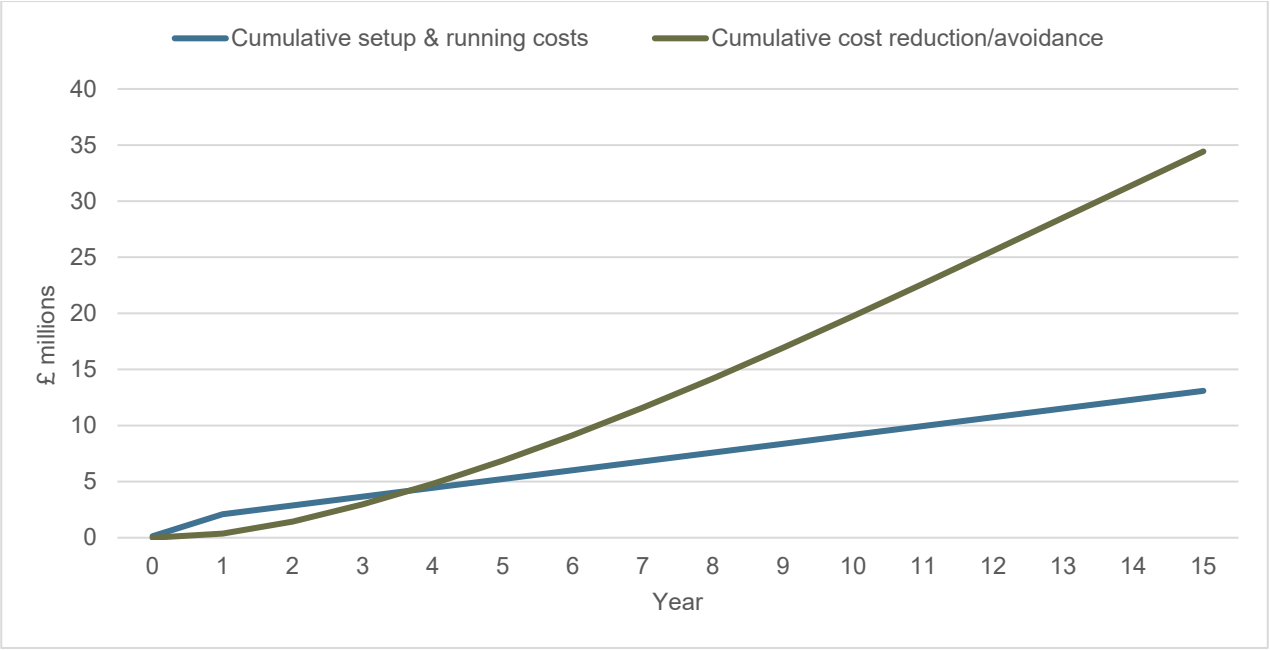
Luton: it is important to note that Luton's results are based only on reductions in looked after children. Even so, annual savings exceed annual costs in Year 2 and by Year 5 are more than £2m per annum (Figure 5). Were Family Safeguarding in Luton also to have a positive impact on Child Protection Plan numbers, the break-even point would occur sooner than the three years and eight months shown in Figure 6.

Figure 5: Annual costs and savings – Luton



Source: York Consulting, based on authority level data supplied by local authorities

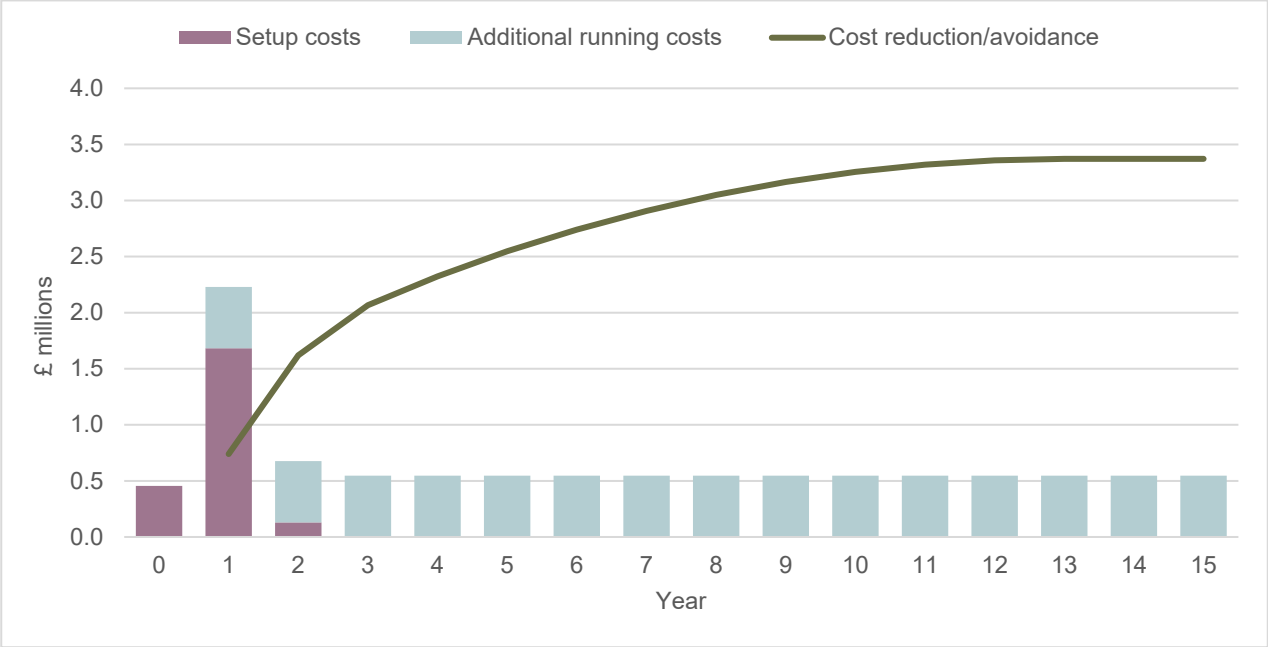
Figure 6: Cumulative costs and savings – Luton



Source: York Consulting, based on authority level data supplied by local authorities

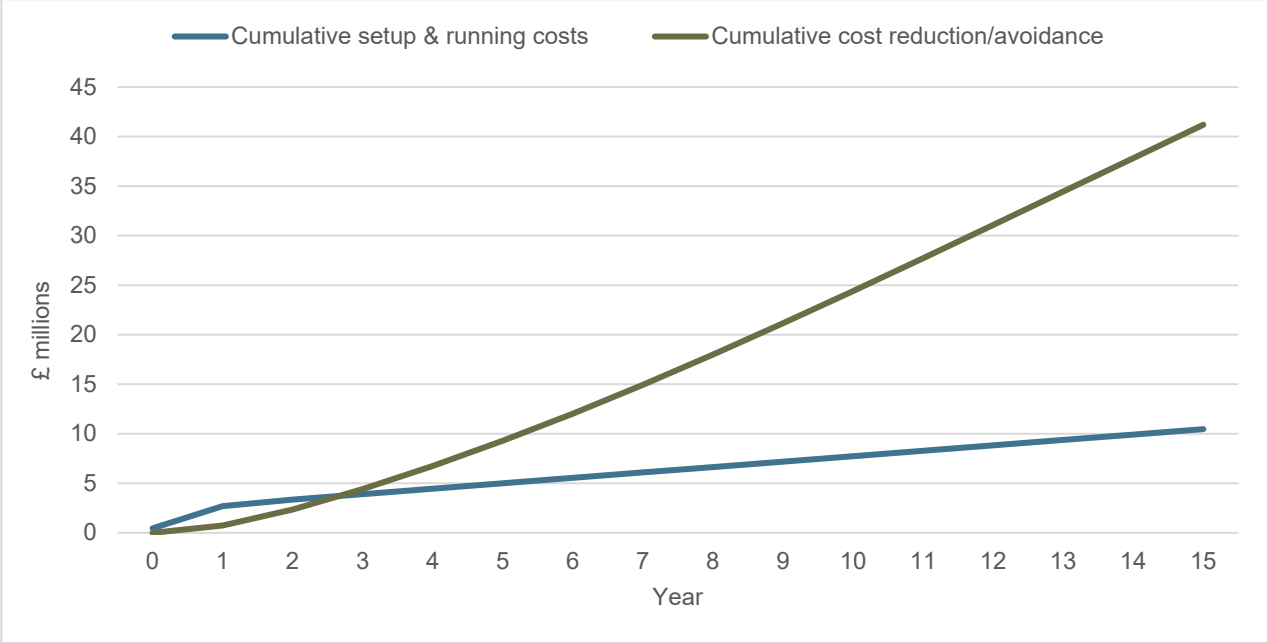
Peterborough: by the end of Year 2, it is estimated that the savings in Peterborough will be almost double the costs of delivering Family Safeguarding, with annual savings exceeding £2.5m by Year 5 (Figure 7). Peterborough's break-even point is expected to occur during the second year of delivery (Figure 8).

Figure 7: Annual costs and savings – Peterborough



Source: York Consulting, based on authority level data supplied by local authorities

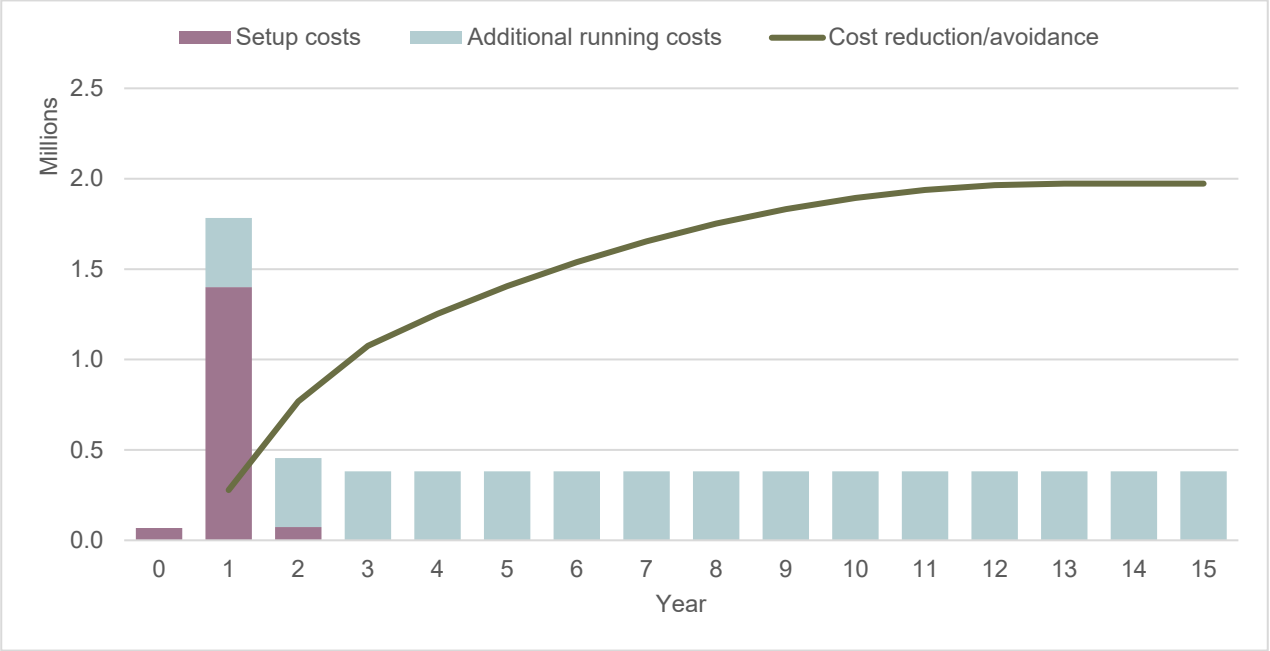
Figure 8: Cumulative costs and savings – Peterborough



Source: York Consulting, based on authority level data supplied by local authorities

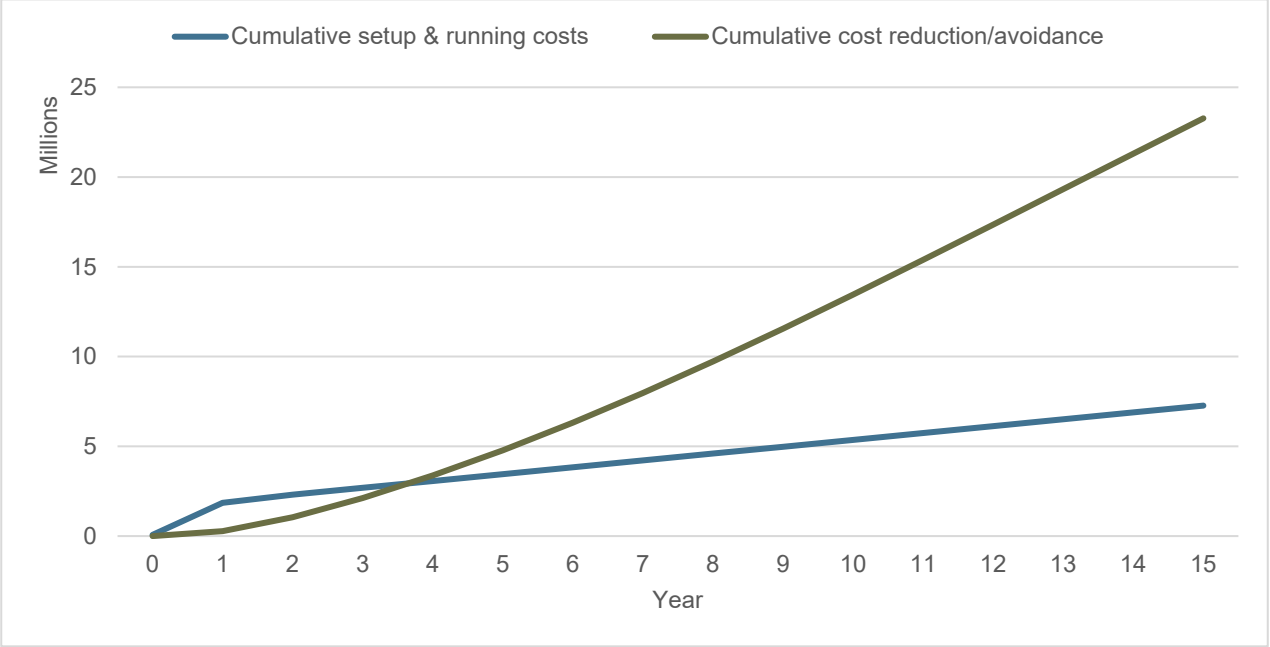
West Berkshire: annual savings are predicted to exceed annual costs in West Berkshire in Year 2. They will exceed £1m per annum from Year 3 rising to over £1.5m per annum in Year 6 and beyond (Figure 9). Break-even is expected to occur after three years and eight months (Figure 10).

Figure 9: Annual costs and savings – West Berkshire



Source: York Consulting, based on authority level data supplied by local authorities

Figure 10: Cumulative costs and savings – West Berkshire



Source: York Consulting, based on authority level data supplied by local authorities

Do the impacts of Family Safeguarding vary between local authorities? If so, why?

Perceptions

Looking first at the views of the practitioners, other stakeholders and the parents and carers that have contributed to the evaluation – there are very few notable differences across the authorities. Amongst all three groups, support for the Family Safeguarding model is broadly consistent, as are views towards the impacts it either has generated or has the potential to generate in the future. The only exceptions of note are that:

- There was some indication from the parent/carer consultations undertaken for the evaluation that families in West Berkshire and Bracknell Forest have experienced positive outcomes more quickly than families in the two other new authorities. Their feedback suggests that this may be down to them having had prompter access to specialist adult worker support, although that can only be considered an anecdotal finding.
- The surveyed practitioners in Peterborough and Hertfordshire were, on average, less positive about caseloads than their counterparts in the other authorities. In the late 2019 survey, less than half of the surveyed practitioners in Hertfordshire (49%) and Peterborough (48%) said that Family Safeguarding had reduced pressure on them through reduced caseloads, compared with 72%, 75% and 77% respectively in Luton, West Berkshire and Bracknell Forest. These differences are likely to be influenced by Peterborough and Hertfordshire already having lower caseloads when Family Safeguarding was implemented and, in the case of Hertfordshire, continued into Round Two.

Quantitative data

The results from the quantitative analysis show greater variability. Estimated break-even points are different, as are the percentage reductions in looked after children, Child Protection Plan numbers and police call-outs. The evaluation evidence suggests that a host of factors can contribute to this including, although by no means limited to:

- The characteristics and needs of the families supported by the service.
- Pre-Family Safeguarding practice and the scope that allows for improvements (i.e. some authorities may reach their lowest realistic levels of looked after children and Child Protection Plans far quicker than others.
- The promptness and quality of staff training.

- Local recruitment and retention issues, especially concerning specialist adult workers).
- Senior leadership endorsement of the model.
- Cultures of practice in other parts of the authority that refer into, or work with, Family Safeguarding.

These issues will often be interlinked and subject to external influence that is far beyond the control of Family Safeguarding. Disentangling or analysing them in isolation is therefore very difficult. Suggesting that one authority has performed better than another because they have recorded larger improvements against key indicators can be misleading because it assumes an equal starting point and comparable operating conditions. A more appropriate test will be to see whether the improvements recorded during the first two years of Family Safeguarding (or four in the case of Hertfordshire) can be sustained or improved over the longer term.

In Hertfordshire, have the benefits from Round One been sustained?

The summary answer to this question is 'yes'. The evaluation has found no evidence that the efficacy of the model in Hertfordshire, or the delivery of frontline services through Family Safeguarding, has become diluted since Round One. On the contrary:

- The average number of police call-outs per month to families supported by Family Safeguarding in Hertfordshire has reduced by 64% during Round Two. This is very similar to the 66% reduction reported in Round One.
- The reductions in looked after children and Child Protection Plans that occurred in the first two years after the implementation of Family Safeguarding have been sustained in 2018/19 and 2019/20. These are statistically significant reductions.
- The financial case for Family Safeguarding in Hertfordshire remains very strong with very significant annual savings.
- Practitioners in Hertfordshire remain very positive about the ongoing impacts of Family Safeguarding. For example:
  - 84% of the surveyed practitioners agree that Family Safeguarding continues to have a positive impact on parental engagement with social services.
  - 74% think it is reducing the number of looked after children.
  - 78% think it is reducing the number of Child Protection Plans.

That is not to say that all the operational challenges in Hertfordshire have been overcome. Practitioners continue to voice some dissatisfaction over what they perceive to be:

- Some duplication in recording.
- Mixed attendance at GCS sessions.
- Difficulties in applying the Family Safeguarding approach in full when caseloads exceed 15 children.

However, whilst the local authority should stay attuned to these issues, the headline message remains that Family Safeguarding in Hertfordshire is viewed with the same enthusiasm in Round Two as it was in Round One. Not only that, but it appears to be delivering comparable outcomes and generating significant cost savings.

4. 7 practice features and 7 outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds[16].

Using a clear, strengths-based practice framework

MI (a strengths-based approach to working with families) has been well-received in all five local authorities. There is widespread agreement that family engagement and outcomes have improved as a result of MI.

Using systemic approaches to social work practice

The inclusion of adult workers within Family Safeguarding teams, plus the use of GCS, has enabled practitioners to build a more holistic picture of families and their circumstances. By working in a more system-wide way, practitioners are able to make more informed decisions and respond to issues more quickly, in turn reducing risk.

Multi-disciplinary skill sets working together

Multi-disciplinary working sits at the heart of Family Safeguarding and has been universally praised throughout the evaluation. It is this which has expedited families' access to specialist services and has instilled a strong belief in the approach amongst practitioners, senior stakeholders and families.

Group case discussion

GCS is a central tenet of Family Safeguarding. It is widely praised across the authorities, although attendance is higher, and therefore the discussions more holistic, in those authorities that have committed resource specifically to the co-ordination and documentation of the sessions.

Family focus

Over four-fifths (85%) of practitioners agree that Family Safeguarding promotes a whole family response. By addressing parents' needs in relation to mental health, domestic

[16] Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available here.

abuse and substance misuse, the teams are confident that they are helping to reduce risks to children and are maintaining more children safely within their families.

High intensity and consistency of practitioner

There is clear agreement amongst practitioners that Family Safeguarding delivers higher intensity support than the predecessor services. The evaluation does not have access to data on consistency of practitioner.

Enabling staff to do skilled direct work

A large majority of practitioners (83% (and at least 78% in each authority)) said that Family Safeguarding has enabled them to do more direct work with families.

Reducing risk for children

There is a clear consensus amongst practitioners and senior stakeholders that GCS and multi-disciplinary working has reduced the risk for children. Multi-disciplinary working has helped practitioners to have timely access to specialist information and support and be able to respond quickly, to meet parents' needs and engage them in change, in a way that reduces risk. GCS has complemented this by enabling practitioners to manage risk more effectively. The improvements (for most authorities) against key social care indicators support these views.

Creating greater stability for children

Looked after children and Child Protection Plan numbers have fallen following the implementation of Family Safeguarding and in most cases those reductions are statistically significant. Whilst this evaluation cannot prove categorically that Family Safeguarding is responsible for that, it is the clear view of the evaluators that it is likely to have been the most significant influencing factor.

Increasing wellbeing for children and families

There is consensus amongst strategic stakeholders and practitioners that the wellbeing of children and families has improved as a direct consequence of Family Safeguarding. Family relationships and parenting skills have improved, and parents have seen positive outcomes in relation to domestic abuse, mental health and substance misuse. Practitioners and parents consistently attributed this to the use of MI and multi-disciplinary working.

Increasing workforce wellbeing

Practitioners are generally positive about working within Family Safeguarding and the culture change it has engendered: over three-quarters (78%) reported that they are very satisfied with the job that they do. Practitioners do, however, counter that with feedback on caseloads (a commonly reported view is that they would like caseloads to be lower than the average of 15 children) and explain that this can have a negative impact on their job satisfaction.

Increasing workforce stability

The evaluation does not have access to information on workforce stability. However, anecdotal feedback from stakeholders in each authority suggests that social workers from other areas are applying for vacancies specifically because of Family Safeguarding.

Generating better value for money

Recognising that this evaluation has not been able to work with perfect data, and recognising also the post-implementation period in the new authorities is still relatively short (c. two years), the financial case for Family Safeguarding appears strong. Based on reductions in looked after children and Child Protection Plans alone, the annual savings exceed the annual delivery costs within two years in each of the new authorities and the break-even point (where cumulative savings exceed cumulative costs) occurs shortly after. The financial case is the strongest in Hertfordshire, where the break-even point occurs within the first year of delivery.

5. Lessons and implications

Evaluation conclusions

This evaluation concludes that Family Safeguarding contributes to reductions in the rate at which children become looked after and the number of children on Child Protection Plans. Family Safeguarding also appears to reduce the regularity with which the police are called out to those families it supports. Less can be concluded from the evaluation on the physical and mental health outcomes arising from Family Safeguarding. However, with regard to the latter, the available evidence suggests that it may contribute to a considerable reduction in crisis contacts.

Family Safeguarding enjoys strong support from social work practitioners and specialist adult workers. A large majority of those staff that contributed to the evaluation agree that it stimulates greater levels of sustained engagement amongst families and generates better and longer lasting outcomes than the social work models it has replaced. A clear finding from this evaluation is the appetite that exists within the practitioner community in each of the five local authorities for Family Safeguarding to be continued. There is no desire to return to the previous ways of working.

For families with previous experience of social services, Family Safeguarding can initially feel very different, especially in terms of how they are involved in important decision-making processes. The parents and carers that contributed to the evaluation usually became more receptive to the Family Safeguarding approach over time and recognised that they were being worked with and not done to. They place great value on the availability of specialist support and in most cases feel that their chances of making lasting, positive change have improved.

The financial case for Family Safeguarding is strong. Break-even occurs relatively quickly from savings on looked after children and Child Protection Plans, after which annual and cumulative savings greatly outweigh the costs of delivery.

Evidence from Hertfordshire suggests that the impacts of, and enthusiasm for, Family Safeguarding do not become diluted within four years of implementation. The reductions in looked after children and Child Protection Plan numbers have been sustained, as have the reductions in police call-outs. Re-referral rates in Hertfordshire reduced significantly in the first two years of Family Safeguarding and have stayed broadly at that level in the subsequent two years.

The question then turns to why Family Safeguarding is effective. The answer is unsurprisingly multi-faceted. The inclusion of specialist adult workers is evidently important, although it is not just their presence in the teams but their close working with social workers and informed input into risk assessment that makes the difference. MI

empowers families and promotes a sense of involvement and ownership. Domestic abuse is approached with support for the victims at the forefront, but also with interventions available to assist perpetrators in making permanent changes to their behaviour.

Overall therefore, this evaluation concludes that Family Safeguarding is a worthwhile investment for local authorities that are seeking to safely prevent children from being separated from their families.

Lessons for a wider roll-out of Family Safeguarding

A replicable and effective model: the Round 1 evaluation concluded that more local authorities should be encouraged to implement Family Safeguarding (which has happened both through Round 2 and more recently via the Strengthening Families, Protecting Children programme[17]). This evaluation wholeheartedly supports that recommendation and concludes that where children's social care is not yet being delivered via close multi-disciplinary working and a solution-focused ethos, then Family Safeguarding has the potential to improve outcomes and save money.

The importance of multi-disciplinary working: this report has repeatedly emphasised the added value that is derived from integrating specialist adult workers within Family Safeguarding teams. In the context of understanding what makes Family Safeguarding a success, it is difficult to overstate this point. It is, though, much more than simply a recruitment and retention exercise. The evaluation has found that the teams function at their best when they are co-located, when they have been trained in MI and when GCS processes work well and the meetings are well attended. It is these factors combined that foster the multidisciplinary approach about which the parents and carers in this evaluation have been so complimentary.

Domestic abuse perpetrator support: there is a growing body of research to demonstrate the effectiveness of domestic abuse perpetrator interventions[18]. This research is supported by qualitative feedback from social workers and specialist adult workers during this evaluation about the effectiveness of perpetrator interventions. It is

[17] https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme

[18] A University of Durham and London Metropolitan University study of twelve domestic violence perpetrator programmes found a reduction in the number of women whose partners tried to punch, kick, burn or beat them from 54% to 2%. A more recent study from the University of Bristol shows a 30% reduction in the number of criminal domestic violence and abuse incidents amongst a cohort of perpetrators receiving an intervention compared to the control group; and in another study by the University of Northumbria, an intervention was found to have a 65% reduction in domestic violence and abuse related offending and a social return on investment of £14 for every £1 spent. Each of these studies is referenced in full at the end of this report.

also clear from the evaluation that demand for perpetrator support has been consistently high. Consequently so have the caseloads of the perpetrator worker. Authorities that are new to Family Safeguarding have the opportunity to learn from this and to resource those posts accordingly.

Group Case Supervision: a resounding finding from the evaluation is that GCS is a central tenet of Family Safeguarding and one that facilitates the effective management of risk, the minimisation of drift and delay, and the sharing of important knowledge across different professionals. It introduces an element of challenge and increases the variety of views when families are discussed. GCS works best when authorities ring-fence resource specifically for the organisation and co-ordination of the sessions. This includes diarising them well in advance, issuing reminders and circulating papers before the meetings, encouraging and confirming attendance, taking real-time minutes and circulating those promptly following each session.

Recording: it is important to acknowledge that practitioner views towards Family Safeguarding's Electronic Workbook have become more positive during the evaluation period, especially in the new authorities. But it is also clear that as recently as early 2020, some practitioners were still uncertain over what should be recorded and where. Given the importance of accurate recording to effective case management, it is important that all authorities – old and new – delivering Family Safeguarding ensure that staff are clear on the guidelines and standards and that these are consistently applied across all teams.

The challenge of comparing results across local authorities: local authority areas, and the families within them that are supported by the social services, are far from homogenous. It is therefore potentially misleading to conclude that one authority has outperformed another based solely on quantitative indicators such as looked after children rates and Child Protection Plans. Due to local demographics, the needs of families and/or resource constraints within the local authority or partner agencies, a smaller reduction in one authority may actually represent a greater achievement than a larger reduction in another. It is important that this be kept in mind as Family Safeguarding is introduced in other areas of the country and as evaluations are undertaken to assess its effectiveness and impact.

Evaluation as a platform for winning hearts and minds: organisational change is not easy. The five local authorities within the evaluation scope have all willingly embarked on the journey of implementing Family Safeguarding, but all have nonetheless faced challenges in embedding whole-system reform. The findings in this evaluation report should therefore be widely shared and explained to local authorities. They can help to reinforce the rationale for introducing Family Safeguarding and for committing the time, effort and initial financial investment that it involves. The report showcases not only the short-term impacts of Family Safeguarding but it also (via the findings from Hertfordshire)

lends weight to the argument that these impacts can be sustained over a longer period. It does this with strict independence and objectivity.

Future evaluation activity

Family Safeguarding is being continued beyond the Innovation Programme funding period in all five authorities. Looking ahead, it is unlikely that additional process evaluation activity will add value or insight. Greater value could be derived from:

- Cohort tracking to explore the longer-term and lasting impacts of Family Safeguarding in more detail, especially in the new authorities.
- Collecting comparable police call-out data from non-Family Safeguarding local authorities to provide a stronger counterfactual element to the assessment of Family Safeguarding's impact on reducing police call-outs.
- Collecting mental health and substance misuse outcomes data as a matter of course within Family Safeguarding evaluation work. The data available to this evaluation points to encouraging outcomes but was not available for all authorities.

Recognising the difficulties involved in obtaining A&E and unplanned hospital admissions data for the purposes of evaluation. An alternative approach may be to focus the qualitative consultation work with families on those families that are frequent or heavy users of health services. Whilst this would not give a representative or authority-wide assessment of impact, it would provide family-level examples of how Family Safeguarding reduces the burden on, and costs to, local health services.

Appendix 1: Local authority summaries

Local authority	Key features/context
Hertfordshire	• 23% of the population are aged under 18[19] • Ofsted rated 'Good' in October 2018 • Family Safeguarding is delivered by 21 teams, most comprising five social workers, one children's practitioner and one team manager
West Berkshire	• 23% of the population are aged under 18 • Ofsted rated 'Good' in May 2017 • Family Safeguarding is delivered by two geographically-based teams (East and West), with an approximate combined total of 40 staff members including two recovery workers, a clinical psychologist, two mental health workers, one domestic abuse victim worker and one perpetrator worker.
Bracknell Forest	• 23% of the population are aged under 18 • Ofsted rated 'Good' in April 2017 • There are approximately 50 members of staff working across two Family Safeguarding teams
Luton	• 27% of the population are aged under 18 • Ofsted rated 'Inadequate' in January 2020 • Family Safeguarding is delivered by five geographically based teams compromising approximately 60 members of staff. These include domestic abuse victim and perpetrator workers, drug and alcohol recovery workers and mental health workers.
Peterborough	• 25% of the population are aged under 18 • Ofsted rated 'Good' – June 2018 • Peterborough has six Family Safeguarding teams, each of which has six social workers, two children's social care practitioners and two/three domestic abuse, substance misuse and mental health adult workers.

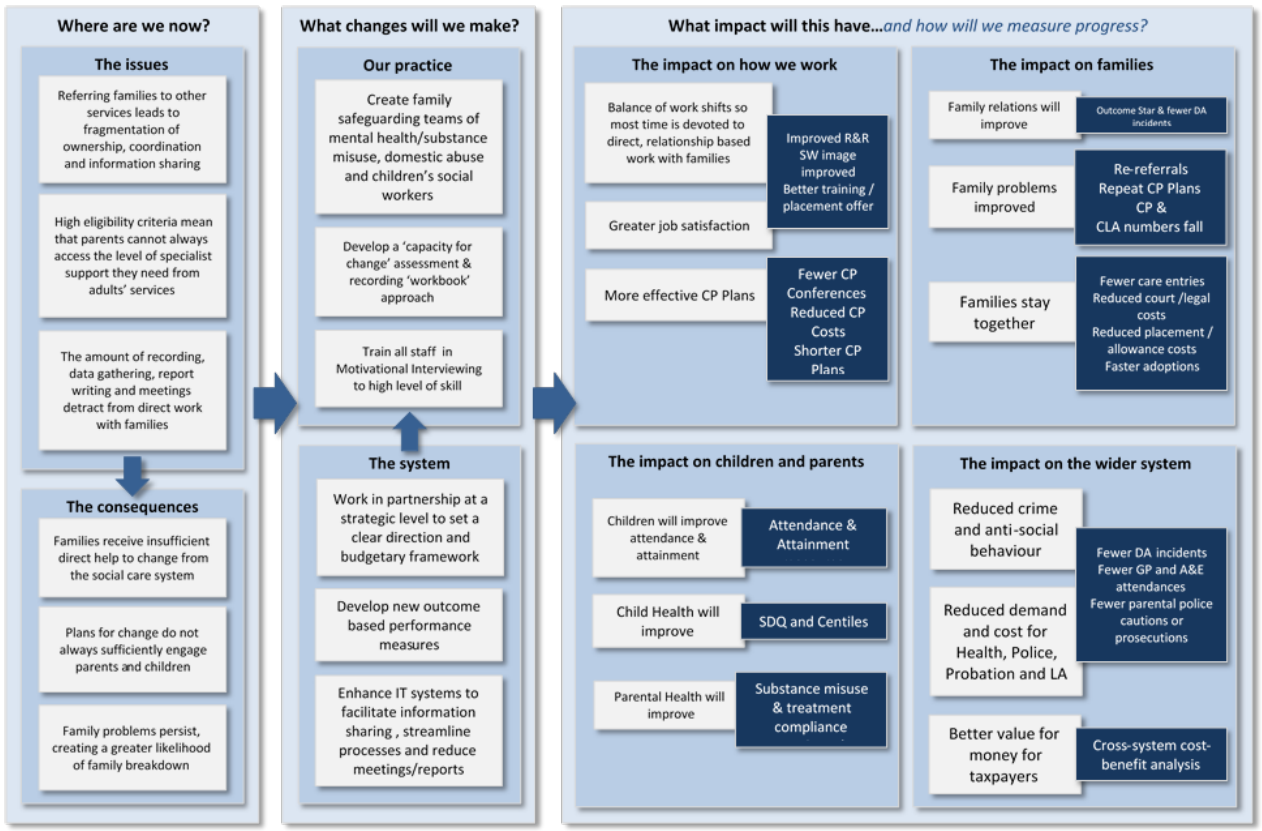
[19] Population estimates from the NOMIS, Office for Statistics, as of March 2020, have been used for population levels.

Appendix 2: Theory of change

The theory of change for Family Safeguarding is shown in Figure 1. This is the original theory of change developed in the planning stages. Although it represents an accurate framework for the Family Safeguarding approach, the following changes have arisen in practice:

- Child attainment has become a less important outcome measure, in part because it is typically assessed at the end of each Key Stage. This makes it difficult to measure the attainment impact on a child who is supported by Family Safeguarding within a Key Stage.
- Only in Hertfordshire has it been possible to collect data on A&E visits and unplanned hospital admissions amongst the Family Safeguarding cohort. None of the authorities have been able to collect data on the use of GP services.

Figure 11: Family Safeguarding Theory of Change



Appendix 3: Eight Module Intervention Programme

The Family Safeguarding Intervention Programme is a framework to support direct work with children and families. The eight modules support the parenting assessment and evidence the outcomes that have been achieved. The table below summarises each of the modules, including their aims and key questions for practitioners.

Module name	Aim of the module	Questions for consideration
1. Parent(s) attitude to the assessment	Start to build a relationship with the family by exploring the reasons behind the need for a parenting assessment and collection of relevant background information	- What is the current situation? - What are the risks to the child(ren)? - What (if any) are the previous concerns? - Does the parent(s) understand why the assessment is being undertaken? - Has the parent(s) engaged in the assessment?
2. Parental and family history	Create a profile of the parent(s)	- What is the history of key family members (including those living outside of the family home)? - What is the family's current situation in relation to housing, income, finances and employment? - What family support networks does the family have in place? - Are there any stress factors that are impacting on parenting? - Is the family currently accessing any other support services?
3. Parents understanding	Gain insight into the parent(s) understanding of the impact of their behaviour on their children	- Do the parents understand of their behaviour (and particularly in relation to the trio of vulnerabilities) impact on their parenting and care for the children?

Module name	Aim of the module	Questions for consideration
4. Direct work with children	Complete a profile of the child(ren)	- What are the key characteristics of the child(ren) (e.g. likes and dislikes)? - Does the child(ren) have any development needs? - How does the child(ren) feel about living in the home and the impacts of the parent's behaviours?
5. Parenting capacity: part 1	Provide a balanced view on parenting capacity outlining the positives as well as the areas of concern	**Basic care and health:** - How does the parent(s) meet the needs of the child(ren)? - Does the parent(s) take part of themselves and the family home? - Are there any concerns around the attendance of the child(ren) at school/nursery? **Ensuring safety:** - Does the parent(s) know how to protect the child(ren) from harm and/or danger in the household and elsewhere? - Is the parent(s) able to protect themselves, i.e. within new relationships? **Guidance and boundaries:** - Does the parent(s) demonstrate and model appropriate behaviour and control of emotions? - Does the parent(s) set appropriate boundaries and control behaviour? - Has the parent(s) got routines in place and do they recognise the importance of these?

Module name	Aim of the module	Questions for consideration
6. Parenting capacity: part 2	Provide a balanced view on parenting capacity outlining the positives as well as the areas of concern	**Emotional warmth:** - Are the child(ren) emotional needs being met? - Does the parent(s) demonstrate appropriate sensitivity and responsiveness and use of physical contact? **Stimulation and education:** - Does the parent(s) promote learning through encouragement and cognitive stimulation? - Does the parent(s) promote social opportunities and interaction? - Does the parent(s) play and interact with the child(ren)? **Stability:** - Is there a stable family environment? - Does the child(ren) have the opportunity to develop secure attachments? - Does the parent(s) provide consistency of emotional warmth?
7. Analysis and recommendations	Analysis of the previous six modules and formulation of recommendations for the family	- What (if any) progress has the family made? - What recommendations have come from your assessment and analysis?
8. Parents comments and views	Record parent comments and views on the assessment/intervention	- What is the parent(s) view on the work that has been undertaken with them? - What is the child(ren) view on the work that has been undertaken with them? - What progress does the parent(s)/child(ren) think has been made?

Appendix 4: Cost-benefit methodology

Reductions in the rate of new looked after children and Child Protection Plans

The cost-benefit of Family Safeguarding has been based on two key social care indicators:

Reductions in the rate of new looked after children aged under 12: expressed as a rate per 10,000 population, this was selected as the most appropriate measure for monetising the impact of Family Safeguarding on looked after children numbers. It is more appropriate than counting the total number of looked after children at different time-points because Family Safeguarding does not work with children/families that are in already in care. Its focus is on preventing new episodes of care, not bringing existing episodes of care to an end.

Reductions in the number of children aged under 12 on of Child Protection Plans: the analysis has looked the total number of children on Child Protection Plans (as opposed to the rate) at various time-points prior to and following the implementation of Family Safeguarding. This is because Family Safeguarding works with many families after a Child Protection Plan has already been put in place. The service seeks to work with families so that the children can be stepped down from those plans, where it safe and appropriate to do so.

Tables 7 to 11 and Tables 13 to 16 in the main report show the pre and post-implementation averages against these two indicators at authority level (note that Child Protection Data is not available for Luton). For completeness those tables are repeated here. As explained in the main report:

- The calculations account for changes in the local under 12 populations across the analysis period.
- The pre-implementation period (‘Before FS’ in the tables) for Luton, Peterborough and West Berkshire is 2014/15 to 2016/17 inclusive. For Bracknell Forest, the first six months of 2017/18 have also been included in the pre-implementation period, reflecting the fact that Bracknell Forest did not begin the process of implementing Family Safeguarding until October 2017. For Hertfordshire, the pre-implementation period is 2012/13 to 2014/15 inclusive.
- The post-implementation period for Bracknell Forest, Luton, Peterborough and West Berkshire is 2018/19 to 2019/20 inclusive. For Hertfordshire, it is 2016/17 to 2019/20 inclusive.

Table 20: Looked after children (LAC) rates in Bracknell Forest

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	31.7	27.0	-4.7	-15%
New LAC under 12 per 10,000 population (average per annum)	16.6	14.1	-2.5	-15%
Annual reduction in new LAC under 12			**-4.8**	

Source: Authority level data supplied by local authorities

Table 21: Looked after children (LAC) rates in Hertfordshire

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	277.7	205.0	-72.6	-26%
New LAC under 12 per 10,000 population (average per annum)	15.9	11.0	-4.8	-30%
Annual reduction in new LAC under 12			**-90.0**	

Source: Authority level data supplied by local authorities

Table 22: Looked after children (LAC) rates in Luton

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	99.7	92.2	-7.5	-8%
New LAC under 12 per 10,000 population (average per annum)	25.1	22.6	-2.5	-10%
Annual reduction in new LAC under 12			**-10.3**	

Source: Authority level data supplied by local authorities

Table 23: Looked after children (LAC) rates in Peterborough

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	100.0	99.3	-0.7	-1%
New LAC under 12 per 10,000 population (average per annum)	29.2	26.6	-2.6	-9%
Annual reduction in new LAC under 12			**-9.6**	

Source: Authority level data supplied by local authorities

Table 24: Looked after children (LAC) rates in West Berkshire

	Before FS	After FS	Change (no.)	Change (%)
New LAC under 12 (average per annum)	44.6	37.6	-6.9	-16%
New LAC under 12 per 10,000 population (average per annum)	18.9	16.1	-2.8	-15%
Annual reduction in new LAC under 12			**-6.6**	

Source: Authority level data supplied by local authorities

Table 25: Child Protection Plans (CPP) in Bracknell Forest

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	88.0	80.8	-7.3	-8%
Average no. children under 12 on a CPP per 10,000 population	46.0	42.4	-3.6	-8%
Annual impact on no. children on a CPP			**-6.8**	

Source: Authority level data supplied by local authorities

Table 26: Child Protection Plans (CPP) in Hertfordshire

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	787.5	451.2	-336.3	-43%
Average no. children under 12 on a CPP per 10,000 population	44.5	24.1	-20.4	-46%
Annual impact on no. children on a CPP			**-379.2**	

Source: Authority level data supplied by local authorities

Table 27: Child Protection Plans (CPP) in Peterborough

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	182.3	161.7	-20.6	-11%
Average no. children under 12 on a CPP per 10,000 population	52.3	43.1	-9.2	-18%
Annual impact on no. children on a CPP			**-34.2**	

Source: Authority level data supplied by local authorities

Table 28: Child Protection Plans (CPP) in West Berkshire

	Before FS	After FS	Change (no.)	Change (%)
Average no. children under 12 on a CPP	89.8	83.0	-6.7	-7%
Average no. children under 12 on a CPP per 10,000 population	37.9	35.3	-2.7	-7%
Annual impact on no. children on a CPP			**-6.3**	

Source: Authority level data supplied by local authorities

Unit costs for looked after children

The average estimated cost used in the calculations for a looked after episode is £71,567, plus one-off legal costs in the first year of £17,622. The £71,567 is comprised of:

- **£13,274 of staffing costs:** this figure comes from in-house analysis undertaken by Hertfordshire County Council and is assumed to be the same staffing cost as for a Child Protection Plan – see breakdown below.
- **£58,293 of placement costs:** this is based on the cost of a foster placement for a younger child with no additional needs and is taken from the Chartered Institute of Public Finance and Accountancy 2019/20 benchmarking[20].

The one-off legal costs include estimates for court fees, representation fees for barristers or in-house solicitors, solicitors fees and shared contribution (usually 33% as the parents' legal aid covers the other 66%). They also include the cost of one expert witness.

Unit costs for Child Protection Plans

The average estimated cost used in the calculations for a Child Protection Plan is £13,274. The starting point for this was the 2010 paper by Holmes et al: Extension of the cost calculator to include cost calculations for all children in need (Loughborough University). This paper provided the basis for conversations between the evaluators and Hertfordshire County Council, arising from which was an average cost for a Child Protection Plan based on the constituent parts shown in Table 29.

[20] https://www.cipfa.org/services/data-analytics/social-care

Table 29: Unit cost of a Child Protection Plan

Item	£
Section 47 including strategy meeting and Achieving Best Evidence interview	£1,075
Ongoing support (12 months)	£6,138
Case conferences x 3	£1,134
Core groups x 12	£2,664
Total (2010 value)	£11,011
Total (2020 value)	**£13,274**

Source: York Consulting and Hertfordshire County Council

Estimated durations of looked after episodes and Child Protection Plans

Conversations were held between the evaluators and subject matter experts at Hertfordshire County Council to determine the estimated average duration of a looked after episode for a child aged under 12. Essentially this involved approximating the proportion of looked after episodes that last for one year, the proportion that last for two years and so on up to a maximum of 12 years. Considerations included the proportion of looked after children that are adopted, how long it typically takes from becoming looked after to being adopted and how long a looked after child typically remains in foster care. This resulted in the estimated splits shown in Table 30, the average of which is four years.

Table 30: Looked after episodes split by estimated duration

No. years looked after	Estimated % of looked after children aged under 12
1	10%
2	50%
3	5%
4	5%
5	4%
6	4%
7	4%
8	4%
9	4%
10	4%
11	4%
12	4%
Average	**4 years**

Source: York Consulting and Hertfordshire County Council

Data supplied by Hertfordshire County Council suggests that Child Protection Plans typically last approximately 300 days. Either side of this is administration time relating to set-up and step-down. An estimated total duration of one year has therefore been used in the calculations.

The costs of setting up and delivering Family Safeguarding

Table 31 shows the estimated annual cost for each authority for the first three years of running Family Safeguarding, split by set-up costs and additional running costs. After Year 3, the annual cost of Family Safeguarding becomes the additional running cost (i.e. there are no further set-up costs) and is assumed to be the same each year. Note that Table 31 is also included in the main report (entitled Table 18) but has been repeated here for completeness.

Table 31: Additional costs of implementing and running Family Safeguarding

	Year 0 (pre-implementation)			Year 1			Year 2			Year 3 (and each year from then on)		
	Set-up	**Running**	**Total**	**Set-up**	**Running**	**Total**	**Set-up**	**Running**	**Total**	**Set-up**	**Running**	**Total**
Bracknell Forest	£88,548	-	**£88,548**	£1,288,581	£394,000	**£1,682,581**	£30,000	£394,000	**£424,000**	-	£394,000	**£394,000**
Hertfordshire	£2,495,626	-	**£2,495,626**	£1,022,716	£1,033,321	**£2,056,037**	-	£1,033,321	**£1,033,321**	-	£1,033,321	**£1,033,321**
Luton	£135,141	-	**£135,141**	£1,173,474	£785,577	**£1,959,051**	-	£785,577	**£785,577**	-	£785,577	**£785,577**
Peterborough	£455,787	-	**£455,787**	£1,682,778	£546,716	**£2,229,494**	£130,171	£546,716	**£676,887**	-	£546,716	**£546,716**
West Berkshire	£67,696	-	**£67,696**	£1,400,889	£381,730	**£1,782,619**	£73,490	£381,730	**£455,220**	-	£381,730	**£381,730**

Source: York Consulting, based on authority level data supplied by local authorities

Costs and savings by authority

Looked after children: the savings to each authority are calculated by multiplying the average annual reduction in looked after children by the annual cost of a looked after episode (plus one-off legal costs). It is assumed that in Year 1, the avoided care entries will occur throughout the year rather than all occurring at the start of the year. To account for this, 50% of the annual savings for Year 1 have been excluded from the results.

Child Protection Plans: the approach is the same as above, i.e. multiplying the average annual reduction in Child Protection Plans by the annual cost of a Child Protection Plan and removing 50% of the Year 1 savings.

The most important assumptions in the calculations are that:

- The average annual reductions in new looked after children and Child Protection Plans will be sustained in future years. Obviously, were the average annual reductions to increase, then the savings would also increase. Were the average annual reductions to become smaller, then so would the savings.
- Average annual running costs for Family Safeguarding will not change (e.g. there will be no net increase or reduction in the number of specialist adult workers employed on Family Safeguarding).

Tables 32 to 41 show the estimated annual and cumulative savings over a 12 year period for each authority. It is this data which sits behind Figures 1 to 10 in the main report.

Bracknell Forest

Table 32: Annual costs and savings – Bracknell Forest

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Set-up costs	£88,548	£1,288,581	£30,000	-	-	-	-	-	-	-	-	-	-
Additional running costs	-	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000	£394,000
Cost reduction/ avoidance	-	£216,892	£588,370	£811,659	£940,479	£1,052,124	£1,148,739	£1,232,473	£1,303,324	£1,361,293	£1,406,380	£1,438,585	£1,457,909

Source: York Consulting, based on authority level data supplied by local authorities

Table 33: Cumulative costs and savings – Bracknell Forest

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Cumulative set-up and running costs	£88,548	£1,771,129	£2,195,129	£2,589,129	£2,983,129	£3,377,129	£3,771,129	£4,165,129	£4,559,129	£4,953,129	£5,347,129	£5,741,129	£6,135,129
Cumulative cost reduction/ avoidance	-	£216,892	£805,262	£1,616,920	£2,557,400	£3,609,523	£4,758,262	£5,990,735	£7,294,059	£8,655,352	£10,061,732	£11,500,318	£12,958,226

Source: York Consulting, based on authority level data supplied by local authorities

Hertfordshire

Table 34: Annual costs and savings – Hertfordshire

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Set-up costs	£2,495,626	£1,022,716	-	-	-	-	-	-	-	-	-	-	-
Additional running costs		£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321	£1,033,321
Cost reduction/ avoidance		£5,737,265	£14,372,994	£18,559,664	£20,975,050	£23,068,385	£24,879,924	£26,449,926	£27,778,388	£28,865,312	£29,710,697	£30,314,544	£30,676,851

Source: York Consulting, based on authority level data supplied by local authorities

Table 35: Cumulative costs and savings – Hertfordshire

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Cumulative set-up and running costs	£2,495,626	£4,551,664	£5,584,985	£6,618,306	£7,651,627	£8,684,948	£9,718,269	£10,751,590	£11,784,911	£12,818,232	£13,851,553	£14,884,874	£15,918,195
Cumulative cost reduction/ avoidance	-	£5,737,265	£20,110,260	£38,669,924	£59,644,974	£82,713,358	£107,593,283	£134,043,208	£161,821,596	£190,686,908	£220,397,605	£250,712,149	£281,389,000

Source: York Consulting, based on authority level data supplied by local authorities

Luton

Table 36: Annual costs and savings – Luton

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Set-up costs	£135,141	£1,173,474	-	-	-	-	-	-	-	-	-	-	-
Additional running costs	-	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577	£785,577
Cost reduction/ avoidance		£368,570	£1,068,853	£1,547,994	£1,824,422	£2,063,992	£2,271,313	£2,450,991	£2,603,026	£2,727,418	£2,824,168	£2,893,275	£2,934,739

Source: York Consulting, based on authority level data supplied by local authorities

Table 37: Cumulative costs and savings – Luton

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Cumulative set-up and running costs	£135,141	£2,094,192	£2,879,769	£3,665,346	£4,450,923	£5,236,500	£6,022,077	£6,807,654	£7,593,231	£8,378,808	£9,164,385	£9,949,962	£10,735,539
Cumulative cost reduction/ avoidance	-	£368,570	£1,437,423	£2,985,417	£4,809,839	£6,873,831	£9,145,144	£11,596,135	£14,199,161	£16,926,580	£19,750,748	£22,644,022	£25,578,761

Source: York Consulting, based on authority level data supplied by local authorities

Peterborough

Table 38: Annual costs and savings – Peterborough

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Set-up costs	£455,787	£1,682,778	£130,171	-	-	-	-	-	-	-	-	-	-
Additional running costs	-	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716	£546,716
Cost reduction/ avoidance	-	£739,678	£1,619,355	£2,065,933	£2,323,574	£2,546,863	£2,740,094	£2,907,561	£3,049,263	£3,165,202	£3,255,376	£3,319,787	£3,358,433

Source: York Consulting, based on authority level data supplied by local authorities

Table 39: Cumulative costs and savings – Peterborough

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Cumulative set-up and running costs	£455,787	£2,685,280	£3,362,167	£3,908,883	£4,455,599	£5,002,315	£5,549,031	£6,095,747	£6,642,463	£7,189,179	£7,735,895	£8,282,611	£8,829,327
Cumulative cost reduction/ avoidance	-	£739,678	£2,359,033	£4,424,966	£6,748,539	£9,295,402	£12,035,496	£14,943,057	£17,992,320	£21,157,522	£24,412,898	£27,732,685	£31,091,118

Source: York Consulting, based on authority level data supplied by local authorities

West Berkshire

Table 40: Annual costs and savings – West Berkshire

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Set-up costs	£67,696	£1,400,889	£73,490	-	-	-	-	-	-	-	-	-	-
Additional running costs	-	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730	£381,730
Cost reduction/ avoidance	-	£277,984	£768,522	£1,075,545	£1,252,673	£1,406,184	£1,539,031	£1,654,164	£1,751,585	£1,831,292	£1,893,287	£1,937,569	£1,964,139

Source: York Consulting, based on authority level data supplied by local authorities

Table 41: Cumulative costs and savings – West Berkshire

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12
Cumulative set-up and running costs	£67,696	£1,850,314	£2,305,535	£2,687,265	£3,068,995	£3,450,725	£3,832,455	£4,214,185	£4,595,915	£4,977,645	£5,359,375	£5,741,105	£6,122,835
Cumulative cost reduction/ avoidance	-	£277,984	£1,046,507	£2,122,051	£3,374,725	£4,780,909	£6,319,940	£7,974,104	£9,725,688	£11,556,980	£13,450,268	£15,387,837	£17,351,976

Source: York Consulting, based on authority level data supplied by local authorities

Appendix 5: Local authority level survey data

In 2019/20, 205 practitioners across the five local authorities completed the evaluation e-survey. The table below shows the local authority level response rates and estimated margins of error. Following that the local authority level response profile for each question in the survey.

Table 42

	Response rate	Estimated margin of error[21]
Bracknell Forest	88%	5.49%
Hertfordshire	37%	8.60%
Luton	30%	19.49%
Peterborough	52%	12.34%
West Berkshire	90%	5.09%

Table 43

			LA					Total
			BF	Herts	Luton	PB	WB	
I am working within a multi-disciplinary team (MDT)	Yes	Count	37	72	16	26	37	188
		% within LA	97.4%	87.8%	88.9%	86.7%	100.0%	91.7%
	No	Count	1	10	2	4	0	17
		% within LA	2.6%	12.2%	11.1%	13.3%	0.0%	8.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

[21] At a 95% confidence level.

Table 44

			LA					Total
			BF	Herts	Luton	PB	WB	
There are mental health specialists in my team	Yes	Count	36	34	16	22	37	145
		% within LA	94.7%	41.5%	88.9%	73.3%	100.0%	70.7%
	No	Count	2	48	2	8	0	60
		% within LA	5.3%	58.5%	11.1%	26.7%	0.0%	29.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 45

			LA					Total
			BF	Herts	Luton	PB	WB	
There are substance misuse specialists in my team	Yes	Count	37	38	16	25	37	153
		% within LA	97.4%	46.3%	88.9%	83.3%	100.0%	74.6%
	No	Count	1	44	2	5	0	52
		% within LA	2.6%	53.7%	11.1%	16.7%	0.0%	25.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 46

			LA					Total
			BF	Herts	Luton	PB	WB	
There are domestic violence specialists in my team	Yes	Count	37	71	18	21	37	184
		% within LA	97.4%	86.6%	100.0%	70.0%	100.0%	89.8%
	No	Count	1	11	0	9	0	21
		% within LA	2.6%	13.4%	0.0%	30.0%	0.0%	10.2%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 47

			LA					Total
			BF	Herts	Luton	PB	WB	
I have had training in Motivational Interviewing (MI)	Yes	Count	36	79	13	27	34	189
		% within LA	94.7%	96.3%	72.2%	90.0%	91.9%	92.2%
	No	Count	2	3	5	3	3	16
		% within LA	5.3%	3.7%	27.8%	10.0%	8.1%	7.8%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 48

			LA					Total
			BF	Herts	Luton	PB	WB	
I use MI in my work	Yes	Count	36	79	16	30	34	195
		% within LA	94.7%	96.3%	88.9%	100.0%	91.9%	95.1%
	No	Count	2	3	2	0	3	10
		% within LA	5.3%	3.7%	11.1%	0.0%	8.1%	4.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 49

			LA					Total
			BF	Herts	Luton	PB	WB	
I have used MI with interpreters	Yes	Count	2	30	12	12	7	63
		% within LA	5.3%	36.6%	66.7%	40.0%	18.9%	30.7%
	No	Count	36	52	6	18	30	142
		% within LA	94.7%	63.4%	33.3%	60.0%	81.1%	69.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 50

			LA					Total
			BF	Herts	Luton	PB	WB	
I am using the Family Safeguarding Workbook	Yes	Count	32	79	17	28	12	168
		% within LA	84.2%	96.3%	94.4%	93.3%	32.4%	82.0%
	No	Count	6	3	1	2	25	37
		% within LA	15.8%	3.7%	5.6%	6.7%	67.6%	18.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 51

			LA					Total
			BF	Herts	Luton	PB	WB	
I am using the 8 Module Intervention Programme	Yes	Count	27	65	8	15	17	132
		% within LA	71.1%	79.3%	44.4%	50.0%	45.9%	64.4%
	No	Count	11	17	10	15	20	73
		% within LA	28.9%	20.7%	55.6%	50.0%	54.1%	35.6%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 52

			LA					Total
			BF	Herts	Luton	PB	WB	
I undertake Parenting Assessments	Yes	Count	24	59	9	14	16	122
		% within LA	63.2%	72.0%	50.0%	46.7%	43.2%	59.5%
	No	Count	14	23	9	16	21	83
		% within LA	36.8%	28.0%	50.0%	53.3%	56.8%	40.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 53

			LA					Total
			BF	Herts	Luton	PB	WB	
I participate in group case supervision	Yes	Count	38	77	16	30	37	198
		% within LA	100.0%	93.9%	88.9%	100.0%	100.0%	96.6%
	No	Count	0	5	2	0	0	7
		% within LA	0.0%	6.1%	11.1%	0.0%	0.0%	3.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 54

			LA					Total
			BF	Herts	Luton	PB	WB	
Family Safeguarding has improved my parenting assessments	Strongly Agree	Count	4	14	1	5	3	27
		% within LA	10.5%	17.1%	5.6%	16.7%	8.1%	13.2%
	Agree	Count	17	37	6	8	8	76
		% within LA	44.7%	45.1%	33.3%	26.7%	21.6%	37.1%
	Neither Agree nor Disagree	Count	10	13	4	2	10	39
		% within LA	26.3%	15.9%	22.2%	6.7%	27.0%	19.0%
	Disagree	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	7	17	6	15	16	61
		% within LA	18.4%	20.7%	33.3%	50.0%	43.2%	29.8%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 55

			LA					Total
			BF	Herts	Luton	PB	WB	
Family Safeguarding has addressed issues of "drift" and delay when working with families	Strongly Agree	Count	8	8	1	5	6	28
		% within LA	21.1%	9.8%	5.6%	16.7%	16.2%	13.7%
	Agree	Count	18	31	8	12	18	87
		% within LA	47.4%	37.8%	44.4%	40.0%	48.6%	42.4%
	Neither Agree nor Disagree	Count	7	28	6	6	9	56
		% within LA	18.4%	34.1%	33.3%	20.0%	24.3%	27.3%
	Disagree	Count	4	8	2	1	2	17
		% within LA	10.5%	9.8%	11.1%	3.3%	5.4%	8.3%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	6	1	6	2	16
		% within LA	2.6%	7.3%	5.6%	20.0%	5.4%	7.8%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 56

			LA					Total
			BF	Herts	Luton	PB	WB	
Family Safeguarding has increased my contact time with families	Strongly Agree	Count	3	7	3	6	3	22
		% within LA	7.9%	8.5%	16.7%	20.0%	8.1%	10.7%
	Agree	Count	18	36	5	9	8	76
		% within LA	47.4%	43.9%	27.8%	30.0%	21.6%	37.1%
	Neither Agree nor Disagree	Count	7	24	4	6	12	53
		% within LA	18.4%	29.3%	22.2%	20.0%	32.4%	25.9%
	Disagree	Count	3	5	3	3	6	20
		% within LA	7.9%	6.1%	16.7%	10.0%	16.2%	9.8%
	Strongly Disagree	Count	0	4	0	1	0	5
		% within LA	0.0%	4.9%	0.0%	3.3%	0.0%	2.4%
	N/A	Count	7	6	3	5	8	29
		% within LA	18.4%	7.3%	16.7%	16.7%	21.6%	14.1%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 57

			LA					Total
			BF	Herts	Luton	PB	WB	
Working in a MDT has improved my practice	Strongly Agree	Count	19	15	3	9	10	56
		% within LA	50.0%	18.3%	16.7%	30.0%	27.0%	27.3%
	Agree	Count	13	44	11	16	16	100
		% within LA	34.2%	53.7%	61.1%	53.3%	43.2%	48.8%
	Neither Agree nor Disagree	Count	5	14	2	3	10	34
		% within LA	13.2%	17.1%	11.1%	10.0%	27.0%	16.6%
	Disagree	Count	0	2	1	1	0	4
		% within LA	0.0%	2.4%	5.6%	3.3%	0.0%	2.0%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	1	7	1	1	1	11
		% within LA	2.6%	8.5%	5.6%	3.3%	2.7%	5.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 58

			LA					Total
			BF	Herts	Luton	PB	WB	
It is easy for me to access support for families with domestic violence issues	Strongly Agree	Count	16	20	5	8	14	63
		% within LA	42.1%	24.4%	27.8%	26.7%	37.8%	30.7%
	Agree	Count	18	41	9	18	17	103
		% within LA	47.4%	50.0%	50.0%	60.0%	45.9%	50.2%
	Neither Agree nor Disagree	Count	3	10	2	3	4	22
		% within LA	7.9%	12.2%	11.1%	10.0%	10.8%	10.7%
	Disagree	Count	0	10	1	1	2	14
		% within LA	0.0%	12.2%	5.6%	3.3%	5.4%	6.8%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	0	1	0	0	2
		% within LA	2.6%	0.0%	5.6%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 59

			LA					Total
			BF	Herts	Luton	PB	WB	
It is easy for me to access support for families with mental health issues	Strongly Agree	Count	15	5	4	7	15	46
		% within LA	39.5%	6.1%	22.2%	23.3%	40.5%	22.4%
	Agree	Count	18	25	11	18	17	89
		% within LA	47.4%	30.5%	61.1%	60.0%	45.9%	43.4%
	Neither Agree nor Disagree	Count	3	19	1	4	3	30
		% within LA	7.9%	23.2%	5.6%	13.3%	8.1%	14.6%
	Disagree	Count	1	26	1	1	2	31
		% within LA	2.6%	31.7%	5.6%	3.3%	5.4%	15.1%
	Strongly Disagree	Count	0	7	0	0	0	7
		% within LA	0.0%	8.5%	0.0%	0.0%	0.0%	3.4%
	N/A	Count	1	0	1	0	0	2
		% within LA	2.6%	0.0%	5.6%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 60

			LA					Total
			BF	Herts	Luton	PB	WB	
It is easy for me to access support for families with substance misuse issues	Strongly Agree	Count	17	8	4	9	16	54
		% within LA	44.7%	9.8%	22.2%	30.0%	43.2%	26.3%
	Agree	Count	19	40	11	15	19	104
		% within LA	50.0%	48.8%	61.1%	50.0%	51.4%	50.7%
	Neither Agree nor Disagree	Count	1	19	1	2	2	25
		% within LA	2.6%	23.2%	5.6%	6.7%	5.4%	12.2%
	Disagree	Count	0	13	1	2	0	16
		% within LA	0.0%	15.9%	5.6%	6.7%	0.0%	7.8%
	Strongly Disagree	Count	0	2	0	1	0	3
		% within LA	0.0%	2.4%	0.0%	3.3%	0.0%	1.5%
	N/A	Count	1	0	1	1	0	3
		% within LA	2.6%	0.0%	5.6%	3.3%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 61

			LA					Total
			BF	Herts	Luton	PB	WB	
The Family Safeguarding Workbook has improved my practice	Strongly Agree	Count	7	11	2	3	1	24
		% within LA	18.4%	13.4%	11.1%	10.0%	2.7%	11.7%
	Agree	Count	12	35	6	13	4	70
		% within LA	31.6%	42.7%	33.3%	43.3%	10.8%	34.1%
	Neither Agree nor Disagree	Count	13	26	7	4	14	64
		% within LA	34.2%	31.7%	38.9%	13.3%	37.8%	31.2%
	Disagree	Count	2	4	2	7	3	18
		% within LA	5.3%	4.9%	11.1%	23.3%	8.1%	8.8%
	Strongly Disagree	Count	1	1	0	0	1	3
		% within LA	2.6%	1.2%	0.0%	0.0%	2.7%	1.5%
	N/A	Count	3	5	1	3	14	26
		% within LA	7.9%	6.1%	5.6%	10.0%	37.8%	12.7%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 62

			LA					Total
			BF	Herts	Luton	PB	WB	
Family Safeguarding facilitates a whole family response	Strongly Agree	Count	14	20	4	4	9	51
		% within LA	36.8%	24.4%	22.2%	13.3%	24.3%	24.9%
	Agree	Count	20	49	8	20	23	120
		% within LA	52.6%	59.8%	44.4%	66.7%	62.2%	58.5%
	Neither Agree nor Disagree	Count	3	8	5	4	5	25
		% within LA	7.9%	9.8%	27.8%	13.3%	13.5%	12.2%
	Disagree	Count	0	3	1	1	0	5
		% within LA	0.0%	3.7%	5.6%	3.3%	0.0%	2.4%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	1	0	1	0	3
		% within LA	2.6%	1.2%	0.0%	3.3%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 63

			LA					Total
			BF	Herts	Luton	PB	WB	
Family Safeguarding helps manage risk with families more effectively	Strongly Agree	Count	15	18	6	7	12	58
		% within LA	39.5%	22.0%	33.3%	23.3%	32.4%	28.3%
	Agree	Count	19	41	8	19	18	105
		% within LA	50.0%	50.0%	44.4%	63.3%	48.6%	51.2%
	Neither Agree nor Disagree	Count	4	19	4	4	6	37
		% within LA	10.5%	23.2%	22.2%	13.3%	16.2%	18.0%
	Disagree	Count	0	1	0	0	1	2
		% within LA	0.0%	1.2%	0.0%	0.0%	2.7%	1.0%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 64

			LA					Total
			BF	Herts	Luton	PB	WB	
MI is an effective tool for working with families	Strongly Agree	Count	18	31	6	7	10	72
		% within LA	47.4%	37.8%	33.3%	23.3%	27.0%	35.1%
	Agree	Count	17	42	9	19	22	109
		% within LA	44.7%	51.2%	50.0%	63.3%	59.5%	53.2%
	Neither Agree nor Disagree	Count	2	9	2	3	4	20
		% within LA	5.3%	11.0%	11.1%	10.0%	10.8%	9.8%
	Disagree	Count	0	0	1	1	0	2
		% within LA	0.0%	0.0%	5.6%	3.3%	0.0%	1.0%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	1	0	0	0	1	2
		% within LA	2.6%	0.0%	0.0%	0.0%	2.7%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 65

			LA					Total
			BF	Herts	Luton	PB	WB	
MI can be used effectively with interpreters	Strongly Agree	Count	2	7	5	2	1	17
		% within LA	5.3%	8.5%	27.8%	6.7%	2.7%	8.3%
	Agree	Count	6	17	7	9	5	44
		% within LA	15.8%	20.7%	38.9%	30.0%	13.5%	21.5%
	Neither Agree nor Disagree	Count	15	36	4	8	16	79
		% within LA	39.5%	43.9%	22.2%	26.7%	43.2%	38.5%
	Disagree	Count	1	6	1	3	2	13
		% within LA	2.6%	7.3%	5.6%	10.0%	5.4%	6.3%
	Strongly Disagree	Count	0	1	0	1	0	2
		% within LA	0.0%	1.2%	0.0%	3.3%	0.0%	1.0%
	N/A	Count	14	15	1	7	13	50
		% within LA	0.0%	1.2%	0.0%	3.3%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 66

			LA					Total
			BF	Herts	Luton	PB	WB	
Partner agencies understand the MI approach	Strongly Agree	Count	2	1	2	2	2	9
		% within LA	5.3%	1.2%	11.1%	6.7%	5.4%	4.4%
	Agree	Count	12	11	5	7	10	45
		% within LA	31.6%	13.4%	27.8%	23.3%	27.0%	22.0%
	Neither Agree nor Disagree	Count	16	39	8	13	14	90
		% within LA	42.1%	47.6%	44.4%	43.3%	37.8%	43.9%
	Disagree	Count	7	28	3	8	9	55
		% within LA	18.4%	34.1%	16.7%	26.7%	24.3%	26.8%
	Strongly Disagree	Count	0	1	0	0	1	2
		% within LA	0.0%	1.2%	0.0%	0.0%	2.7%	1.0%
	N/A	Count	1	2	0	0	1	4
		% within LA	2.6%	2.4%	0.0%	0.0%	2.7%	2.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 67

			LA					Total
			BF	Herts	Luton	PB	WB	
Other colleagues in the council understand the MI approach (e.g. legal, IROs, CP chairs)	Strongly Agree	Count	4	4	2	3	0	13
		% within LA	10.5%	4.9%	11.1%	10.0%	0.0%	6.3%
	Agree	Count	20	43	12	17	16	108
		% within LA	52.6%	52.4%	66.7%	56.7%	43.2%	52.7%
	Neither Agree nor Disagree	Count	13	21	4	9	16	63
		% within LA	34.2%	25.6%	22.2%	30.0%	43.2%	30.7%
	Disagree	Count	0	9	0	0	4	13
		% within LA	0.0%	11.0%	0.0%	0.0%	10.8%	6.3%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	4	0	1	1	7
		% within LA	2.6%	4.9%	0.0%	3.3%	2.7%	3.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 68

			LA					Total
			BF	Herts	Luton	PB	WB	
I receive sufficient support to help me develop my use of MI	Strongly Agree	Count	5	13	2	2	4	26
		% within LA	13.2%	15.9%	11.1%	6.7%	10.8%	12.7%
	Agree	Count	27	34	11	19	20	111
		% within LA	71.1%	41.5%	61.1%	63.3%	54.1%	54.1%
	Neither Agree nor Disagree	Count	4	23	3	5	8	43
		% within LA	10.5%	28.0%	16.7%	16.7%	21.6%	21.0%
	Disagree	Count	1	11	2	3	3	20
		% within LA	2.6%	13.4%	11.1%	10.0%	8.1%	9.8%
	Strongly Disagree	Count	0	1	0	0	1	2
		% within LA	0.0%	1.2%	0.0%	0.0%	2.7%	1.0%
	N/A	Count	1	0	0	1	1	3
		% within LA	2.6%	0.0%	0.0%	3.3%	2.7%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 69

			LA					Total
			BF	Herts	Luton	PB	WB	
I feel confident to use the MI approach with families	Strongly Agree	Count	10	18	4	4	4	40
		% within LA	26.3%	22.0%	22.2%	13.3%	10.8%	19.5%
	Agree	Count	19	48	10	15	25	117
		% within LA	50.0%	58.5%	55.6%	50.0%	67.6%	57.1%
	Neither Agree nor Disagree	Count	5	11	3	7	4	30
		% within LA	13.2%	13.4%	16.7%	23.3%	10.8%	14.6%
	Disagree	Count	2	4	1	3	3	13
		% within LA	5.3%	4.9%	5.6%	10.0%	8.1%	6.3%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	2	1	0	1	1	5
		% within LA	5.3%	1.2%	0.0%	3.3%	2.7%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 70

			LA					Total
			BF	Herts	Luton	PB	WB	
MI is having a positive impact on family engagement	Strongly Agree	Count	10	11	4	5	5	35
		% within LA	26.3%	13.4%	22.2%	16.7%	13.5%	17.1%
	Agree	Count	23	50	11	19	20	123
		% within LA	60.5%	61.0%	61.1%	63.3%	54.1%	60.0%
	Neither Agree nor Disagree	Count	3	20	3	5	11	42
		% within LA	7.9%	24.4%	16.7%	16.7%	29.7%	20.5%
	Disagree	Count	0	0	0	1	0	1
		% within LA	0.0%	0.0%	0.0%	3.3%	0.0%	0.5%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	2	0	0	0	1	3
		% within LA	5.3%	0.0%	0.0%	0.0%	2.7%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 71

			LA					Total
			BF	Herts	Luton	PB	WB	
MI is having a positive impact on outcomes for families	Strongly Agree	Count	11	8	4	5	6	34
		% within LA	28.9%	9.8%	22.2%	16.7%	16.2%	16.6%
	Agree	Count	21	53	9	18	17	118
		% within LA	55.3%	64.6%	50.0%	60.0%	45.9%	57.6%
	Neither Agree nor Disagree	Count	4	20	4	7	13	48
		% within LA	10.5%	24.4%	22.2%	23.3%	35.1%	23.4%
	Disagree	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	2	0	0	0	1	3
		% within LA	5.3%	0.0%	0.0%	0.0%	2.7%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 72

			LA					Total
			BF	Herts	Luton	PB	WB	
I have sufficient time to work effectively with families on my caseload	Strongly Agree	Count	1	4	1	1	2	9
		% within LA	2.6%	4.9%	5.6%	3.3%	5.4%	4.4%
	Agree	Count	14	34	8	16	15	87
		% within LA	36.8%	41.5%	44.4%	53.3%	40.5%	42.4%
	Neither Agree nor Disagree	Count	9	17	3	4	7	40
		% within LA	23.7%	20.7%	16.7%	13.3%	18.9%	19.5%
	Disagree	Count	5	17	4	6	6	38
		% within LA	13.2%	20.7%	22.2%	20.0%	16.2%	18.5%
	Strongly Disagree	Count	4	4	0	0	2	10
		% within LA	10.5%	4.9%	0.0%	0.0%	5.4%	4.9%
	N/A	Count	5	6	2	3	5	21
		% within LA	13.2%	7.3%	11.1%	10.0%	13.5%	10.2%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 73

			LA					Total
			BF	Herts	Luton	PB	WB	
I have the right tools and resources to do my work effectively	Strongly Agree	Count	4	7	1	1	5	18
		% within LA	10.5%	8.5%	5.6%	3.3%	13.5%	8.8%
	Agree	Count	25	50	11	21	20	127
		% within LA	65.8%	61.0%	61.1%	70.0%	54.1%	62.0%
	Neither Agree nor Disagree	Count	7	14	4	3	8	36
		% within LA	18.4%	17.1%	22.2%	10.0%	21.6%	17.6%
	Disagree	Count	1	9	0	4	2	16
		% within LA	2.6%	11.0%	0.0%	13.3%	5.4%	7.8%
	Strongly Disagree	Count	0	2	0	0	1	3
		% within LA	0.0%	2.4%	0.0%	0.0%	2.7%	1.5%
	N/A	Count	1	0	2	1	1	5
		% within LA	2.6%	0.0%	11.1%	3.3%	2.7%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 74

			LA					Total
			BF	Herts	Luton	PB	WB	
I often work over my contracted hours to cope with my workload	Strongly Agree	Count	13	26	2	8	4	53
		% within LA	34.2%	31.7%	11.1%	26.7%	10.8%	25.9%
	Agree	Count	16	29	8	9	19	81
		% within LA	42.1%	35.4%	44.4%	30.0%	51.4%	39.5%
	Neither Agree nor Disagree	Count	5	15	4	2	6	32
		% within LA	13.2%	18.3%	22.2%	6.7%	16.2%	15.6%
	Disagree	Count	4	11	2	11	7	35
		% within LA	10.5%	13.4%	11.1%	36.7%	18.9%	17.1%
	Strongly Disagree	Count	0	1	0	0	1	2
		% within LA	0.0%	1.2%	0.0%	0.0%	2.7%	1.0%
	N/A	Count	0	0	2	0	0	2
		% within LA	0.0%	0.0%	11.1%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 75

			LA					Total
			BF	Herts	Luton	PB	WB	
Our case recording system allows me to manage my caseload effectively	Strongly Agree	Count	3	3	2	2	0	10
		% within LA	7.9%	3.7%	11.1%	6.7%	0.0%	4.9%
	Agree	Count	12	31	6	11	9	69
		% within LA	31.6%	37.8%	33.3%	36.7%	24.3%	33.7%
	Neither Agree nor Disagree	Count	11	21	2	6	7	47
		% within LA	28.9%	25.6%	11.1%	20.0%	18.9%	22.9%
	Disagree	Count	8	20	6	10	14	58
		% within LA	21.1%	24.4%	33.3%	33.3%	37.8%	28.3%
	Strongly Disagree	Count	2	4	0	1	4	11
		% within LA	5.3%	4.9%	0.0%	3.3%	10.8%	5.4%
	N/A	Count	2	3	2	0	3	10
		% within LA	5.3%	3.7%	11.1%	0.0%	8.1%	4.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 76

			LA					Total
			BF	Herts	Luton	PB	WB	
Recording case notes	A lot more time	Count	2	2	1	3	0	8
		% within LA	5.3%	2.4%	5.6%	10.0%	0.0%	3.9%
	A little more time	Count	6	7	4	5	4	26
		% within LA	15.8%	8.5%	22.2%	16.7%	10.8%	12.7%
	It's about right	Count	11	35	7	6	9	68
		% within LA	28.9%	42.7%	38.9%	20.0%	24.3%	33.2%
	A little less time	Count	14	24	2	12	7	59
		% within LA	36.8%	29.3%	11.1%	40.0%	18.9%	28.8%
	A lot less time	Count	3	13	1	4	11	32
		% within LA	7.9%	15.9%	5.6%	13.3%	29.7%	15.6%
	N/A	Count	2	1	3	0	6	12
		% within LA	5.3%	1.2%	16.7%	0.0%	16.2%	5.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 77

			LA					Total
			BF	Herts	Luton	PB	WB	
Writing reports	A lot more time	Count	4	7	0	4	1	16
		% within LA	10.5%	8.5%	0.0%	13.3%	2.7%	7.8%
	A little more time	Count	8	8	5	4	2	27
		% within LA	21.1%	9.8%	27.8%	13.3%	5.4%	13.2%
	It's about right	Count	8	24	5	7	11	55
		% within LA	21.1%	29.3%	27.8%	23.3%	29.7%	26.8%
	A little less time	Count	11	19	4	10	7	51
		% within LA	28.9%	23.2%	22.2%	33.3%	18.9%	24.9%
	A lot less time	Count	3	17	2	4	9	35
		% within LA	7.9%	20.7%	11.1%	13.3%	24.3%	17.1%
	N/A	Count	4	7	2	1	7	21
		% within LA	10.5%	8.5%	11.1%	3.3%	18.9%	10.2%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 78

			LA					Total
			BF	Herts	Luton	PB	WB	
Direct work with parents/ guardians	A lot more time	Count	9	23	4	6	12	54
		% within LA	23.7%	28.0%	22.2%	20.0%	32.4%	26.3%
	A little more time	Count	17	29	6	13	11	76
		% within LA	44.7%	35.4%	33.3%	43.3%	29.7%	37.1%
	It's about right	Count	8	26	6	9	8	57
		% within LA	21.1%	31.7%	33.3%	30.0%	21.6%	27.8%
	A little less time	Count	1	1	0	0	1	3
		% within LA	2.6%	1.2%	0.0%	0.0%	2.7%	1.5%
	A lot less time	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	3	3	2	2	5	15
		% within LA	7.9%	3.7%	11.1%	6.7%	13.5%	7.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 79

			LA					Total
			BF	Herts	Luton	PB	WB	
Direct work with children	A lot more time	Count	10	34	4	6	14	68
		% within LA	26.3%	41.5%	22.2%	20.0%	37.8%	33.2%
	A little more time	Count	14	22	7	11	6	60
		% within LA	36.8%	26.8%	38.9%	36.7%	16.2%	29.3%
	It's about right	Count	8	17	2	7	6	40
		% within LA	21.1%	20.7%	11.1%	23.3%	16.2%	19.5%
	A little less time	Count	0	0	0	0	1	1
		% within LA	0.0%	0.0%	0.0%	0.0%	2.7%	0.5%
	A lot less time	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	6	9	5	6	10	36
		% within LA	15.8%	11.0%	27.8%	20.0%	27.0%	17.6%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 80

			LA					Total
			BF	Herts	Luton	PB	WB	
Group case supervision	A lot more time	Count	2	5	3	1	0	11
		% within LA	5.3%	6.1%	16.7%	3.3%	0.0%	5.4%
	A little more time	Count	5	14	6	7	8	40
		% within LA	13.2%	17.1%	33.3%	23.3%	21.6%	19.5%
	It's about right	Count	25	56	6	19	27	133
		% within LA	65.8%	68.3%	33.3%	63.3%	73.0%	64.9%
	A little less time	Count	4	4	1	3	2	14
		% within LA	10.5%	4.9%	5.6%	10.0%	5.4%	6.8%
	A lot less time	Count	1	1	1	0	0	3
		% within LA	2.6%	1.2%	5.6%	0.0%	0.0%	1.5%
	N/A	Count	1	2	1	0	0	4
		% within LA	2.6%	2.4%	5.6%	0.0%	0.0%	2.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 81

			LA					Total
			BF	Herts	Luton	PB	WB	
Individual supervision	A lot more time	Count	1	5	1	3	1	11
		% within LA	2.6%	6.1%	5.6%	10.0%	2.7%	5.4%
	A little more time	Count	5	22	3	5	5	40
		% within LA	13.2%	26.8%	16.7%	16.7%	13.5%	19.5%
	It's about right	Count	25	52	12	18	30	137
		% within LA	65.8%	63.4%	66.7%	60.0%	81.1%	66.8%
	A little less time	Count	6	2	1	3	1	13
		% within LA	15.8%	2.4%	5.6%	10.0%	2.7%	6.3%
	A lot less time	Count	0	0	0	1	0	1
		% within LA	0.0%	0.0%	0.0%	3.3%	0.0%	0.5%
	N/A	Count	1	1	1	0	0	3
		% within LA	2.6%	1.2%	5.6%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 82

			LA					Total
			BF	Herts	Luton	PB	WB	
Team meetings	A lot more time	Count	1	0	0	1	0	2
		% within LA	2.6%	0.0%	0.0%	3.3%	0.0%	1.0%
	A little more time	Count	2	9	2	1	3	17
		% within LA	5.3%	11.0%	11.1%	3.3%	8.1%	8.3%
	It's about right	Count	28	57	14	24	26	149
		% within LA	73.7%	69.5%	77.8%	80.0%	70.3%	72.7%
	A little less time	Count	5	12	1	3	7	28
		% within LA	13.2%	14.6%	5.6%	10.0%	18.9%	13.7%
	A lot less time	Count	1	3	0	1	1	6
		% within LA	2.6%	3.7%	0.0%	3.3%	2.7%	2.9%
	N/A	Count	1	1	1	0	0	3
		% within LA	2.6%	1.2%	5.6%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 83

			LA					Total
			BF	Herts	Luton	PB	WB	
Dealing with referrals to other agencies	A lot more time	Count	0	2	0	0	1	3
		% within LA	0.0%	2.4%	0.0%	0.0%	2.7%	1.5%
	A little more time	Count	6	8	1	4	2	21
		% within LA	15.8%	9.8%	5.6%	13.3%	5.4%	10.2%
	It's about right	Count	18	41	13	18	21	111
		% within LA	47.4%	50.0%	72.2%	60.0%	56.8%	54.1%
	A little less time	Count	9	17	2	5	8	41
		% within LA	23.7%	20.7%	11.1%	16.7%	21.6%	20.0%
	A lot less time	Count	3	10	0	1	0	14
		% within LA	7.9%	12.2%	0.0%	3.3%	0.0%	6.8%
	N/A	Count	2	4	2	2	5	15
		% within LA	5.3%	4.9%	11.1%	6.7%	13.5%	7.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 84

			LA					Total
			BF	Herts	Luton	PB	WB	
Other administration	A lot more time	Count	1	9	1	2	4	17
		% within LA	2.6%	11.0%	5.6%	6.7%	10.8%	8.3%
	A little more time	Count	10	6	3	2	2	23
		% within LA	26.3%	7.3%	16.7%	6.7%	5.4%	11.2%
	It's about right	Count	10	31	8	16	14	79
		% within LA	26.3%	37.8%	44.4%	53.3%	37.8%	38.5%
	A little less time	Count	11	17	3	2	12	45
		% within LA	28.9%	20.7%	16.7%	6.7%	32.4%	22.0%
	A lot less time	Count	4	15	1	5	3	28
		% within LA	10.5%	18.3%	5.6%	16.7%	8.1%	13.7%
	N/A	Count	2	4	2	3	2	13
		% within LA	5.3%	4.9%	11.1%	10.0%	5.4%	6.3%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 85

			LA					Total
			BF	Herts	Luton	PB	WB	
Management of Family Safeguarding is effective	Strongly Agree	Count	9	13	2	5	7	36
		% within LA	23.7%	15.9%	11.1%	16.7%	18.9%	17.6%
	Agree	Count	21	51	11	23	26	132
		% within LA	55.3%	62.2%	61.1%	76.7%	70.3%	64.4%
	Neither Agree nor Disagree	Count	5	13	4	2	4	28
		% within LA	13.2%	15.9%	22.2%	6.7%	10.8%	13.7%
	Disagree	Count	3	3	0	0	0	6
		% within LA	7.9%	3.7%	0.0%	0.0%	0.0%	2.9%
	Strongly Disagree	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
	N/A	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 86

			LA					Total
			BF	Herts	Luton	PB	WB	
My leadership team keeps me informed about changes affecting my work	Strongly Agree	Count	13	18	3	7	6	47
		% within LA	34.2%	22.0%	16.7%	23.3%	16.2%	22.9%
	Agree	Count	20	45	12	18	21	116
		% within LA	52.6%	54.9%	66.7%	60.0%	56.8%	56.6%
	Neither Agree nor Disagree	Count	3	12	2	4	8	29
		% within LA	7.9%	14.6%	11.1%	13.3%	21.6%	14.1%
	Disagree	Count	1	6	0	0	2	9
		% within LA	2.6%	7.3%	0.0%	0.0%	5.4%	4.4%
	Strongly Disagree	Count	1	1	0	1	0	3
		% within LA	2.6%	1.2%	0.0%	3.3%	0.0%	1.5%
	N/A	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 87

			LA					Total
			BF	Herts	Luton	PB	WB	
If I have an idea or concern, I feel confident about raising it with my managers	Strongly Agree	Count	17	25	5	14	17	78
		% within LA	44.7%	30.5%	27.8%	46.7%	45.9%	38.0%
	Agree	Count	14	53	12	12	18	109
		% within LA	36.8%	64.6%	66.7%	40.0%	48.6%	53.2%
	Neither Agree nor Disagree	Count	3	3	0	4	2	12
		% within LA	7.9%	3.7%	0.0%	13.3%	5.4%	5.9%
	Disagree	Count	2	1	0	0	0	3
		% within LA	5.3%	1.2%	0.0%	0.0%	0.0%	1.5%
	Strongly Disagree	Count	1	0	0	0	0	1
		% within LA	2.6%	0.0%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	0	1	0	0	2
		% within LA	2.6%	0.0%	5.6%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 88

			LA					Total
			BF	Herts	Luton	PB	WB	
I have sufficient time to share information with my colleagues on cases we are co-working	Strongly Agree	Count	8	15	3	2	6	34
		% within LA	21.1%	18.3%	16.7%	6.7%	16.2%	16.6%
	Agree	Count	23	41	12	16	21	113
		% within LA	60.5%	50.0%	66.7%	53.3%	56.8%	55.1%
	Neither Agree nor Disagree	Count	4	8	3	9	3	27
		% within LA	10.5%	9.8%	16.7%	30.0%	8.1%	13.2%
	Disagree	Count	1	14	0	3	4	22
		% within LA	2.6%	17.1%	0.0%	10.0%	10.8%	10.7%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	2	4	0	0	3	9
		% within LA	5.3%	4.9%	0.0%	0.0%	8.1%	4.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 89

			LA					Total
			BF	Herts	Luton	PB	WB	
Communication within my team is effective	Strongly Agree	Count	17	27	4	9	10	67
		% within LA	44.7%	32.9%	22.2%	30.0%	27.0%	32.7%
	Agree	Count	18	45	11	16	25	115
		% within LA	47.4%	54.9%	61.1%	53.3%	67.6%	56.1%
	Neither Agree nor Disagree	Count	3	8	2	4	2	19
		% within LA	7.9%	9.8%	11.1%	13.3%	5.4%	9.3%
	Disagree	Count	0	2	0	1	0	3
		% within LA	0.0%	2.4%	0.0%	3.3%	0.0%	1.5%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 90

			LA					Total
			BF	Herts	Luton	PB	WB	
I feel that my perspective on a case is valued by others	Strongly Agree	Count	13	25	5	7	12	62
		% within LA	34.2%	30.5%	27.8%	23.3%	32.4%	30.2%
	Agree	Count	19	44	12	20	23	118
		% within LA	50.0%	53.7%	66.7%	66.7%	62.2%	57.6%
	Neither Agree nor Disagree	Count	4	12	1	3	2	22
		% within LA	10.5%	14.6%	5.6%	10.0%	5.4%	10.7%
	Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Strongly Disagree	Count	1	1	0	0	0	2
		% within LA	2.6%	1.2%	0.0%	0.0%	0.0%	1.0%
	N/A	Count	1	0	0	0	0	1
		% within LA	2.6%	0.0%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 91

			LA					Total
			BF	Herts	Luton	PB	WB	
I receive sufficient information from the Assessment Team when a case is handed over	Strongly Agree	Count	2	5	0	3	0	10
		% within LA	5.3%	6.1%	0.0%	10.0%	0.0%	4.9%
	Agree	Count	21	27	4	5	8	65
		% within LA	55.3%	32.9%	22.2%	16.7%	21.6%	31.7%
	Neither Agree nor Disagree	Count	7	22	5	5	15	54
		% within LA	18.4%	26.8%	27.8%	16.7%	40.5%	26.3%
	Disagree	Count	5	16	5	9	6	41
		% within LA	13.2%	19.5%	27.8%	30.0%	16.2%	20.0%
	Strongly Disagree	Count	3	6	0	3	3	15
		% within LA	7.9%	7.3%	0.0%	10.0%	8.1%	7.3%
	N/A	Count	0	6	4	5	5	20
		% within LA	0.0%	7.3%	22.2%	16.7%	13.5%	9.8%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 92

			LA					Total
			BF	Herts	Luton	PB	WB	
My manager supports me in my professional judgement and decision making	Strongly Agree	Count	18	42	5	15	14	94
		% within LA	47.4%	51.2%	27.8%	50.0%	37.8%	45.9%
	Agree	Count	16	36	12	12	22	98
		% within LA	42.1%	43.9%	66.7%	40.0%	59.5%	47.8%
	Neither Agree nor Disagree	Count	3	4	0	3	1	11
		% within LA	7.9%	4.9%	0.0%	10.0%	2.7%	5.4%
	Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	1	0	1	0	0	2
		% within LA	2.6%	0.0%	5.6%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 93

			LA					Total
			BF	Herts	Luton	PB	WB	
I feel encouraged to develop better ways of doing things	Strongly Agree	Count	15	32	4	13	11	75
		% within LA	39.5%	39.0%	22.2%	43.3%	29.7%	36.6%
	Agree	Count	19	37	13	14	25	108
		% within LA	50.0%	45.1%	72.2%	46.7%	67.6%	52.7%
	Neither Agree nor Disagree	Count	4	9	0	3	1	17
		% within LA	10.5%	11.0%	0.0%	10.0%	2.7%	8.3%
	Disagree	Count	0	3	0	0	0	3
		% within LA	0.0%	3.7%	0.0%	0.0%	0.0%	1.5%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	0	1	1	0	0	2
		% within LA	0.0%	1.2%	5.6%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 94

			LA					Total
			BF	Herts	Luton	PB	WB	
I feel I have the knowledge and skills I need to work effectively with families	Strongly Agree	Count	11	26	3	8	9	57
		% within LA	28.9%	31.7%	16.7%	26.7%	24.3%	27.8%
	Agree	Count	25	48	13	21	24	131
		% within LA	65.8%	58.5%	72.2%	70.0%	64.9%	63.9%
	Neither Agree nor Disagree	Count	1	4	0	1	2	8
		% within LA	2.6%	4.9%	0.0%	3.3%	5.4%	3.9%
	Disagree	Count	0	2	1	0	2	5
		% within LA	0.0%	2.4%	5.6%	0.0%	5.4%	2.4%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	1	1	1	0	0	3
		% within LA	2.6%	1.2%	5.6%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 95

			LA					Total
			BF	Herts	Luton	PB	WB	
My training and development needs are being fully met	Strongly Agree	Count	10	18	3	4	7	42
		% within LA	26.3%	22.0%	16.7%	13.3%	18.9%	20.5%
	Agree	Count	19	40	9	16	22	106
		% within LA	50.0%	48.8%	50.0%	53.3%	59.5%	51.7%
	Neither Agree nor Disagree	Count	5	13	4	7	8	37
		% within LA	13.2%	15.9%	22.2%	23.3%	21.6%	18.0%
	Disagree	Count	3	10	1	3	0	17
		% within LA	7.9%	12.2%	5.6%	10.0%	0.0%	8.3%
	Strongly Disagree	Count	1	1	0	0	0	2
		% within LA	2.6%	1.2%	0.0%	0.0%	0.0%	1.0%
	N/A	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 96

			LA					Total
			BF	Herts	Luton	PB	WB	
I receive effective supervision which helps me to do my job better	Strongly Agree	Count	13	27	3	11	14	68
		% within LA	34.2%	32.9%	16.7%	36.7%	37.8%	33.2%
	Agree	Count	20	39	11	11	21	102
		% within LA	52.6%	47.6%	61.1%	36.7%	56.8%	49.8%
	Neither Agree nor Disagree	Count	3	8	3	6	2	22
		% within LA	7.9%	9.8%	16.7%	20.0%	5.4%	10.7%
	Disagree	Count	2	6	0	2	0	10
		% within LA	5.3%	7.3%	0.0%	6.7%	0.0%	4.9%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	0	2	1	0	0	3
		% within LA	0.0%	2.4%	5.6%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 97

			LA					Total
			BF	Herts	Luton	PB	WB	
Generally, the right decisions are made during group case supervision	Strongly Agree	Count	10	23	4	10	12	59
		% within LA	26.3%	28.0%	22.2%	33.3%	32.4%	28.8%
	Agree	Count	23	45	13	18	24	123
		% within LA	60.5%	54.9%	72.2%	60.0%	64.9%	60.0%
	Neither Agree nor Disagree	Count	5	9	0	1	1	16
		% within LA	13.2%	11.0%	0.0%	3.3%	2.7%	7.8%
	Disagree	Count	0	0	1	0	0	1
		% within LA	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	0	5	0	1	0	6
		% within LA	0.0%	6.1%	0.0%	3.3%	0.0%	2.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 98

			LA					Total
			BF	Herts	Luton	PB	WB	
Group case supervision results in a better shared understanding of risk	Strongly Agree	Count	19	29	5	15	15	83
		% within LA	50.0%	35.4%	27.8%	50.0%	40.5%	40.5%
	Agree	Count	16	42	12	11	22	103
		% within LA	42.1%	51.2%	66.7%	36.7%	59.5%	50.2%
	Neither Agree nor Disagree	Count	3	8	1	3	0	15
		% within LA	7.9%	9.8%	5.6%	10.0%	0.0%	7.3%
	Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	Strongly Disagree	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	N/A	Count	0	2	0	1	0	3
		% within LA	0.0%	2.4%	0.0%	3.3%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 99

			LA					Total
			BF	Herts	Luton	PB	WB	
Group case supervision enables me to be a more reflective practitioner	Strongly Agree	Count	16	24	5	12	10	67
		% within LA	42.1%	29.3%	27.8%	40.0%	27.0%	32.7%
	Agree	Count	13	35	10	13	25	96
		% within LA	34.2%	42.7%	55.6%	43.3%	67.6%	46.8%
	Neither Agree nor Disagree	Count	6	11	2	3	2	24
		% within LA	15.8%	13.4%	11.1%	10.0%	5.4%	11.7%
	Disagree	Count	3	6	0	1	0	10
		% within LA	7.9%	7.3%	0.0%	3.3%	0.0%	4.9%
	Strongly Disagree	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
	N/A	Count	0	4	1	1	0	6
		% within LA	0.0%	4.9%	5.6%	3.3%	0.0%	2.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 100

			LA					Total
			BF	Herts	Luton	PB	WB	
I am very satisfied with the job I do	Strongly Agree	Count	9	11	5	5	8	38
		% within LA	23.7%	13.4%	27.8%	16.7%	21.6%	18.5%
	Agree	Count	24	47	9	18	23	121
		% within LA	63.2%	57.3%	50.0%	60.0%	62.2%	59.0%
	Neither Agree nor Disagree	Count	4	15	3	7	4	33
		% within LA	10.5%	18.3%	16.7%	23.3%	10.8%	16.1%
	Disagree	Count	1	8	1	0	2	12
		% within LA	2.6%	9.8%	5.6%	0.0%	5.4%	5.9%
	Strongly Disagree	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
	N/A	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 101

			LA					Total
			BF	Herts	Luton	PB	WB	
I often feel stressed by my job	Strongly Agree	Count	7	17	3	3	4	34
		% within LA	18.4%	20.7%	16.7%	10.0%	10.8%	16.6%
	Agree	Count	12	36	3	11	14	76
		% within LA	31.6%	43.9%	16.7%	36.7%	37.8%	37.1%
	Neither Agree nor Disagree	Count	10	18	9	10	12	59
		% within LA	26.3%	22.0%	50.0%	33.3%	32.4%	28.8%
	Disagree	Count	9	10	3	6	6	34
		% within LA	23.7%	12.2%	16.7%	20.0%	16.2%	16.6%
	Strongly Disagree	Count	0	1	0	0	1	2
		% within LA	0.0%	1.2%	0.0%	0.0%	2.7%	1.0%
	N/A	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 102

			LA					Total
			BF	Herts	Luton	PB	WB	
I often feel tired as a result of my job	Strongly Agree	Count	5	25	2	4	7	43
		% within LA	13.2%	30.5%	11.1%	13.3%	18.9%	21.0%
	Agree	Count	18	40	7	17	17	99
		% within LA	47.4%	48.8%	38.9%	56.7%	45.9%	48.3%
	Neither Agree nor Disagree	Count	12	10	8	7	9	46
		% within LA	31.6%	12.2%	44.4%	23.3%	24.3%	22.4%
	Disagree	Count	2	7	1	2	3	15
		% within LA	5.3%	8.5%	5.6%	6.7%	8.1%	7.3%
	Strongly Disagree	Count	1	0	0	0	1	2
		% within LA	2.6%	0.0%	0.0%	0.0%	2.7%	1.0%
	N/A	Count	0	0	0	0	0	0
		% within LA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 103

			LA					Total
			BF	Herts	Luton	PB	WB	
I am likely to remain in my job for the next two years	Strongly Agree	Count	10	17	3	6	9	45
		% within LA	26.3%	20.7%	16.7%	20.0%	24.3%	22.0%
	Agree	Count	21	35	9	13	19	97
		% within LA	55.3%	42.7%	50.0%	43.3%	51.4%	47.3%
	Neither Agree nor Disagree	Count	4	20	4	6	5	39
		% within LA	10.5%	24.4%	22.2%	20.0%	13.5%	19.0%
	Disagree	Count	1	4	1	1	3	10
		% within LA	2.6%	4.9%	5.6%	3.3%	8.1%	4.9%
	Strongly Disagree	Count	2	5	0	1	1	9
		% within LA	5.3%	6.1%	0.0%	3.3%	2.7%	4.4%
	N/A	Count	0	1	1	3	0	5
		% within LA	0.0%	1.2%	5.6%	10.0%	0.0%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 104

			LA					Total
			BF	Herts	Luton	PB	WB	
Staff turnover is a problem in my practice area	Strongly Agree	Count	6	20	4	8	0	38
		% within LA	15.8%	24.4%	22.2%	26.7%	0.0%	18.5%
	Agree	Count	13	24	7	9	9	62
		% within LA	34.2%	29.3%	38.9%	30.0%	24.3%	30.2%
	Neither Agree nor Disagree	Count	13	18	4	8	10	53
		% within LA	34.2%	22.0%	22.2%	26.7%	27.0%	25.9%
	Disagree	Count	6	14	2	4	15	41
		% within LA	15.8%	17.1%	11.1%	13.3%	40.5%	20.0%
	Strongly Disagree	Count	0	4	0	0	2	6
		% within LA	0.0%	4.9%	0.0%	0.0%	5.4%	2.9%
	N/A	Count	0	2	1	1	1	5
		% within LA	0.0%	2.4%	5.6%	3.3%	2.7%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 105

			LA					Total
			BF	Herts	Luton	PB	WB	
Levels of staff absence in my practice area are concerning	Strongly Agree	Count	3	9	0	6	1	19
		% within LA	7.9%	11.0%	0.0%	20.0%	2.7%	9.3%
	Agree	Count	3	12	2	9	10	36
		% within LA	7.9%	14.6%	11.1%	30.0%	27.0%	17.6%
	Neither Agree nor Disagree	Count	16	26	9	9	9	69
		% within LA	42.1%	31.7%	50.0%	30.0%	24.3%	33.7%
	Disagree	Count	14	25	5	4	15	63
		% within LA	36.8%	30.5%	27.8%	13.3%	40.5%	30.7%
	Strongly Disagree	Count	1	9	1	0	1	12
		% within LA	2.6%	11.0%	5.6%	0.0%	2.7%	5.9%
	N/A	Count	1	1	1	2	1	6
		% within LA	2.6%	1.2%	5.6%	6.7%	2.7%	2.9%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 106

			LA					Total
			BF	Herts	Luton	PB	WB	
Social workers	Significant impact	Count	16	24	9	11	14	74
		% within LA	42.1%	29.3%	50.0%	36.7%	37.8%	36.1%
	Some impact	Count	20	46	8	16	15	105
		% within LA	52.6%	56.1%	44.4%	53.3%	40.5%	51.2%
	No impact	Count	1	1	1	1	3	7
		% within LA	2.6%	1.2%	5.6%	3.3%	8.1%	3.4%
	Don't know	Count	0	11	0	1	2	14
		% within LA	0.0%	13.4%	0.0%	3.3%	5.4%	6.8%
	N/A	Count	1	0	0	1	3	5
		% within LA	2.6%	0.0%	0.0%	3.3%	8.1%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 107

			LA					Total
			BF	Herts	Luton	PB	WB	
Domestic violence support for victims	Significant impact	Count	22	41	13	10	26	112
		% within LA	57.9%	50.0%	72.2%	33.3%	70.3%	54.6%
	Some impact	Count	15	29	5	13	8	70
		% within LA	39.5%	35.4%	27.8%	43.3%	21.6%	34.1%
	No impact	Count	0	1	0	2	1	4
		% within LA	0.0%	1.2%	0.0%	6.7%	2.7%	2.0%
	Don't know	Count	1	10	0	3	0	14
		% within LA	2.6%	12.2%	0.0%	10.0%	0.0%	6.8%
	N/A	Count	0	1	0	2	2	5
		% within LA	0.0%	1.2%	0.0%	6.7%	5.4%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 108

			LA					Total
			BF	Herts	Luton	PB	WB	
Domestic violence support for perpetrators	Significant impact	Count	18	35	13	6	22	94
		% within LA	47.4%	42.7%	72.2%	20.0%	59.5%	45.9%
	Some impact	Count	20	31	5	18	11	85
		% within LA	52.6%	37.8%	27.8%	60.0%	29.7%	41.5%
	No impact	Count	0	1	0	1	1	3
		% within LA	0.0%	1.2%	0.0%	3.3%	2.7%	1.5%
	Don't know	Count	0	14	0	3	1	18
		% within LA	0.0%	17.1%	0.0%	10.0%	2.7%	8.8%
	N/A	Count	0	1	0	2	2	5
		% within LA	0.0%	1.2%	0.0%	6.7%	5.4%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 109

			LA					Total
			BF	Herts	Luton	PB	WB	
Mental health support	Significant impact	Count	20	17	12	11	22	82
		% within LA	52.6%	20.7%	66.7%	36.7%	59.5%	40.0%
	Some impact	Count	17	33	6	14	12	82
		% within LA	44.7%	40.2%	33.3%	46.7%	32.4%	40.0%
	No impact	Count	0	16	0	1	1	18
		% within LA	0.0%	19.5%	0.0%	3.3%	2.7%	8.8%
	Don't know	Count	1	15	0	3	0	19
		% within LA	2.6%	18.3%	0.0%	10.0%	0.0%	9.3%
	N/A	Count	0	1	0	1	2	4
		% within LA	0.0%	1.2%	0.0%	3.3%	5.4%	2.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 110

			LA					Total
			BF	Herts	Luton	PB	WB	
Substance misuse support	Significant impact	Count	21	24	13	10	23	91
		% within LA	55.3%	29.3%	72.2%	33.3%	62.2%	44.4%
	Some impact	Count	17	34	5	15	11	82
		% within LA	44.7%	41.5%	27.8%	50.0%	29.7%	40.0%
	No impact	Count	0	7	0	0	1	8
		% within LA	0.0%	8.5%	0.0%	0.0%	2.7%	3.9%
	Don't know	Count	0	15	0	3	1	19
		% within LA	0.0%	18.3%	0.0%	10.0%	2.7%	9.3%
	N/A	Count	0	2	0	2	1	5
		% within LA	0.0%	2.4%	0.0%	6.7%	2.7%	2.4%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 111

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of looked after children?	Significant impact	Count	10	9	5	2	7	33
		% within LA	26.3%	11.0%	27.8%	6.7%	18.9%	16.1%
	Some impact	Count	20	36	7	9	19	91
		% within LA	52.6%	43.9%	38.9%	30.0%	51.4%	44.4%
	No impact	Count	2	11	3	4	2	22
		% within LA	5.3%	13.4%	16.7%	13.3%	5.4%	10.7%
	Don't know	Count	6	24	3	15	9	57
		% within LA	15.8%	29.3%	16.7%	50.0%	24.3%	27.8%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 112

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of child protection (CP) cases?	Significant impact	Count	9	12	5	2	8	36
		% within LA	23.7%	14.6%	27.8%	6.7%	21.6%	17.6%
	Some impact	Count	20	41	9	15	18	103
		% within LA	52.6%	50.0%	50.0%	50.0%	48.6%	50.2%
	No impact	Count	2	6	1	3	3	15
		% within LA	5.3%	7.3%	5.6%	10.0%	8.1%	7.3%
	Don't know	Count	7	22	3	10	8	50
		% within LA	18.4%	26.8%	16.7%	33.3%	21.6%	24.4%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 113

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the average length of CP cases?	Significant impact	Count	8	14	5	6	6	39
		% within LA	21.1%	17.1%	27.8%	20.0%	16.2%	19.0%
	Some impact	Count	21	40	10	12	18	101
		% within LA	55.3%	48.8%	55.6%	40.0%	48.6%	49.3%
	No impact	Count	2	7	1	1	3	14
		% within LA	5.3%	8.5%	5.6%	3.3%	8.1%	6.8%
	Don't know	Count	7	20	2	11	10	50
		% within LA	18.4%	24.4%	11.1%	36.7%	27.0%	24.4%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 114

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of care proceedings?	Significant impact	Count	10	11	5	3	6	35
		% within LA	26.3%	13.4%	27.8%	10.0%	16.2%	17.1%
	Some impact	Count	21	33	8	6	20	88
		% within LA	55.3%	40.2%	44.4%	20.0%	54.1%	42.9%
	No impact	Count	1	10	2	6	1	20
		% within LA	2.6%	12.2%	11.1%	20.0%	2.7%	9.8%
	Don't know	Count	6	26	3	15	10	60
		% within LA	15.8%	31.7%	16.7%	50.0%	27.0%	29.3%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 115

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the average length of care proceedings?	Significant impact	Count	4	8	4	5	2	23
		% within LA	10.5%	9.8%	22.2%	16.7%	5.4%	11.2%
	Some impact	Count	20	25	9	6	16	76
		% within LA	52.6%	30.5%	50.0%	20.0%	43.2%	37.1%
	No impact	Count	7	22	3	6	7	45
		% within LA	18.4%	26.8%	16.7%	20.0%	18.9%	22.0%
	Don't know	Count	7	25	2	13	12	59
		% within LA	18.4%	30.5%	11.1%	43.3%	32.4%	28.8%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 116

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of child in need (CiN) cases?	Significant impact	Count	3	4	5	2	2	16
		% within LA	7.9%	4.9%	27.8%	6.7%	5.4%	7.8%
	Some impact	Count	22	26	7	14	16	85
		% within LA	57.9%	31.7%	38.9%	46.7%	43.2%	41.5%
	No impact	Count	4	26	3	3	8	44
		% within LA	10.5%	31.7%	16.7%	10.0%	21.6%	21.5%
	Don't know	Count	9	25	3	11	11	59
		% within LA	23.7%	30.5%	16.7%	36.7%	29.7%	28.8%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 117

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the average length of CiN cases?	Significant impact	Count	3	6	5	3	4	21
		% within LA	7.9%	7.3%	27.8%	10.0%	10.8%	10.2%
	Some impact	Count	22	37	9	18	19	105
		% within LA	57.9%	45.1%	50.0%	60.0%	51.4%	51.2%
	No impact	Count	5	15	3	2	3	28
		% within LA	13.2%	18.3%	16.7%	6.7%	8.1%	13.7%
	Don't know	Count	8	23	1	7	11	50
		% within LA	21.1%	28.0%	5.6%	23.3%	29.7%	24.4%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 118

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of re-referrals within 6 months into social services?	Significant impact	Count	2	9	6	3	2	22
		% within LA	5.3%	11.0%	33.3%	10.0%	5.4%	10.7%
	Some impact	Count	22	34	6	13	20	95
		% within LA	57.9%	41.5%	33.3%	43.3%	54.1%	46.3%
	No impact	Count	2	6	3	2	3	16
		% within LA	5.3%	7.3%	16.7%	6.7%	8.1%	7.8%
	Don't know	Count	12	30	3	11	12	68
		% within LA	31.6%	36.6%	16.7%	36.7%	32.4%	33.2%
	N/A	Count	0	3	0	1	0	4
		% within LA	0.0%	3.7%	0.0%	3.3%	0.0%	2.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 119

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of police callouts to family homes?	Significant impact	Count	3	4	4	1	4	16
		% within LA	7.9%	4.9%	22.2%	3.3%	10.8%	7.8%
	Some impact	Count	13	24	7	10	14	68
		% within LA	34.2%	29.3%	38.9%	33.3%	37.8%	33.2%
	No impact	Count	3	12	4	2	1	22
		% within LA	7.9%	14.6%	22.2%	6.7%	2.7%	10.7%
	Don't know	Count	19	40	3	17	18	97
		% within LA	50.0%	48.8%	16.7%	56.7%	48.6%	47.3%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 120

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of repeat domestic violence incidents reported?	Significant impact	Count	7	7	7	0	5	26
		% within LA	18.4%	8.5%	38.9%	0.0%	13.5%	12.7%
	Some impact	Count	15	37	5	10	14	81
		% within LA	39.5%	45.1%	27.8%	33.3%	37.8%	39.5%
	No impact	Count	1	5	3	4	1	14
		% within LA	2.6%	6.1%	16.7%	13.3%	2.7%	6.8%
	Don't know	Count	15	31	3	15	17	81
		% within LA	39.5%	37.8%	16.7%	50.0%	45.9%	39.5%
	N/A	Count	0	2	0	1	0	3
		% within LA	0.0%	2.4%	0.0%	3.3%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 121

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of unauthorised school absences?	Significant impact	Count	4	2	4	1	2	13
		% within LA	10.5%	2.4%	22.2%	3.3%	5.4%	6.3%
	Some impact	Count	13	31	8	11	12	75
		% within LA	34.2%	37.8%	44.4%	36.7%	32.4%	36.6%
	No impact	Count	2	10	1	2	5	20
		% within LA	5.3%	12.2%	5.6%	6.7%	13.5%	9.8%
	Don't know	Count	19	38	5	16	18	96
		% within LA	50.0%	46.3%	27.8%	53.3%	48.6%	46.8%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 122

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of attendances (adult)?	Significant impact	Count	3	3	4	0	3	13
		% within LA	7.9%	3.7%	22.2%	0.0%	8.1%	6.3%
	Some impact	Count	7	17	7	8	10	49
		% within LA	18.4%	20.7%	38.9%	26.7%	27.0%	23.9%
	No impact	Count	2	8	1	2	2	15
		% within LA	5.3%	9.8%	5.6%	6.7%	5.4%	7.3%
	Don't know	Count	26	51	6	19	22	124
		% within LA	68.4%	62.2%	33.3%	63.3%	59.5%	60.5%
	N/A	Count	0	3	0	1	0	4
		% within LA	0.0%	3.7%	0.0%	3.3%	0.0%	2.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 123

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the number of attendances (children)?	Significant impact	Count	3	2	4	0	2	11
		% within LA	7.9%	2.4%	22.2%	0.0%	5.4%	5.4%
	Some impact	Count	8	21	8	9	7	53
		% within LA	21.1%	25.6%	44.4%	30.0%	18.9%	25.9%
	No impact	Count	1	7	1	2	4	15
		% within LA	2.6%	8.5%	5.6%	6.7%	10.8%	7.3%
	Don't know	Count	26	49	5	19	24	123
		% within LA	68.4%	59.8%	27.8%	63.3%	64.9%	60.0%
	N/A	Count	0	3	0	0	0	3
		% within LA	0.0%	3.7%	0.0%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 124

			LA					Total
			BF	Herts	Luton	PB	WB	
Reducing the level of substance misuse re-presentation within 6 months?	Significant impact	Count	2	2	5	1	3	13
		% within LA	5.3%	2.4%	27.8%	3.3%	8.1%	6.3%
	Some impact	Count	17	34	7	10	16	84
		% within LA	44.7%	41.5%	38.9%	33.3%	43.2%	41.0%
	No impact	Count	0	6	3	2	1	12
		% within LA	0.0%	7.3%	16.7%	6.7%	2.7%	5.9%
	Don't know	Count	19	38	3	17	17	94
		% within LA	50.0%	46.3%	16.7%	56.7%	45.9%	45.9%
	N/A	Count	0	2	0	0	0	2
		% within LA	0.0%	2.4%	0.0%	0.0%	0.0%	1.0%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 125

			LA					Total
			BF	Herts	Luton	PB	WB	
Enabling practitioners to undertake more direct work with families	Significant impact	Count	11	24	10	6	7	58
		% within LA	28.9%	29.3%	55.6%	20.0%	18.9%	28.3%
	Some impact	Count	25	40	7	18	23	113
		% within LA	65.8%	48.8%	38.9%	60.0%	62.2%	55.1%
	No impact	Count	2	7	1	4	2	16
		% within LA	5.3%	8.5%	5.6%	13.3%	5.4%	7.8%
	Don't know	Count	0	10	0	2	5	17
		% within LA	0.0%	12.2%	0.0%	6.7%	13.5%	8.3%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 126

			LA					Total
			BF	Herts	Luton	PB	WB	
Developing the skills and knowledge of practitioners	Significant impact	Count	17	30	8	15	12	82
		% within LA	44.7%	36.6%	44.4%	50.0%	32.4%	40.0%
	Some impact	Count	20	37	9	11	22	99
		% within LA	52.6%	45.1%	50.0%	36.7%	59.5%	48.3%
	No impact	Count	1	3	1	2	0	7
		% within LA	2.6%	3.7%	5.6%	6.7%	0.0%	3.4%
	Don't know	Count	0	11	0	2	3	16
		% within LA	0.0%	13.4%	0.0%	6.7%	8.1%	7.8%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 127

			LA					Total
			BF	Herts	Luton	PB	WB	
Strengthening information sharing and shared decision making	Significant impact	Count	23	25	13	14	21	96
		% within LA	60.5%	30.5%	72.2%	46.7%	56.8%	46.8%
	Some impact	Count	14	40	4	13	13	84
		% within LA	36.8%	48.8%	22.2%	43.3%	35.1%	41.0%
	No impact	Count	1	5	1	1	0	8
		% within LA	2.6%	6.1%	5.6%	3.3%	0.0%	3.9%
	Don't know	Count	0	11	0	2	3	16
		% within LA	0.0%	13.4%	0.0%	6.7%	8.1%	7.8%
	N/A	Count	0	1	0	0	0	1
		% within LA	0.0%	1.2%	0.0%	0.0%	0.0%	0.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Table 128

			LA					Total
			BF	Herts	Luton	PB	WB	
Minimising pressure for social work practitioners through reduced caseloads	Significant impact	Count	12	9	8	4	3	36
		% within LA	31.6%	11.0%	44.4%	13.3%	8.1%	17.6%
	Some impact	Count	15	21	5	6	21	68
		% within LA	39.5%	25.6%	27.8%	20.0%	56.8%	33.2%
	No impact	Count	8	31	5	11	8	63
		% within LA	21.1%	37.8%	27.8%	36.7%	21.6%	30.7%
	Don't know	Count	3	18	0	9	5	35
		% within LA	7.9%	22.0%	0.0%	30.0%	13.5%	17.1%
	N/A	Count	0	3	0	0	0	3
		% within LA	0.0%	3.7%	0.0%	0.0%	0.0%	1.5%
Total		Count	38	82	18	30	37	205
		% within LA	100%	100%	100%	100%	100%	100%

Appendix 6: Family case studies

West Berkshire

Background

The family had a history of social care involvement as a result of domestic abuse between mum and her ex-partner. The most recent referral was made by the police after they were called to a domestic abuse incident at the family home. During the assessment stage, other issues were identified including mental health issues with both mum and dad, and concerns about the needs of their child not being met.

Support provided for the family

The family received support around mental health and domestic abuse:

- The aim of the work with dad and the domestic abuse perpetrator worker was to increase dad's understanding of domestic abuse and teach him strategies for improving his behaviour. It was also hoped that dad would take more responsibility for his actions.
- The mental health work with both mum and dad looked at the anxiety cycle and coping strategies. It was hoped that this would help improve relationships within the family and improve their parenting capacity.

Although mum was offered support from a domestic abuse victim worker, she did not feel it was needed: *"the mental health worker and social worker are helping me and I don't need anything else"*. Mum also noted that sometimes having involvement from too many professionals can limit the effectiveness of the support: *"with too many people, I don't have the time or energy to do what they ask or give them my full attention"*.

Mum reported that she was initially concerned about social services being involved with the family again. She felt she was *"being punished for doing the right thing [i.e. calling the police] and they might take my child away"*. However, she found Family Safeguarding to be a different and more positive experience. She had been asked about what support she would benefit from and was given a choice about whether (and when) to engage. The social worker echoed this view, stating that MI had allowed mum to make her own choices: *"she wasn't pushed into it so it didn't get her back up"*.

Mum reported being initially reluctant to engage with the mental health worker (as she had previous negative experiences of mental health services), but *"no-one forced me to do it….they explained why it might help, so I ended up thinking it might be ok"*. The social worker felt that this was partly because the worker visited mum in her home which reduced the stigma that she attached to accepting support.

Outcomes and impacts
Mum and the social worker both reported that the family's situation had improved as a result of Family Safeguarding. This was reflected in better communication between mum and dad and dad being allowed unsupervised contact with the child. Mum's parenting had also improved. She said she was *"in a better place to do what was right"* which in turn was leading to improvements in the child's behaviour both at home and in other settings: "*the nursery has been saying, 'is that the same child?'"*. The social worker and domestic abuse perpetrator worker both reported that dad had engaged well with the support and had made progress in understanding domestic abuse and the impacts it can have. Dad had also acknowledged his drug problem and had agreed to be referred to the substance misuse worker. The social worker reported that the adult workers were having a *"fundamental impact on the case because they are providing specialist input and work, that we social workers wouldn't have been able to do"*. The social worker also felt that in the absence of Family Safeguarding, *"the pace of change would have been slower"* because of the need to make external referrals. The expectation is that the case will shortly be de-escalated to Child in Need from a Child Protection Plan.

Bracknell Forest

Background

At the time of writing the child was seven years old. Mum suffered post-natal depression after giving birth and went into a mother and baby unit. When the child was two years old, the parents separated. The child now lives with dad, his new partner and her two children from a previous relationship. Although the three children generally got on well, the child was sometimes angry and was showing signs of stress and anxiety, particularly at school. He had begun self-harming and was being bullied.

School made a referral to social services with concerns about the child. He was assessed by the social worker as a Child in Need case. The social worker believed that the child was confused with his maternal relationships, and in particular, that his relationship with his birth mother was not strong enough: *"it's really difficult for him, he sees both of them regularly but never stays with his mum"*.

All three adults involved in the case did not initially understand the concerns raised by the school or the social worker and did not accept that the child's behaviour was caused by the family relations or dynamics.

Support provided for the family

The social worker talked with mum, dad and the girlfriend separately. She focused on mum's self-esteem and confidence to care for the child and helped her to realise that she could contribute to important decisions regarding his wellbeing. *"She was so lacking in confidence, she had deferred all the key decisions to the girlfriend. I did a lot of work on the importance of the mother and child bond, and on how the child needed to spend time with mum alone."*

She also supported mum with her house to get it ready for the child to come and stay for the night and to spend time on his own with his mum. Mum was also supported to improve her parenting skills, the importance of play, of reading to the child and of talking to him about his feelings.

The social worker worked with dad and the girlfriend on the importance of recognising mum as the child's mother, and the girlfriend as the step-mother. This involved consulting with mum on key decisions and asking her opinion. Initially there was some resistance, but as mum began to take more responsibility for the child, the dynamic between the three parents changed. The child was engaged in three months of play-therapy to help him express his emotions.

Outcomes and impacts

Mum had come to understand how important it was to have a close relationship with her child: *"I understand a lot better now and I can see when [the child] is upset and we talk… we are closer now".* The child's anxiety reduced and he stopped self-harming. According to the social worker, he was a much happier and stable boy who had a stronger relationship with his mother. He still struggled with some behaviours and emotions but the social worker was much more confident that the family was in a

better place to understand and to respond to his emotional needs. At the time of the writing, the social worker felt confident that the case would be closed within the next few months.

Hertfordshire

Background

The family was referred to the Family Safeguarding team by the police. They had been called out to the house by mum's oldest child following an altercation between mum and her partner (the father of her youngest child). At the time, the mother did not provide a statement to the police, saying her daughter had exaggerated the incident in an attempt to persuade her to end the relationship. Mum was known to social services, largely through her issues with alcohol, and had been arrested previously.

Support provided for the family

Initially it was difficult to engage with mum and dad and there were concerns that they were not being honest about their relationship. Mum stated that she no longer had any issues with alcohol but the social worker was concerned that she was in denial and felt that this needed to be monitored. However, after initial sessions and working with the social worker alongside the domestic abuse worker, they opened up and began discussing their circumstances and behavior more candidly.

The sessions became very productive and positive. Mum and dad both engaged well with the modules and were open to exploring childhood experiences, their own histories and backgrounds and potential reasons that might drive volatile behavior and/or their propensity for substance abuse. They both responded well to the work on parental behaviours.

Outcomes and Impacts

At first dad was not willing to engage with the process but the social worker met with him in a less official capacity to discuss the case and explain the reasons for their involvement. He began to understand that the team wanted to understand his perspective and his feelings. The social worker believed that the processes and working practices of Family Safeguarding were fundamental in helping to build trust and develop a relationship with the family and in helping dad understand that the team wanted to help rather than ridicule them.

Although there were no direct concerns regarding the parents' basic care giving capabilities, there were concerns that without support, there was a potential for family relationships to breakdown, for the situation to worsen and for mum to relapse into habitual alcohol misuse. The module and domestic abuse work enabled deeper discussions to take place around how best to manage arguments and ensure they don't escalate. They also covered the detrimental impact that living in a hostile environment can have on the children.

The case demonstrated the agility of the Family Safeguarding model in responding to developing issues quickly in order to avoid escalation of risk.

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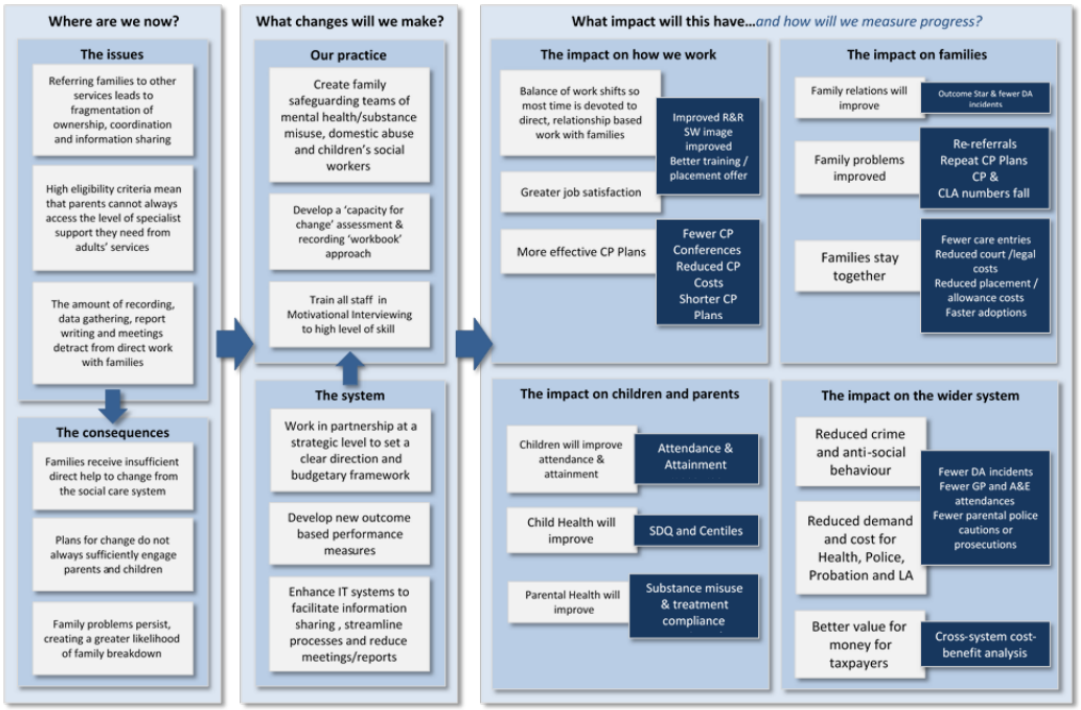
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Any enquiries regarding this publication should be sent to us at: CSC.Research@education.gov.uk or www.education.gov.uk/contactus

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Family Safeguarding Theory of Change



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EQUALITY ANALYSIS

This Equality Analysis considers the effect of Bury Council/ Bury CCG activity on different groups protected from discrimination under the Equality Act 2010. This is to consider if there are any unintended consequences for some groups from key changes made by a public body and their contractor partners organisations and to consider if the activity will be fully effective for all protected groups. It involves using equality information and the results of engagement with protected groups and others, to manage risk and to understand the actual or potential effect of activity, including any adverse impacts on those affected by the change under consideration.

For support with completing this Equality Analysis please contact corporate.core@bury.gov.uk / *0161 253 6592*

SECTION 1 – RESPONSIBILITY AND ACCOUNTABILITY Refer to Equality Analysis guidance page 4	
1.1 Name of policy/ project/ decision	**CYP Family Safeguarding Model**
1. 2 Lead for policy/ project/ decision	**Lead Member, Children and Young People**
1.3 Committee/Board signing off policy/ project/ decision	**Cabinet**
1.4 Author of Equality Analysis	*Name: Jeanette Richards* *Role: DCS* *Contact details: j.richards@bury.gov.uk*
1.5 Date EA completed	
1.6 Quality Assurance	*Name:* *Role:* *Contact details:* *Comments:*
1.7 Date QA completed	
1.8 Departmental recording	*Reference:* *Date:*
1.9 Next review date	

SECTION 2 – AIMS AND OUTCOMES OF POLICY / PROJECT Refer to Equality Analysis guidance page 5	
2.1 Detail of policy/ decision being sought	Within Children's social care there is a requirement imposed upon us by the DfE to improve the quality of practice in order to ensure that children are safeguarded and that support to families is effective, these are the pre-requisites of achieving improved outcomes for the children of Bury. Family Safeguarding has been identified within the independent review of Children's services 2022 as best practice. The model has been independently evaluated and an evidential evaluation indicates improved outcomes for children and parents by successfully reducing risk of harm to children; this leads to a reduction in entry to care, and cost avoidance by

	those authorities that have fully implemented the model as outlined in the full Business case. Successful implementation of the model will result in cost avoidance to the Council. The Department for Education (DfE), Independent advisor and regional improvement lead support Bury in adopting this model because of its evidential base and because of the need to evidence improvement. The DfE have made available of sum of £140k grant funding to support with set up costs and have indicated that they would, via an improvement grant, fund the cost of Hertfordshire acting as Sector Led Improvement Partners to support implementation of the model which is estimated to take 10 months.
2.2 What are the intended outcomes of this?	Family Safeguarding is a whole family approach to working with children and their families that supports parents to create sustained change for themselves and their family. There is clear evidence that outlines the benefits for families and the organisations working with families

SECTION 3 – ESTABLISHING RELEVANCE TO EQUALITY & HUMAN RIGHTS

Refer to Equality Analysis guidance pages 5-8 and 11

Please outline the relevance of the activity/ policy to the Public Sector Equality Duty

General Public Sector Equality Duties	Relevance (Yes/No)	Rationale behind relevance decision
3.1 To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	**Yes**	As with change in policy / procedure / service model, we need to ensure that staff are treated fairly and are not discriminated against by ensuring full training is provided.
3.2 To advance equality of opportunity between people who share a protected characteristic and those who do not.	**Yes**	It is vital that we retain strong and experienced staff within Children's Services. As such, a bespoke recruitment and retention strategy has been developed across Children's Social Care and work is ongoing to consider training opportunities to upskill and develop staff (apprenticeship levy)
3.3 To foster good relations between people who share a protected characteristic and those who do not	**Yes**	This proposed service remodel is referenced in the Children's Improvement A communications plan has been developed with regular communication activity having commenced in order to ensure regular communication with staff and full training in the model will be provided
3.4 Please outline the considerations taken, including any mitigations, to ensure activity is not		

detrimental to the Human Rights of any individual affected by the decision being sought.
Human Rights Flow Chart has been followed with a response to no at all areas, however formal consultations will be carried out to ensure there is no unlawful discrimination in the appointment / slotting in of individuals to new roles

SECTION 4 – EQUALITIES DATA Refer to Equality Analysis guidance page 8			
Protected characteristic	**Outcome sought**	**Base data**	**Data gaps (to include in Section 8 log)**
4.1 Age	A workforce of experienced staff with allows for progression	The Recruitment and retention policy and training plan for this model of practice will assist with this	
4.2 Disability	No discrimination in training of this model	A full training plan will be developed	
4.3 Gender	No discrimination in training of this model	A full training plan will be developed	
4.4 Pregnancy or Maternity	No discrimination	Council Policy in place	
4.5 Race	No discrimination	Council Policy in place	
4.6 Religion and belief	No discrimination	Council Policy in place	
4.7 Sexual Orientation	No discrimination	Council Policy in place	
4.8 Marriage or Civil Partnership	No discrimination	Council Policy in place	
4.9 Gender Reassignment	No discrimination	Council Policy in place	
4.10 Carers	No discrimination	Council Policy in place	
4.11 Looked After Children and Care Leavers	To support our looked after children and Care Leavers	Council Policy in place	
4.12 Armed Forces personnel including veterans	No discrimination	Council Policy in place	
4.13 Socio-economically vulnerable	No discrimination	Council Policy in place	

SECTION 5 – STAKEHOLDERS AND ENGAGEMENT Refer to Equality Analysis guidance page 8 and 9		
	Internal Stakeholders	External Stakeholders
5.1 Identify stakeholders	Children's Services Staff	Wider council staff, School Staff, Partner Agencies, Service Users,
5.2 Engagement undertaken	The proposals have been developed with the DCS, Director of Education, Director of Practice Improvements, Assistant Director of Early Help, HR Business Partner and the Finance Business Partner Initial proposal taken to Council Executive.	Not undertaken until agreement to progress is received

	Not undertaken any further consultation until agreement to progress is received	
5.3 Outcomes of engagement	Initial proposals have been agreed in principle by Executive and progress to Cabinet	n/a
5.4 Outstanding actions following engagement (include in Section 8 log)	Full staff consultation	Final proposals to be shared with Wider council staff, School Staff, Partner Agencies, Service Users

SECTION 6 – CONCLUSION OF IMPACT
Refer to Equality Analysis guidance page 9

Please outline whether the activity/ policy has a positive or negative effect on any groups of people with protected inclusion characteristics

Protected Characteristic	Positive/ Neutral Negative/	Impact (include reference to data/ engagement)
6.1 Age	Positive	This proposal will improve the well being of all young children
6.2 Disability	Positive	This proposal will improve the well being of all young children
6.3 Gender	Positive	This proposal will improve the well being of all young children
6.4 Pregnancy or Maternity	Positive	This proposal expands on our early help approach and PSR and will provide help and support to the parents of unborn children
6.5 Race	Positive	This proposal will improve the well being of all young children
6.6 Religion and belief	Positive	This proposal will improve the well being of all young children
6.7 Sexual Orientation	Positive	This proposal will improve the well being of all young children
6.8 Marriage or Civil Partnership	Positive	This proposal will improve the well being of all young children
6.9 Gender Reassignment	Positive	This proposal will improve the well being of all young children
6.10 Carers	Positive	This proposal will improve the well being of all young children; it also provides additional support to our foster carers
6.11 Looked After Children and Care Leavers	Positive	This proposal expands our support to children in care and care leavers, and seeks to reduce the numbers of children coming into local authority care
6.12 Armed Forces personnel including veterans	Positive	This proposal will improve the well being of all young children and their families,
6.13 Socio-economically vulnerable	Positive	This proposal will improve the well being of all young children and their families
6.14 Overall impact - What will the likely	Positive	

overall effect of your activity be on equality, including consideration on intersectionality?	

SECTION 7 – ACTION LOG Refer to Equality Analysis guidance page 10			
Action Identified	Lead	Due Date	Comments and Sign off (when complete)
7.1 Actions to address gaps identified in section 4			
n/a			
7.2 Actions to address gaps identified in section 5			
Full Staff Consultation	DCS /		
7.3 Mitigations to address negative impacts identified in section 6			
n/a			
7.4 Opportunities to further inclusion (equality, diversity and human rights) including to advance opportunities and engagements across protected characteristics			
n/a			

SECTION 8 - REVIEW Refer to Equality Analysis guidance page 10			
Review Milestone	Lead	Due Date	Comments (and sign off when complete)
Agreement by Cabinet	Lead Member Children's Services	July 2022	
Full briefing about the model to be provided to staff	DCS	TBC	
Full training plan to be developed	DCS	TBC	
Implementation	DCS	TBC	

Please make sure that every section of the Equality Analysis has been fully completed. The author of the EA should then seek Quality Assurance sign off and departmental recording.

SECTION 9 – QUALITY ASSURANCE Refer to Equality Analysis guidance page x		
Consideration	**Yes/ No**	**Rationale and details of further actions required**
Have all section been completed fully?		

Has the duty to eliminate unlawful discrimination, harassment, victimization and other conducted prohibited by the PSED and Equalities Act been considered and acted upon?		
Has the duty to advance equality of opportunity between people who share a protected characteristic and those who do not been considered and acted upon		
Has the duty to foster good relations between people who share a protected characteristic and those who do not, been consider and acted upon		
Has the action log fully detailed any required activity to address gaps in data, insight and/or engagement in relation to inclusion impact?		
Have clear and robust reviewing arrangements been set out?		
Are there any further comments to be made in relation to this EA		

Agenda Item 11

Classification: Open	Decision Type: Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Secondary School Provision in Radcliffe – Financial approval to Council's funding obligations – Part A	
Report of	Cabinet Member for Children and Young People	

1.0 Summary

1.1 Bury Council is committed to delivering a new secondary school in Radcliffe. The provision of a high quality secondary school is a key component of the wider Radcliffe Strategic Regeneration Framework, and to the delivery of ambitions set out in the Radcliffe People & Community Plan.

1.2 Educational outcomes for secondary age Radcliffe residents are below the borough average and, through the new school such inequalities can be addressed, preparing the young people of Radcliffe for the opportunities that will be created through the development of the Northern Gateway and the high quality jobs that will be created.

1.3 With the Town Centre regeneration delivering major investment, with the Hub and Market Chambers opening in 2024, alongside significant housing development, it is important that the new school is delivered to the same timeframe, opening to its first cohort in September 2024.

1.4 On the 5th February 2021, the Secretary of State for Education announced the outcome of an application to the Government's Free School Programme, confirming a successful bid by Star Academy to establish a new secondary school.

1.5 The Department for Education (DfE) is responsible for delivery of the scheme to construct the new school building, and it will lead on the design, project management and delivery of the scheme.

1.6 Ordinarily, the DfE would primarily work with the sponsor, in this case Star Academy to agree the design and delivery milestones for the new Free School.

1.7 Given the critical role that the Council has played in securing the approval for the new school, and the important role of the new school, and the part it plays in the wider socio-economic regeneration of Radcliffe, the Council has continued to meet with DfE and Star on a monthly basis to maintain progress.

1.8 The Council has requested that the DfE strengthen the Governance arrangements to ensure that this progress is maintained, with appropriate

senior representation from the Council. The DfE is now putting these arrangements in place.

1.9 Cabinet noted on 24th March 2021 (CA.50) the previous decision of Cabinet on 26th February 2020 (CA.306) to locate the new secondary school on the site off Spring Lane in Radcliffe.

1.10 The decision of Cabinet in February 2020 recognised the need to preserve access to an adjacent site to the North of the school site, and that the land required for this purpose would influence the extent of the site available for the school.

1.11 Cabinet also noted at its meeting in February 2020, the requirement for a financial commitment from the Council to support delivery of the scheme, to be funded from Children's Services schools capital budget, and that this would be subject to Cabinet approval when the detail was known. This financial commitment would extend to the cost of provision of the access road, site remediation, including demolition of existing buildings, and any associated planning conditions.

1.12 At its meeting on the 18th November 2021 (CA172), Cabinet approved the disposal of the land identified for the purposes of the school, on a long leasehold basis in accordance with the proposed terms, as set out in the appendix to that report.

1.13 In addition, Cabinet was asked to approve the principle of each of the potential delivery routes for the provision of the access road, on the basis that the Council would fund that provision, with final approval delegated to the Chief Executive.

1.14 The DfE deemed that the procurement and construction of the access road, separate to the school construction contract, would constitute too great a risk, and it was therefore agreed that the access road would be procured and constructed through the DfE framework, to a specification agreed by the Council, and enabling access to the site to the North to be preserved. This specification has now been provided to the DfE.

1.15 The DfE commissioned a feasibility study in early 2022 to determine site conditions, produce high level plans for the school, determine site layouts, including the access road, and from that determine an outline programme for construction of the new school, together with indicative costs.

1.16 It is from this feasibility study that the provisional financial obligations to the Council have been identified, and which are now being set out in this report. The full feasibility study was due to be shared with the Council at the beginning of June but is still awaited.

1.17 The Council is required to commit to meet those costs for which it is responsible before the scheme can proceed to the next phase which will see detailed design work undertaken. The DfE programme indicates that this detailed design work will be commissioned in August.

1.18 As costs will remain indicative until detailed tender submissions are received by DfE, approval is sought from Cabinet to those indicative costs, and to then delegate authority to the Executive Director of Finance to agree final costs once determined.

1.19 The indicative costs falling to the Council are set out in Part B to this report.

1.20 Provision has been made within the Children's Service schools capital budget to meet these financial obligations.

1.21 Ordinarily, the access road would form part of the school, with the cost met by DfE, and only at the point where works become necessary to link to the main highway, would the Council become liable for costs. In this instance, because the Council requires the access road to be available to serve the potential development site to the North, it must meet the full cost of that provision.

1.22 It is for this reason that the Council's financial obligations are higher than would otherwise be the case.

1.23 In identifying the Spring Lane site as the preferred location for the new secondary school, it recognised the need to make appropriate arrangements in relation to the existing Council activity on the Spring Lane site that includes the Pupil Referral Unit (Spring Lane School) and the leisure centre.

1.24 The Council has been asked to provide full vacant possession of the site, by September 2022. For the project to proceed the very latest date for vacant possession is the 1st March 2024. An agreement for lease will be entered in to, the parties have been in the process of agreeing a draft head of terms in advance of entering into formal lease arrangements.

1.25 The Council is undertaking an options appraisal on the plans to relocate the Pupil Referral Unit. If the resultant option is unable to meet the September 2023 deadline to vacate the Spring Lane site, an interim temporary solution will be developed to enable the vacant possession date to be achieved.

1.26 Provision is made within the Children's Services schools capital programme to meet the cost of a relocation option, subject to the level of those capital costs being determined.

1.27 The financial arrangements relating to the relocation of the Pupil Referral Unit will be subject of a separate report to Cabinet, once indicative costs have been determined.

1.28 In addition, the Council is committed to the re-provision of the existing leisure centre facilities, to be located in the new Town Centre Hub. Interim arrangements are being explored to support a continued leisure, health and wellbeing offer during the period between the existing leisure centre closing, and the new facility opening in the summer 2024.

1.29 The funding relating to the re-provision of the Leisure Centre has been approved previously.

Recommendation(s)

That Cabinet:

- Note the indicative financial costs that will fall to the Council.
- Approve the funding of indicative costs as set out in Part B of this report, to meet the Council's financial obligations, to be met from the Children's Services schools capital programme.
- Delegate approval of the final costs to the Executive Director of Finance.

Reasons for recommendation(s)

- To unlock the delivery of a new secondary school for Radcliffe.
- Utilise a Council owned Brownfield site for development.

Alternative options considered and rejected

In order to deliver the new school in Radcliffe, the Council is required to confirm that it will commit to meet certain financial obligations. Failure to provide such a commitment will prevent the scheme form being progressed.

Report Author and Contact Details:

Name: Paul Cooke
Position: Strategic Lead
Department: Education services
E-mail: p.cooke@bury.gov.uk

Links with the Corporate Priorities:

The provision of the new school will support key ambitions of the Let's do it strategy:

- A better future for the children of the borough
- A better quality of life

The community of Radcliffe faces key challenges:

- The percentage of Radcliffe young people achieving five good GCSE's is 55.8%, for Bury as a whole it is 62.1%.
- A greater proportion of Radcliffe residents are in poor health or with limiting long term illness than for the population of Bury as a whole, and more Radcliffe children at age 4 and 10 have excess weight compared to the same borough-wide cohort, a trend that continues on into adulthood.
- Deaths from heart disease are significantly greater for Radcliffe residents than for Bury.
- Unemployment, including long term unemployment is greater for Radcliffe residents than for Bury residents as a whole.
- A greater proportion of Radcliffe residents live within one of the most 20% deprived areas nationally, when compared with all Bury residents.
- From a total secondary age cohort of 11,203 students in all Bury schools, 1,733 (15.5%) are resident in Radcliffe. 82% of the Radcliffe resident cohort attend a Bury school, with the balance travelling outside the borough.
- 36% of the Radcliffe resident secondary age cohort travel over 2½ miles to access a secondary school place. This compares with 18% of the total Bury resident secondary age cohort travelling over the same distance.
- A high number of extra district pupils, resident in neighbouring local authority areas, have historically applied for and secured places in a Bury school. For the Radcliffe resident secondary age cohort this trend is reversed with 18% travelling outside the borough.

Given this education, health and employment profile, there is a clear need for a fresh and different approach to supporting Radcliffe people, and building community resilience. Strong leadership from schools and in particular the new secondary school is fundamental to this.

Equality Impact and Considerations:

Section 9 of the Academies Act 2010, and section 149 of the Equality Act 2010 require the local authority to assess the potential impact of any new school on existing educational provision and also impact on any groups with protected characteristics.

The business case that supported the application for the new school documented the significant inequalities in the education, health and economic profile of the residents of Radcliffe.

The provision of a high quality secondary school will contribute to measures designed to address these inequalities.

The new school will help to minimize travel distances to school, improve accessibility to local school provision, and increase parental choice.

The new school is not expected to have an adverse impact on any group with protected characteristics.

Environmental Impact and Considerations:

The Department for Education is responsible for the design and delivery of the project and is committed to lowering the carbon footprint of new schools, both during construction and during the lifetime of the building.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Failure to agree the funding to meet the Council's financial obligations will impact on the timely delivery of the project The full extent of capital costs falling to the Council will not be known until more detailed design and planning has been completed	The recommendations set out in this report respond to these risks in identifying the indicative costs, and the budgets from which these can be funded.

Legal Implications:

The DfE have insisted they require vacant possession of this site by 2024 to ensure all expectations are met with regards to the development.

As set out in the report the Council and DfE will enter into an agreement for lease, a draft head of terms are currently being considered. It is proposed that there will be binding obligations on the Authority to provide vacant possession. Legal advice and assistance will be provided throughout.

The procurement route to be undertaken by the DfE is a lawfully compliant one.

Financial Implications:

Funding has been identified within the Education capital programme for this work.

In terms of the relocation of the pupil referral unit a separate report will be brought to Cabinet at a later date and the costs associated with that part of the scheme will be contained within that report. There is separate provision within the Education capital programme for this element of the scheme.

Work is still ongoing to understand the Council's obligations in respect of the Heads of Terms and any potential financial penalties due to delays in providing vacant possession of the site.

Background papers:

New High School for Radcliffe. Long Leasehold to Star Academy Trust – 18th November 2021.

Radcliffe – Establishment of a new secondary school – Report to Cabinet 24th March 2021. Radcliffe Establishment of a new secondary school.pdf (bury.gov.uk)

Radcliffe – Secondary School Provision Lease of land off Spring Lane, Radcliffe - Report to Cabinet 26th February 2020. FINAL 2020-02-26 Cabinet Report Radcliffe School final.pdf (bury.gov.uk)

Radcliffe – Secondary School Provision – Report to Cabinet 13th November 2019. 2019-11-13 Cabinet Report Radcliffe School.pdf (bury.gov.uk)

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Agenda Item 12

Classification:	Decision Type:
Open	Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Proposal to establish Specialist Resourced Provision at Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School	
Report of	Cabinet Member for Children and Young People	

1.0 Summary

1.1 Cabinet is requested to determine a proposal published by the Governing Body of Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School regarding the establishment of specialist resourced provision at the school with effect from September 2022.

1.2 The Governing Body proposes to establish a new 10 place specialist resourced provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

2.0 Background

2.1 Project Safety Valve and SEND Transformation

2.2 The Council and the Department for Education (DfE) have entered into a 'Safety Valve' agreement, which includes planning for future provision, working closely with partners to develop a financial plan and forecast model, and identifying measures to increase access to local provision in Bury.

2.3 Under the Safety Valve agreement, the Council has been required to provide a transformation plan, detailing investment costs which will provide assurance to the DfE as to how Bury will meet the desired outcomes for children and young people with Special Educational Needs and Disabilities (SEND).

2.4 The Council has thus embarked on a programme of SEND transformation, one of the key objectives is to reduce the number of out of borough placements by expanding in borough specialist provision, targeted at the right areas of need.

2.5 The Safety Valve agreement includes an action plan to:

- Strengthen the Special Educational Needs assessment and placements process
- Ensure robust planning for future provision, including reducing the use of independent school placements by increasing the availability and suitability of local provision within Bury. This will include developing a model for forecasting future needs.

- Improve quality and timeliness of management information to enable the evaluation of impact of central services.
- Support and drive schools in Bury to meet a higher level of need in a more cost-effective way within mainstream settings, while maintaining the quality of provision. Develop a culture in which demand is more effectively managed throughout the authority.
- Remodel financial practice to ensure accurate contributions from appropriate funding sources.

2.6 Current and likely future patterns of demand have been analysed and mapped against current provision. This includes the likely pressure for specialist placements for children and young people currently in mainstream schools, which is particularly acute for those with Autism Spectrum Condition (ASC), Social, Emotional and Mental Health (SEMH) needs and Speech, Language and Communication Needs (SLCN), especially in the primary sector.

2.7 Bury currently has a significantly lower number of Resourced Provision (RP) places than national and regional averages. The Council wishes to ensure that future provision is targeted at re-balancing its continuum of SEND provision and has expressed its intention to expand RP capacity, particularly at the primary stage.

2.8 It is planned to establish six new primary and initially two new secondary Resourced Provisions, potentially growing the secondary capacity in future years. This is cognisant of the two new Special Free Schools coming online in 2023 and 2025, both meeting KS3/4 demand.

2.9 Discussions are ongoing with a number of schools to progress further proposals to develop specialist resourced provision. Specifications for the delivery of new provision have been developed to ensure that they are aligned to meeting the needs identified.

2.10 The Council has received additional revenue and capital funding through the Safety Valve agreement to support this initiative.

2.11 The statutory proposal outlined in this report is therefore one of a number that will be published, and will need to be determined by the Council, in its role as decision maker for such school organisation proposals.

3.0 **Our Lady of Lourdes Proposal**

3.1 The Governing Body of Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School has developed a proposal to establish a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

3.2 It is proposed that the provision will be located in the existing 'Orchard' building situated behind the main school building. It is proposed that pupils will be admitted incrementally from September 2022.

3.3 This new Resourced Provision will be part of the school, operationally led and managed by the school.

3.4 All pupils accessing a Resourced Provision place will be on roll of the school and have access to both mainstream provision and the Resourced Provision, dependent on their individual needs.

3.5 The Published Admission Number (PAN) of the school will not increase. The admission of children to the mainstream school will continue be managed by the local authority's Admissions Team. There are no changes to the admission arrangements as part of this proposal.

3.6 The places available in the Resourced Provision will be in addition to the schools Published Admission Number and will be placed in the RP by virtue of being named in the child's education, health and care plan.

3.7 Pupils placed at the Resourced Provision will have a range of significant learning difficulties including Autism and /or Speech Language and Communication Needs, some of which will be complex and challenging, usually but not limited to those who have an Education, Health and Care (EHC) Plan. The RP will offer an inclusive provision for pupils who require arrangements over and above that which a mainstream school can provide through an EHC plan.

3.8 Pupils will be admitted if their EHCP identifies developmental difficulties of a significant to severe nature but are able to integrate and be part of a mainstream school community. These difficulties may be particularly characterised by communication difficulties, which may show themselves in speech and language difficulties as well as in more complex interactions with both adults and peers. There may also be a more fundamental social or cognitive basis to the difficulties.

3.9 The decision to place a pupil or young person at the Provision shall be made by the Local Authority's SEND Panel, or sub-panel thereof. All admissions will be determined by the Local Authority in accordance with the SEN and Disability Code of Practice. Consultation with the school will be in accordance with these documents before the Local Authority makes a decision about placement. The majority of admissions take place at the start of the academic year. Additional placements may be made throughout the year. The Local Authority will remain responsible for holding an overview of pupils placed at the Provision.

3.10 The provision will be located in the existing 'Orchard' building and therefore will require minimal capital investment. A start-up funding package of £20,000 has provisionally been agreed subject to Cabinet approval of the proposal.

3.11 The provision will be funded, in accordance with the Education and Skills Funding Agency (ESFA) requirements, for an agreed number of places.

3.12 Place funding will be determined as outlined in the High Needs Operational Guidance. The Local Authority, through the High Needs Block of the Dedicated Schools Grant (DSG), will provide Top-Up funding, up to the agreed rate for Occupied places.

3.13 There is a requirement that the Governing Body of the School and the Local Authority will enter into an annual Service Level Agreement in relation to the delivery of the Specialist Resourced Provision.

4.0 The Statutory Process

4.1 The Local Authority has a statutory duty to constantly review the specialist provision available for children and young people with Special Educational Needs and Disabilities (SEND), whilst also ensuring that there are sufficient specialist places available to meet the needs of the growing SEND population.

4.2 The School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 *('the Prescribed Alterations Regulations')* set out the statutory process to be followed to establish SEND provision at Community and Voluntary Aided (VA) schools. Ordinarily the LA will be the decision maker on such proposals.

4.3 There are different arrangements in place for Academy Trusts wishing to make a significant change. The Department for Education (DfE) has produced guidance "*Making significant changes to an open academy and closure by mutual agreement"* which sets out the process that Academy Trusts must follow when proposing to make significant changes. Proposals to establish SEND provision requires the submission of a business case to the DfE. Whilst the LA must be consulted, decisions on academy proposals will be made by the DfE.

4.4 The schools identified to develop proposals to establish specialist resourced provision include Community, Voluntary Aided and Academies and will therefore be subject to the different statutory processes.

4.5 The statutory process for making prescribed alterations to maintained schools has four stages:

Stage	Description	Timescales	Comments
Stage 1	Publication (statutory proposal/notice)		
Stage 2	Representation (formal consultation)	Must be 4 weeks	As set out in the 'Prescribed Alterations' regulations
Stage 3	Decision	LA should decide a proposal within 2 months otherwise it will fall to the Schools Adjudicator	Any appeal to the adjudicator must be made within 4 weeks of the decision

Stage 4	Implementation	No prescribed timescale	It must be as specified in the published statutory notice, subject to any modifications agreed by the decision-maker

4.6 In accordance with section 19(3) of the Education and Inspections Act 2006 and the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 Governing Bodies of Voluntary Aided schools can publish proposals to make a prescribed alteration to establish, remove or alter SEN provision. The LA is the decision maker on such proposals.

4.7 On 7 June, the Governing Body of Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School published a statutory notice of a proposal to establish Special Educational Needs provision in the form of a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs with effect from September 2022.

4.8 This launched a statutory four-week representation period of formal consultation with stakeholders.

4.9 When considering any reorganisation of provision that the LA recognises as reserved for pupils with special educational needs, including that which might lead to children being displaced, proposers will need to demonstrate how the proposed alternative arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for those children.

4.10 The Our Lady of Lourdes notice and proposal are contained at Appendix A and B respectively.

4.11 In accordance with School Organisation regulations, within one week of the date of publication, the proposer must send a copy of the proposal to:

- the GB/LA (as appropriate);
- the parents of every registered pupil at the school - where the school is a special school;
- if it involves or is likely to affect a school which has been designated as having a religious character:
    - the local Church of England diocese;
    - the local Roman Catholic diocese; or
    - the relevant faith group in relation to the school;
- proposals affecting a special school should go to any LA that has commissioned a place at the school (i.e. all relevant authorities who have made an out of county/borough placement there); and

• any other body or person that the proposer thinks is appropriate e.g. any affected educational institutions in the area.

Within one week of receiving a request for a copy of the proposal, the proposer must also send a copy to the person requesting it.

5.0 Outcome of the consultation on the Our Lady of Lourdes proposal

5.1 At the time of completion of the report no representations regarding the proposal had been received. The consultation period concludes on 5 July 2022. Any responses received after that time will be subject to an addendum report.

6.0 The Decision Making process

6.1 In accordance with the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013, Cabinet is now requested to determine the proposal. Decisions must be made within a period of two months of the end of the representation period or they must be referred to the Schools Adjudicator.

6.2 In determining proposals, decision-makers must take account of the following:

- Decision makers will need to be satisfied that the appropriate fair and open local consultation and/or representation period has been carried out and that the proposer has given full consideration to all the responses received.

- Decision-makers should not simply take account of the numbers of people expressing a particular view. Instead, they should give the greatest weight to responses from those stakeholders likely to be most affected by a proposal – especially parents of children at the affected school(s).

- Decision-makers should consider the quality and diversity of schools in the relevant area and whether the proposal will meet or affect the needs of parents, raise local standards and narrow attainment gaps.

- Decision-makers must comply with the Public Sector Equality Duty (PSED), which requires them to have 'due regard' to the need to:
  - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
  - advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it; and
  - foster good relations between people who share a relevant protected characteristic and people who do not share it.

- Decision-makers should consider the impact of a proposal upon community cohesion.

- Decision-makers should satisfy themselves that accessibility planning has been properly taken into account and the proposed changes should not adversely impact on disadvantaged groups.

- Decision-makers should bear in mind that a proposal should not unreasonably extend journey times or increase transport costs, or result in too many children being prevented from travelling sustainably due to unsuitable walking or cycling routes. A proposal should also be considered on the basis of how it will support and contribute to the LA's duty to promote the use of sustainable travel and transport to school.
- Decision-makers should be satisfied that any necessary funding required to implement the proposal will be available and that all relevant local parties (e.g. trustees of the school, diocese or relevant diocesan board) have given their agreement. A proposal cannot be approved conditionally upon funding being made available.

6.3 When issuing a decision, the decision-maker can:

• reject the proposal;
• approve the proposal without modification;
• approve the proposal with modifications, having consulted the LA and/or GB (as appropriate); or
• approve the proposal, with or without modification – subject to certain conditions (such as the granting of planning permission) being met.

7.0 Recommendation(s)

That:

- Cabinet notes the outcome of the consultation.
- Cabinet approves the proposal to establish a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

8.0 Reasons for recommendation(s)

8.1 The proposal will build on the good standards for teaching and learning already in place at the school. The development will provide places for children and young people with SEND within the Resourced Provision. This development will not have any negative impact on other schools, academies and educational institutions in the area.

8.2 The proposed resource base will not replace existing provision but will supplement and improve provision across the borough, in line with the Safety Valve agreement and development of a broader continuum of provision through the programme of SEND transformation. The addition of the Special Resource Base to the school will not have a direct impact on admissions or provision at other schools within the area but will have a positive impact in the capacity and quality of outreach support to be offered to other schools.

8.3 Long-term value for money will be achieved by pupils having their needs met within appropriate mainstream provision with specialist support rather than in special school provision. This will free special school places for pupils with the highest level of needs and provide the opportunity to place high need pupils within the borough, rather than in out of borough provision. Increased capacity for outreach will deliver support for pupils in mainstream settings, leading to fewer pupils being transferred to specialist provisions and improving inclusion opportunities in mainstream schools.

9.0 Alternative options considered and rejected

9.1 The proposal supports the Council's programme of SEND transformation, in expanding in borough specialist provision, targeted at the right areas of need.

Report Author and Contact Details:

Name: Paul Cooke
Position: Strategic Lead
Department: Education services
E-mail: p.cooke@bury.gov.uk

Links with the Corporate Priorities:

The proposal will support key ambitions of the Let's do it strategy:

- A better future for the children of the borough
- A better quality of life
- A chance to feel more part of the borough
- Building a fairer society that leaves no-one behind

Equality Impact and Considerations:

The outcomes of the initial equality analysis is positive.

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
a. A public authority must, in the exercise of its functions, have due regard to the need to.
b. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
c. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
d. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services

An equality impact assessment has been undertaken and identified no areas of negative impact in relation to protected characteristics

Environmental Impact and Considerations:

There are no environmental impacts for this decision

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Impact on stakeholders	Full consultation and engagement
Opportunity to improve services to the public	
Opportunity to improve the local offer to children and young people with SEND	

Legal Implications:

This proposal has been subject to consultation in accordance with section 19(3)of the Education and Inspections Act 2006 and the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013. This legislation allows Governing Bodies of Voluntary Aided schools can publish proposals to make a prescribed alteration establish, remove or alter special educational needs provision. The Local Authority is the decision maker on such proposals.

Members are asked to consider the consultation outcomes.

Financial Implications:

The Council has had a significant deficit on its Dedicated Schools Grant for a number of years and in 2020/21 became part of the DfEs Project Safety Valve, with a target to eradicate the deficit by 2025/26. The opening of additional resourced provision within Borough is a key part of the strategy of reducing this deficit as it brings childrens' education back in Borough. The original modelling for Our Lady of Lourdes was based upon the opening of 12 places across both key stage one and two within the 22/23 academic year. This proposal relates to phase one which can happen relatively quickly with little capital investment to make changes to existing accommodation.

The phasing of both the costs and savings attributable to these places will be updated within the reporting of the project safety valve to the DfE once they are confirmed. There is funding within the children's capital programme for the alterations that are required.

Background papers:

Bury Council Cabinet meeting, 24.3.21
https://councildecisions.bury.gov.uk/documents/s26550/Dedicated%20Schools%20Grant%20DSG%20Deficit%20Recovery.pdf

Department for Education - Dedicated Schools Grant 'Safety Valve' Agreement: Bury
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971225/Dedicated_schools_grant__Safety_Valve__agreement_-_Bury.pdf

DfE guidance "Making significant changes ('prescribed alterations') to maintained schools"

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756572/Maintained_schools_prescribed_alterations_guidance.pdf

DfE guidance "*Making significant changes to an open academy*"

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057467/Making_significant_changes_to_an_open_academy_January_2022.pdf

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
SEND	Special Educational Needs and Disabilities
ASC	Autistic Spectrum Conditions
SLCN	Speech Language and Communication Needs

APPENDIX A

OUR LADY OF LOURDES RC PRIMARY SCHOOL

RUDGWICK DRIVE

BURY BL8 1YA

STATUTORY NOTICE FOR A PROPOSAL TO ESTABLISH SPECIAL EDUCATIONAL NEEDS PROVISION

Notice is given in accordance with section 19(3) of the Education and Inspections Act 2006 and the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 that the Governing Body of Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School intends to make a prescribed alteration to Our Lady of Lourdes RC Primary School, Rudgwick Drive, Bury BL9 1YA, with effect from 1 September 2022.

The Governing Body proposes to establish a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

The provision will be located in the existing 'Orchard' building situated behind the main school building. Pupils will be admitted incrementally from 2022.

It is not anticipated that the proposal will have any impact on other educational facilities within the local area. The proposal has been made to accommodate demand for Resourced Provision (RP) places.

This notice is an extract from the complete proposal. The complete proposal is published on the school's website at ololbury.com Copies can also be requested by telephoning 0161 761 2026 or by emailing ololbury@bury.gov.uk

Any person may object to or make comments on the proposal by sending them to Rachael Stirk, Bury Council, Department for Children & Young People, Education Services, 3 Knowsley Place, Duke Street, Bury BL9 0EJ. Tel: 0161 253 5685, Email: schoolorganisation@bury.gov.uk.

Comments and objections should be sent by no later than Tuesday 5th July 2022.

Signed: Mr David Jackson (Chair of Governors)

Date: 7 June 2022

APPENDIX B

Statutory Proposal for a Prescribed Alteration at Our Lady of Lourdes Roman Catholic (Voluntary Aided) Primary School

Proposal

The Governing Body proposes to establish a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

School and Local Authority details

School: Our Lady of Lourdes RC Primary School, Rudgwick Drive, Bury BL9 1YA

Local Authority: Bury Council, Department for Children & Young People, 3 Knowsley Place, Duke Street, Bury BL9 0EJ

Description of proposed prescribed alteration

The Governing Body proposes to establish Special Educational Needs provision in the form of a new 10 place Specialist Resourced Provision for Key Stage 2 pupils with Autistic Spectrum Conditions and Speech Language and Communication Needs.

The proposed implementation date of the Resourced Provision is 1 September 2022.

The provision will be located in the existing 'Orchard' building situated behind the main school building. Pupils will be admitted incrementally from September 2022.

It is not anticipated that the proposal will have any impact on other educational facilities within the local area. The proposal has been made to accommodate demand for Resourced Provision (RP) places.

Bury Council is developing a wide range of specialist provision across the borough for children and young people with a range of Special Educational Needs and Disabilities (SEND). To enable the Council to continue to meet current and future demand existing specialist provisions are being expanded/redesignated and new specialist provision, including Resourced Provisions, are being established. The Council has invited schools within the borough to express an interest in developing proposals to establish provision to meet identified needs across the borough.

Resourced Provisions have a wide range of specialist skilled staff who have expertise within the field that the provision caters for.

All pupils accessing a Resourced Provision place will be on roll of the school and have access to both mainstream provision and the Resourced Provision, dependent on their individual needs.

This new Resourced Provision will be part of the school, operationally led and managed by the school.

Department for Education (DfE) Guidance on Resourced Provisions states the following:

- *Resourced Provisions are where places are reserved at a mainstream school for pupils with a specific type of SEN, taught mainly within mainstream classes, but requiring a base and some specialist facilities around the school.*
- *Pupils are on the roll of the mainstream school*
- *Resourced Provision schools will receive additional funding from the local authority specifically for the purpose of the provision.*
- *They cater for a specific type or types of SEN*
- *They are usually for pupils with EHC plans but could include pupils with SEN but without an EHC Plan.*
- *Pupils usually spend most of their time in mainstream classes.*
- *They only attend the RP facilities for individual support, to learn a specific skill, to receive medical or therapeutic support or to access specialist equipment. The facilities can be in a suite or dispersed throughout the school.*
- *The Published Admission Number for the school will remain the same, but an agreed number of 'additional places' will be created, but subject to admission through the Education Health & Care Plan (EHCP) referral process, rather than the schools Admission Arrangements*

The Published Admission Number (PAN) of the school will not increase. The admission of children to the mainstream school will continue be managed by the local authority's Admissions Team. There are no changes to the admission arrangements as part of this proposal.

Pupils placed at the Resourced Provision shall have a range of significant learning difficulties including Autism and /or Speech Language and Communication Needs, some of which will be complex and challenging, usually but not limited to those who have an Education, Health and Care Plan. The RP will offer an inclusive provision for pupils who require arrangements over and above that which a mainstream school can provide through an EHC plan.

Pupils will be admitted if their EHCP identifies developmental difficulties of a significant to severe nature but are able to integrate and be part of a mainstream school community. These difficulties may be particularly characterised by communication difficulties, which may show themselves in speech and language difficulties as well as in more complex interactions with both adults and peers. There may also be a more fundamental social or cognitive basis to the difficulties.

Objectives of the proposal

When considering any reorganisation or establishment of provision that the LA recognises as reserved for pupils with special educational needs, proposers need to demonstrate how the proposed arrangements are likely to lead to improvements in the standard, quality and/or range of educational provision for those children.

The proposal will build on the good standards for teaching and learning already in place at the school. The development will provide places for children and young people with SEND within the Resourced Provision. This development will not have

any negative impact on other schools, academies and educational institutions in the area.

The proposal will provide:

1. local mainstream educational provision for pupils requiring specialist support and intervention to meet their special educational needs.
2. pupils' appropriately planned learning opportunities and activities to address the defined needs of pupils.
3. access to learning for those pupils in the target group. This shall include access:

- To the appropriate and relevant National Curriculum programmes of study though inclusive Quality First Teaching for part of the school day, differentiated according to individual needs; and
- To wider opportunities that promote the spiritual, moral, cultural, mental and physical development of pupils at the school e.g. assemblies and out of school activities.
- To learning and teaching to address identified need as appropriate e.g. emotional resilience.
- To provide a wide range of professional support across education, health and social care dependent on individual needs, in order to support pupils and remove barriers to learning.
- To personalise specialist support and appropriate intervention, structured in cycles of Assess, Plan, Do, Review and which are overseen by the school SENCO.

Pathways into the Provision

The decision to place a pupil or young person at the Provision shall be made by the Local Authority's SEND Panel, or sub-panel thereof. All admissions will be determined by the Local Authority in accordance with the SEN and Disability Code of Practice. Consultation with the school will be in accordance with these documents before the Local Authority makes a decision about placement. The majority of admissions take place at the start of the academic year. Additional placements may be made throughout the year. The Local Authority will remain responsible for holding an overview of pupils placed at the Provision.

Effect on other educational institutions within the area

The establishment of the resourced provision base will not create an overall increase in the number of places in the primary sector but will provide an additional specialist provision for children with Autistic Spectrum Conditions and Speech Language and Communication Needs.

The proposed resource base will not replace existing provision but will supplement and improve provision across the borough. The addition of the Special Resource Base to the school will not have a direct impact on admissions or provision at other schools within the area but will have a positive impact in the capacity and quality of outreach support to be offered to other schools.

Consultation

The proposal to establish a new Resourced Provision will be subject to a full statutory consultation process.

Following the publication of a Statutory Notice on 7 June 2022, the statutory four week Representation Phase will run from 7 June 2022 to 5 July 2022. All representations will be analysed and considered prior to a report being presented to the Council's Cabinet on 13 July 2022.

Project costs and indication of how these will be met, including how long-term value for money will be achieved

The provision will be located in the existing 'Orchard' building and therefore will require minimal capital investment.

The provision will be funded, in accordance with the Education and Skills Funding Agency (ESFA) requirements, for an agreed number of places

Place funding will be determined as outlined in the High Needs Operational Guidance. The Local Authority, through the High Needs Block of the Dedicated Schools Grant (DSG), will provide Top-Up funding, up to the agreed rate for Occupied places.

There is a requirement that the Governing Body of the School and the Local Authority will enter into an annual Service Level Agreement in relation to the delivery of the Specialist Resourced Provision.

Long-term value for money will be achieved by pupils having their needs met within appropriate mainstream provision with specialist support rather than in special school provision. This will free special school places for pupils with the highest level of needs and provide the opportunity to place high need pupils within the borough, rather than in out of borough provision. Increased capacity for outreach will deliver support for pupils in mainstream settings, leading to fewer pupils being transferred to specialist provisions and improving inclusion opportunities in mainstream schools.

Evidence of demand

The Local Authority has a statutory duty to constantly review the specialist provision available for children and young people with Special Educational Needs and Disabilities (SEND), whilst also ensuring that there are sufficient specialist places available to meet the needs of the growing SEND population.

Bury has experienced a significant increase in demand for Special Educational Needs and Disabilities (SEND) provision over the last 10 years. It is projected that demand will continue to grow across all sectors.

Bury Council and the Department for Education (DfE) have entered into a 'Safety Valve' agreement, which includes planning for future provision, working closely

with partners to develop a financial plan and forecast model, and identifying measures to increase access to local provision in Bury.

The Council has thus embarked on a SEND transformation programme and one of the key objectives is to reduce the number of out of borough placements by expanding in borough specialist provision, targeted at the right areas of need.

The key aims of the transformation programme will include:

• educating Bury children in their own communities wherever possible

• ensuring most work with families is undertaken in community settings

• empowering communities to act to prevent escalation to statutory services

• reducing dependency on costly and sometimes ineffective provision

• helping people to receive and exit statutory services when needed, as rapidly as possible focusing money where it has most impact

• reducing our financial deficit

The Safety Valve agreement includes an action plan to:

• Strengthen the Special Educational Needs assessment and placements

process

• Ensure robust planning for future provision, including reducing the use of independent school placements by increasing the availability and suitability of local provision within Bury. This will include developing a model for forecasting future needs.

• Improve quality and timeliness of management information to enable the evaluation of impact of central services.

• Support and drive schools in Bury to meet a higher level of need in a more cost-effective way within mainstream settings, while maintaining the quality of provision. Develop a culture in which demand is more effectively managed throughout the authority.

• Remodel financial practice to ensure accurate contributions from appropriate funding sources.

Within the Bury school population, the January 2022 census showed that 17% of pupils have SEND (5,026 pupils). This was made up of 12.7% (3,713 pupils) who have their needs met at SEN Support level, and 4.5% of the school population who have an Education, Health and Care plan (EHCP) (1,313 pupils).

There has been a consistently high number and percentage of children in Bury with an EHCP over time and at a level that is significantly higher than national, regional and statistical neighbour benchmarks; and the gap is increasing. Nationally, the percentage of pupils with an EHCP has increased to 3.7%.

Between the January 2021 and January 2022 Census there was an increase in the number of pupils on EHCPs of 91 which equates to 0.4%. However, there was a reduction in pupils on 'SEN Support' whereas nationally there was a 0.1% increase.

The types of primary need that are most common in Bury are social, emotional and mental health needs (SEMH) 23%; speech, language and communication needs (SLCN) 21%; moderate learning difficulties (MLD) 14.2%; specific learning difficulties (SPLD) 11% and autism (ASC) 12%. The increase in the number of EHCPs is mainly in the categories of ASC, SEMH and SLCN, which is in line with national trends. Nationally, the most common primary SEND need is ASC.

The Council has analysed the current and likely future patterns of demand and mapped these against current provision. This includes the likely pressure for specialist placements for children and young people currently in mainstream schools. This is particularly acute for those with Autism spectrum conditions (ASC), Social, emotional and mental health (SEMH) needs and Speech, language and communication needs (SLCN) and especially in the primary sector.

Bury currently has a significantly lower number of RP places than national and regional averages. The Council wishes to ensure that future provision is targeted at re-balancing its continuum of SEND provision and has expressed its intention to expand Resource Provision (RP) capacity, particularly at the primary stage, and has invited schools within the borough to express an interest in developing proposals to establish provision.

The Council has received additional revenue and capital funding through the Safety Valve agreement.

Procedure for making representations (objections and comments)

Within four weeks from the date of publication of this proposal, 7 June 2022, any person may object to or make comments on the proposal by sending them to Rachael Stirk, Bury Council, Department for Children & Young People, Education Services, 3 Knowsley Place, Duke Street, Bury BL9 0EJ. Tel: 0161 253 5685, Email: schoolorganisation@bury.gov.uk.

Comments and objections should be sent by no later than Tuesday 5th July 2022.

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Agenda Item 13

Classification:	Decision Type:
Open	Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Neighbourhood Support Housing Services - Calico Gateway Review	
Report of	Deputy Leader and Cabinet Member for Health and Wellbeing	

Summary

1. Floating Support/tenancy support services are essential in breaking cycles of homelessness, by developing independent livings skills for households to sustain their tenancies. This has become of greater importance, as the cost of living has increased and housing market becoming more expensive. Calico Enterprise was commissioned to deliver this service in 2019 at a cost envelope of £634,970.77. The service included delivering 875 hours of support to households regardless of tenure and 30 units of accommodation for single homeless and childless couples.

2. The Community Commissioning Division has reviewed the performance of the service and has concluded recommendations for the next 2 years.

3. Due to time constraints, the current service has been extended for 2 months (1st July 2022 to 31st August 2022) to allow for governance and the proposed cabinet approval for a 2-year extension.

Recommendation(s)

4. The recommendations are to**:**

   a) Extend contractual arrangements from the 1st July 2022 to 30th June 2023 aligned to the proposed service delivery model.

   b) Reduce the contract value from £634,970.77 to £599,970.77 per annum- saving the Council £70,000 over a 2-year period.

   c) Delegate authority to the Executive Director Strategic Commissioning for any future extensions relevant to this contract. (Within the specified Contract provision).

Reasons for recommendation(s)

4.1 Despite impacts of the pandemic, Calico have worked exceptionally hard to deliver housing services to meet demand and varying need. Therefore, providing confidence the service would continue to deliver during periods of 'normality' and coverage for service users would be more impactful.

4.2 The department is in the unfortunate position where either savings are required from commissioned services or ensured value for money by delivering further outcomes within existing cash envelope. For a charity to find savings is a substantial challenge, however Calico have proposed alternative contractual arrangements. They include:

a. Reducing the contract value by £35,000 per annum. Over a two-year period, this will deliver a £70,000 saving.

b. The £35,000 will be achieved by reducing staffing resource by 1.5 FTE, reducing the number of support hours delivered from 875 to 800. Assurance has been -provided that the impact on the service would be minimal, given there is flexibility in the model to ensure Calico meet the needs of sufficient referrals. The contract value per annum will reduce from £634,970.77 to £599,970.77.

c. As added value Calico have asked their Personalised Services Manager to complete a supplementary service review, to understand how they could make the service more personalised. Calico have existing good practice with the partnership with East Lancashire CCG, where they have achieved positive outcomes for the customers, including reductions to the public purse.

Alternative options considered and rejected

5. The alternative is to retender this provision. However, the department is content with the service delivery and existing contractual arrangement allows for a 2-year extension. It should also be noted that the needs of people who are at risk of homelessness has changed since the pandemic and a shift in the housing market. This requires a more detailed understanding which an extension will allow the authority to navigate and comprehend for future service delivery.

Report Author and Contact Details:

Name: Ahmed Ajmi
Position: Integrated Commissioning Officer
Department: Community Commissioning, One Commissioning Organisation
E-mail: A.Ajmi@bury.gov.uk

Background

6.1 The division commissioned a range of neighbourhood support housing services in 2018/19. Each service area was commissioned as a separate lot 1 – 4. Lot 2 Neighbourhood Support Housing Services was awarded to Calico Gateway to deliver.

6.2 The provision for Lot 2 service ends on the 1st July 2022, therefore there was a need to review the existing provision to ascertain future direction.

6.3 The current contract value for the provision is £634,970.77.

6.4 The division developed the Neighbourhood Support Housing Services Outcomes Framework (Appendix 1), to measure performance for residents who required support. Provider performance monitoring was based on the framework.

6.5 For each of the lots, specific targets were agreed so progress and performance can be jointly measured. The targets for Lot 2 were:

- Target 1- Floating support in independent, or shared accommodation
- Target 2- Floating Support for individuals
- Target 3- On average up to 875 hours of weekly support is to be provided.
- Target 4- To establish neighbourhood working and partnership workings

Key highlights- Qualitative and Quantitative outcomes

6.6 Detailed progress is explained in Appendix 2 of how Calico progressed with the targets. However, there are key highlights which are worth mentioning.

6.7 Due to the pandemic, all targets in 2019/20 were affected from the end of Quarter 3, through all of Quarter 4. Although, it should be noted, that the target to support 300 individuals with tenancy problems was met well.

6.8 Between July 2020 and July 2021, the service successfully completed support with 187 clients through Floating Support and Supported accommodation, who are now living independently.

6.9 For the second year in a row, of the customers who successfully completed a 6 Month Post Support Check-Ins, 100% were still sustaining their tenancy 6 months on from support. This is clear evidence that Calico have supported people to develop ways of coping and living independently. Without interventions, these tenants were likely to have faced repeat homelessness and place additional demand on statutory services.

6.10 Calico has actively supported customers from all backgrounds. For example, individuals living with learning difficulties who have found themselves isolated and struggling to manage their homes and finances, to secure more appropriate housing, link in with long-term support

services and develop their confidence and independence. They have supported those with mental health issues and substance misuse, including cases where they have gone above and beyond to ensure customers receive the support that they need to improve their lives.

6.11 For people who have experienced homelessness, they have provided safe and quality accommodation with support. They have housed a total of 45 individuals in supported accommodation during 20/21. They have worked closely with A Bed Every Night (ABEN) and the Rough Sleepers Service to ensure that those most in need receive timely support, and extended pathways to Prison's and Probation impending releases.

6.12 Calico have prioritised the housing of Rough Sleepers in accommodation and have accommodated 11 during 20/21. They raised a further 16 safeguarding alerts, identifying instances of abuse that may not have been addressed if it had not been for their support.

6.13 Approximately 90% of the clients supported have been referred or signposted into at least one other service, either statutory or in the community, for specialised support. Some of our most regular referrals are to services such as CAB, Achieve, Healthy Minds, Beacon Service, Bury Adult Learning Centre, SafeNet and Adult Social Services.

6.14 219 clients presented with mental health issues as their primary support need during 20/21, with 74 presenting with substance misuse as theirs. They have supported many to engage with appropriate services such as CMHT, Access and Crisis, Beacon Service, Achieve, Acorn and Healthy Minds.

6.15 As a result of increased contact with individuals living with mental health, the workforce has been trained around Adverse Childhood Experiences and Trauma Informed Practices, ensuring staff are empowered to work with traumatic cases. There are now Mental Health First Aiders amongst the staff team also champions with expertise around Neurodiversity, Hoarding and Foetal Alcohol Spectrum Disorders.

6.16 The service has featured on the national Hub of Hope app, which shows customers the services within their localities that can assist with crises such as homelessness and mental health.

6.17 40 clients were supported into either volunteering placements with local organisations, education and employment giving something back whilst improving employability skills and wellbeing. A further 13 clients were referred to Social Prescribing through the Beacon Service for volunteering.

6.18 During the last 12 months, the service recorded 57 compliments through general feedback from clients, partners, and other professionals. These compliments touch on a variety of themes such as our teams' compassion, determination and our impact on changing client's lives. Further detail of these compliments is available upon request.

6.19 Calico continues to deliver supported housing for people with low to moderate housing needs. As it stands this is 30 units of accommodation for 30 individuals.

Outcomes Star

6.20 As well as the Outcomes Framework, Calico have utilised the Outcomes Star, which measures and tracks individual subjective wellbeing scores. These are completed with customers at reviews, based on their own self-assessment. Despite many of the later self-assessments being taken during Covid, this still shows significant improvements across all areas.

	Scores Before Support	Scores After Support	% Improvement
Health & Wellbeing	4.96	6.90	39%
Daily Life	5.10	7.37	44%
Addictions	8.31	9.02	9%
Relationships	5.92	7.55	28%
Communication	6.53	7.65	17%
Hobbies and Interests	5.80	7.31	26%
Managing Money	5.92	7.73	30%
Getting Out and About	6.02	7.61	26%
Self-Belief	5.24	7.08	35%
House and Home	5.02	7.29	48%

Service User/6 Month Tenancy Sustainment Survey

6.21 At the 6-month tenancy sustainment check customers are asked to rate the service. Their feedback shows positive impact of support between July 2020 and July 2021:

- ✓ Staff helpfulness - **Average score 4.5/5 (Same as 2019/20)**
- ✓ The impact of support on sustaining their tenancies – **Average score 4/5 (Scored 4.1 2019/20)**
- ✓ Staff communication – **Average score 4.6/5 (4.3 2019/20)**

- ✓ Willingness to recommend our service to others – **Average score 4.8/5 (4.6 2019/20)**

6.22 Narrative from service user feedback includes:

- *"I feel that they were there when I needed advice, gave me valuable about services and housing and I am now settled in my new home."*
- *"Anybody struggling to manage at home would be stupid not to accept the help and I hope the service never stops."*
- *"I found they understood my situation, and were compassionate, knowledgeable and very helpful with my situation; was always in regular contact about our meetings, and constantly trying to find solutions."*
- *"I was in private rented property at the time and I was supported around my tenancy to move to adapted property due to my illness. I have had great support from Calico and my support worker, it has been a positive support and has helped me to move on with my life. I have a new property, attended college, and now I am completing a BA in hairdressing to be an assessor. I had debt also but was supported around my debt issues and I am now debt free. Due to the support I had I have now been able to make plans and I am in a good place"*

Contributing to wider Bury strategies

6.23 Calico have contributed to Bury Council's 2030 Housing Strategy Planning by attending focus groups and feeding back findings through their work on the ground with residents.

6.24 Calico worked with Manchester Metropolitan University, offering 6 students studying Health and Social Care to complete a remote based research project of our choosing. They liaised with the Bury Homelessness Partnership and commissioners to benefit the whole of Bury. The students were asked to research the ***Impact of Covid 19 on Hidden Homelessness in Bury***. The findings were shared and will be used for future commissioning exercises in Bury. The final presentation can be viewed via this link: https://mmutube.mmu.ac.uk/media/t/1_bpfl1je8

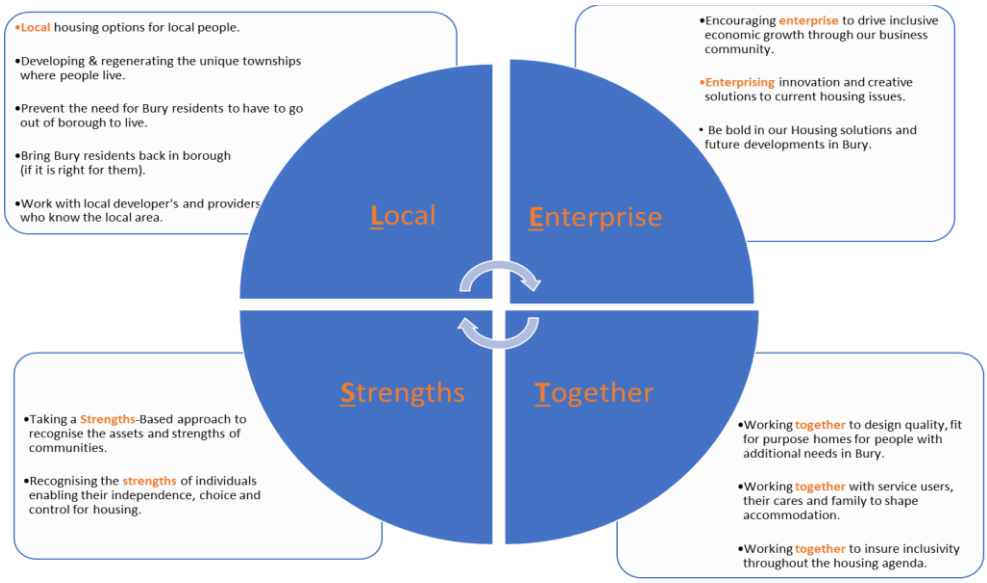
6.25 They also contributed to Bury Council's initiative to extend existing mental health provision to the homeless.

6.26 Improved local relationships with private landlords and attended the North West Landlords Forum to present the service and raise awareness of the service.

Links with the Corporate Priorities:

The following diagram describes how the ASC housing programme for those

with additional needs links with the corporate priorities:



Equality Impact and Considerations:

7 The outcomes of the initial equality analysis are positive. The service will be available for all people who are struggling in sustaining their tenancy and need support to develop independent living skills. As the cost-of-living increases, opening the service for all tenures is important as there is increasing uncertainty in the economy.

Environmental Impact and Considerations:

8. An environmental impact assessment has not been undertaken for the scheme, as there are no implications or carbon impact of this decision.

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Increase in demand for people who require support due to additional support needs	Additional pathways are being developed to support specific interventions for residents. This includes residents with mental health problems, those struggling with addictions and those that require support to break negative cycles of behaviour.

Legal Implications:

The proposed extension for one year is within the terms of the existing Contract, which permits a maximum of two annual extensions from the original expiry date of 30th June 2022. Accordingly, there are no procurement or other legal

implications. The need for Cabinet approval is due to the level of expenditure to be incurred.

Financial Implications:

The current contract has been extended on an interim basis whilst awaiting approval from Cabinet to the formal extension. The contract extension and renegotiation delivers a saving of £35k per annum which has contributed to the OCO savings programme within the scheme, effective and innovative commissioning.

Background papers:

N/A

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
ABEN	A Bed Every Night
CMHT	Community Mental Health Team
CAB	Citizens Advice Bureau

Agenda Item 14

Classification: Open	Decision Type: Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Public Electric Vehicle Charging Infrastructure (EVCI) Procurement of a Concessionary Contract	
Report of	Cabinet Member for Environment, Climate Change and Operations	

1. Summary

1.1. As part of our Climate Action Strategy Bury Council needs to encourage the decarbonisation of transport within our area. One way to do this is to encourage residents and visitors to make the transition from Internal Combustion Engine (ICE) vehicles to Zero Emission vehicles including Electric Vehicles (EVs).

1.2. One of the main reasons that people give for not adopting an EV is the lack of Electric Vehicle Charging Infrastructure (EVCI). This is especially relevant for residents who do not have access to off-street parking.

1.3. Bury currently has 24 public EV charging points, which is roughly 12 per 100,000 of the population. This is significantly below the UK average of 45 per 100,000.

1.4. The Council has already been approached by a supplier willing to invest in public EVCI based on the Council giving access to its land i.e. in car parks. This equated to more than 30 chargers consisting mainly of rapid and ultra-rapid infrastructure at an investment value of approximately £7million. The Council has followed this up with soft market testing, which has demonstrated significant interest from the private sector receiving replies from 13 suppliers. Feedback from the soft Market testing will be used to inform the procurement process in relation to issues such as the appropriate contract period, form of contract and pricing mechanism.

1.5. The Council has identified a list of locations for public EVCI. This list has been established in consultation with a number of council departments including, Planning, Business Growth and Infrastructure, Parking Services and Highways and the list has been approved by the Executive Member for the Environment, Climate Change and Operations. The locations are listed in Table 1 below:

Table 1: EVCI Locations

Name and Location	Ward	Link to Google Maps
Ripon Close	Unsworth	https://goo.gl/maps/yrWVRCvwPyEW6VAG8
Scholes Walk	Sedgely	https://goo.gl/maps/stbxeiUcBB4oSzBQ6
Gingham Park, Radcliffe	Radcliffe North	https://goo.gl/maps/RryxhV4vw4fnPTwH9
Spinney Drive	Moorside	https://goo.gl/maps/dPB1gfmGpGJgkPb16
Moyse Avenue	Tottington	https://goo.gl/maps/EpJ44c47Auxpq4Qq9
Shakespeare Avenue,	Radcliffe West	https://goo.gl/maps/NQLg1ZvSzPYcYY4K7
Kay Street Car Park	Moorside	https://goo.gl/maps/A2UkvKthG18ZkFT87
Bannerman Avenue, Prestwich	Sedgely	https://goo.gl/maps/SHbtGFvLwP4DX7mx8
Cross Street Car Park, Radcliffe	Radcliffe East	https://goo.gl/maps/XXwBnBbBKvJpKGzB7
The Market Car Park, Bury Market	Bury East	https://goo.gl/maps/QnuJpPrWhk7pCWLe8
Ruby Street, Summerseat	North Manor	https://goo.gl/maps/Y6uKhNTJwp3rBQ5JA
Burrs Country Park	Elton	https://goo.gl/maps/QnuJpPrWhk7pCWLe8
Parsons Lane Car Park, Bury Town Centre	Bury East	https://goo.gl/maps/WRQnTVTFwj7miQez6
Masefield Avenue, Radcliffe	Radcliffe West	https://goo.gl/maps/1dhy3U6Xg9GkFyUc7
Orpington Drive	Church	https://goo.gl/maps/r35EDeVzGRAxzAZv8
Lomond Drive Car Park	Elton	https://goo.gl/maps/PFAWxzHUrsRUNacTA
Irwell Street Car Park	Radcliffe East	https://goo.gl/maps/jWXfjWnNk96kfzfD6
George Street Car Park	Sedgely	https://goo.gl/maps/UrUwqmBpAZv97byr7
Clifton Road Car Park	St Mary's	https://goo.gl/maps/FXVJqkkfhrkqK2g78
Upper Wilton Street Car Park, Heaton Park	Holyrood	https://goo.gl/maps/VeMT1eNGvL7SKCyh8
Station Car Park, Railway Street, Ramsbottom, BL0 9AL	Ramsbottom	https://goo.gl/maps/D9TPnyi6TGYWzcJj8

1.6. Consultation will take place after approval is received. It will start on the 18 July for eight weeks. A one-community page will be established with the suggested locations mapped out for residents to see and comment on. This will be accompanied by the questions included in Appendix 1.

1.7. Some of the sites are in residential areas and will therefore require greater engagement with local residents for example with a letter drop. This will happen after the one-community consultation, once a supplier has been appointed, but before any actual works at these locations are carried out.

1.8. Residents have access to a site where they can make suggestions of where they think EVCI is needed or vote for locations that have already been identified. This is provided for by TfGM at the "Suggest a charging point location" part of their website Public charging point maps | TfGM Electric Travel (https://electrictravel.tfgm.com/chargers-everywhere/).

1.9. The map in the PDF in Appendix 2 shows the locations listed in Table 1 and the suggested locations so far from the TfGM site mentioned above. It shows several of the locations suggested on the TfGM site will be serviced by the proposed locations and those locations not catered for can be considered once a supplier is in place. To do this, we will look to ensure the contract is procured in such a way to allow for future sites to be added.

2. Recommendations

2.1. To approve the approach to procure a concession contract for public EVCI, which offers Council Land to suppliers to install, operate and maintain a network of EVCI. In return the council significantly increases its EVCI and will look for profit share/rental income opportunities as part of the procurement process.

2.2. To approve an eight-week consultation starting on the 18 July using One Community Bury to engage the public on the proposed locations.

2.3. To provide delegated authority to the Executive Director of Operations and Executive Director of Finance in consultation with the portfolio lead for Environment, Climate Change and Operations to award the subsequent concession contract once procured.

2.4. To provide delegated authority to the Executive Director of Place and the Cabinet Members for Strategic Growth and Environment, Climate Change, and operations alongside the Executive Director of Finance to negotiate and agree terms for leases to site the charging points once a contract has been procured.

3. Reasons for recommendation(s)

3.1. There is a lack of Public EVCI in Bury (12 EV charging points per 100k of the population) compared to the national average (45 EV charging points per 100k of population) and the Northwest average (26 EV charging points per 100k of population).

3.2. It will help to provide a substantial increase in Rapid and Ultra Rapid EVCI that will help to give residents and visitors confidence to make the transition to an EV.

3.3. This is a no capital cost option to the Council and shifts all operational responsibility and ongoing maintenance of the EVCI to the supplier.

3.4. Bury Council has adopted the Greater Manchester EVCI strategy. The strategy adopts an approach which focuses on providing EVCI hubs. Charging hubs are better suited to faster EVCI i.e., a 50kw rapid charger, which can give an 80% charge in an hour. The current government

funding available to local authorities only permits the installation of 7kw fast chargers, which take typically 6 hours to charge a vehicle.

4. Alternative options considered and rejected

4.1. Using Council funds or funding we can apply for to install Council owned EVCI. This option is still available to us if we adopt the recommendation of a concession contract for EVCI on Council land, but the council does not have the funds required to invest in rapid / ultra-rapid charges needed to improve the network so could not deliver the same impact / service for residents.

4.2. Officers continue to work with Transport for Greater Manchester (TfGM) to install EVCI. TfGM are currently awaiting a report on their and other authorities' role in supporting the transition to EVs with EVCI and are unlikely to look at any projects until this is completed later this summer. Similar to 4.1, the Council can still explore this option as well as what is being proposed in this report.

Report Author and Contact Details:

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Position: Climate Change Officer
Department: Operations
E-mail: j.rossistephenson@bury.gov.uk

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5. Strategy and Policy Background

5.1. The government have announced a ban on selling petrol and diesel vehicles from 2030 and released its Taking charge: the electric vehicle infrastructure strategy Taking charge: the electric vehicle infrastructure strategy (publishing.service.gov.uk) this year.

5.2. The strategy illustrates that EVCI requires both local government and the private sector to work together to increase reliable EVCI to encourage EV uptake.

5.3. The strategy highlights that there is a commercial model for Rapid (50kw) or Ultra-Rapid (150kw+) EVCI due to the available high turnover and therefore is not looking to provide funding for this type of EVCI. It expects the private sector to fulfil this role.

5.4. The Council has adopted Greater Manchester's EVCI Strategy link. As part of this strategy, we are avoiding installing on-street EVCI for the following reasons:

- The Council cannot utilise street lighting as our lampposts are positioned at the back of the footway.
- Installing dedicated chargers on-street can be difficult and cannot be achieved in high numbers without compromising carriageway or footway space. This space is already at a premium in many areas.

- It may also require a dedicated 'charging' bay to be created using a Traffic Regulation Order (TRO) to ensure it can be used by electric vehicles. This effectively provides a protected private car parking space on the public street and reinforces car use as the dominant mode of travel by formalising and locking-in on-street car parking. This does not support the long-term goals of reducing private car ownership and encouraging sustainable modes of travel.
- This type of EVCI is less profitable due to reduced turnover of vehicles able to access the infrastructure as it takes 6 hours to charge. Therefore, it requires more support/upfront investment from the Council to help make it attractive to private suppliers.

5.5. Instead, the strategy suggests an approach of installing EVCI in hubs. This approach is better suited to quicker charging EVCI (i.e. rapid and ultra-rapid) as it will allow more people in an area to be confident of having access, as it takes less than an hour to charge a vehicle and therefore can be used by multiple vehicles in one day.

5.6. In the Council's Climate Action Strategy, it highlights how important the shift to zero emission vehicles is in achieving our 2038 carbon neutral target.

5.7. According to Friends of the Earth Near You: Bury (takeclimateaction.uk) Bury requires 976 EV charging points by 2030. This is based on the UK Government's estimate of 300,000 charging points required nationwide and the total current number of vehicles licenced in Bury.

6. Current Situation

6.1. As of May, the national average number of EVCI devices per 100k of the population was 45 and the Northwest average was 26. Bury currently has 12 devices per 100k. This suggests there is currently a lack of interest from the private sector to fill the gap.

6.2. The Council has explored using the TfGM EVCI contract to install public EVCI, but it cannot demonstrate value for money for Bury and the council does not have the required capital investment to pursue this option

6.3. The Council has funding (£110K) allocated to installing EVCI. There are other Government EVCI funding sources that the council can apply for. However, this funding only supports lower power chargers 7-22kw, which take 4-6 hours to charge a typical EV. This type of EVCI is more suitable for on-street charging, which as stated above we are not currently progressing in line with the GM strategy.

6.4. The Council could choose to leave EVCI entirely up to the private sector. The Council is aware that some private operators will be installing EVCI on private land soon and this is likely to increase as the EV market matures.

6.5. However, to encourage private investment, we are proposing to offer a concession contract to an EVCI supplier for some key locations in Bury, made up mainly of car parks and other off-street parking. See Table 1 in section 1.5.

6.6. Residents have access to a site where they can make suggestions of where they think EVCI is needed or vote for locations that have already been identified. This is provided for by TfGM at the "Suggest a charging point location" part of their website Public charging point maps | TfGM Electric Travel.

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7. Links with the Corporate Priorities:

7.1. Achieving Carbon Neutrality is one of the 7 core outcome measures of the Let's Do it strategy. Our Climate Strategy sets out how we will work to achieve carbon neutrality by 2038 and this includes the decarbonisation of transport. One way to do this is to encourage residents and visitors to make the transition from Internal Combustion Engine (ICE) vehicles to Zero Emission vehicles including Electric Vehicles (EVs).

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8. Equality Impact and Considerations:

8.1. Advice has been sought and a full EIA is not required as this project aims to increase provision of EVCI and has little impact on inclusion.

8.2. The procurement process will ensure that accessibility is considered and access to the infrastructure procured will be open to all.

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9. Environmental Impact and Considerations:

9.1. This decision will help to provide the necessary infrastructure to help residents and visitors to bury to make the switch to Zero Emission vehicles, which in turn will improve air quality and reduce carbon emissions in Bury.

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10. Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
Loss of parking income	Only a minority of the car parks are at full capacity and therefore the likelihood for loss of income is reduced as cars will be displaced to another spot rather than unable to access the car park. Through the procurement exercise the Council will be seeking a revenue income, via rent, revenue share or profit share.

	There is the option to still charge for parking.
Long (20 year) leases may be required to allow supplier to make a return on their investment.	This has been approved by the Land and Property team. The team also commented that we can ask to see their standard lease as part of the procurement process. In the Lease the Council can ensure there are clauses that cover: • Access • Wayleaves • Break clauses • Lift and shift clauses
Different providers will have different payment mechanisms and tariffs	This will happen naturally as private suppliers install EVCI on their own land with their own payment mechanisms and tariffs. Increased competition is beneficial for making a supplier choose a competitive tariff.

11. Legal Implications:

11.1. The proposed procurement route for the grant of a concession is a cost-effective one and appropriate for this type of transaction. In the light of the significant expenditure outlay by the winning bidder, it also requires a long-term commitment on the part of the Council in the form of the grant of an accompanying Lease. The Council needs to be satisfied that it will be receiving value for money as well benefiting from a profit-sharing or concession fee arrangement. A competitive bidding process will ensure this and will be compliant with the Public Contracts Regulations 2015.

12. Financial Implications:

12.1. This approach supports the Council in its carbon action strategy without the need for significant capital investment by the Council. The Council may subject to the terms of the procurement also be able to secure revenue income via rent, profit or revenue share from the successful provider. The proposed procurement route also allows the Council to evaluate the best model and ensures all outcome measures are considered and weighted.

13. Background papers:

13.1. Taking charge: the electric vehicle infrastructure strategy Taking charge: the electric vehicle infrastructure strategy (publishing.service.gov.uk)
13.2. Greater Manchester's EVCI Strategy link
13.3. Friend of the Earth: Climate Action Near You: Bury (takeclimateaction.uk)

14. Glossary of Terms

Term	Meaning
ICE	Internal Combustion Engine
EVs	Electric Vehicles
EVCI	Electric Vehicle Charging Infrastructure
TfGM	Transport for Greater Manchester
Fast Charger	7kW output – charges a standard EV in roughly 6 hours
Rapid Charger	50kW output – charges a standard EV in roughly 40 mins to an hour
Ultra – Rapid Charger	100-150kW – charges a standard EV in 10-20 minutes.

15. Appendices

15.1. Appendix 1 - Draft Consultation Questions
15.2. Appendix 2 – EVCI Locations

Draft Questions for EVCI Consultation

1. Do you own an Electric Vehicle (EV) or Plug in Hybrid Electric Vehicle (PHEV)?
2. Are you intending to switch to an EV or PHEV in the next 5 years?
3. How do you intend to charge this vehicle?
4. Do you have any comments on the proposed locations?
5. If you have any more suggested locations, please use the 'Suggest a charging point location' at this link Public charging point maps | TfGM Electric Travel
6. Any other comments on Electric Vehicle Charging Infrastructure in Bury?

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EVCI - Approved vs Suggested Locations

Bury Approved Locations

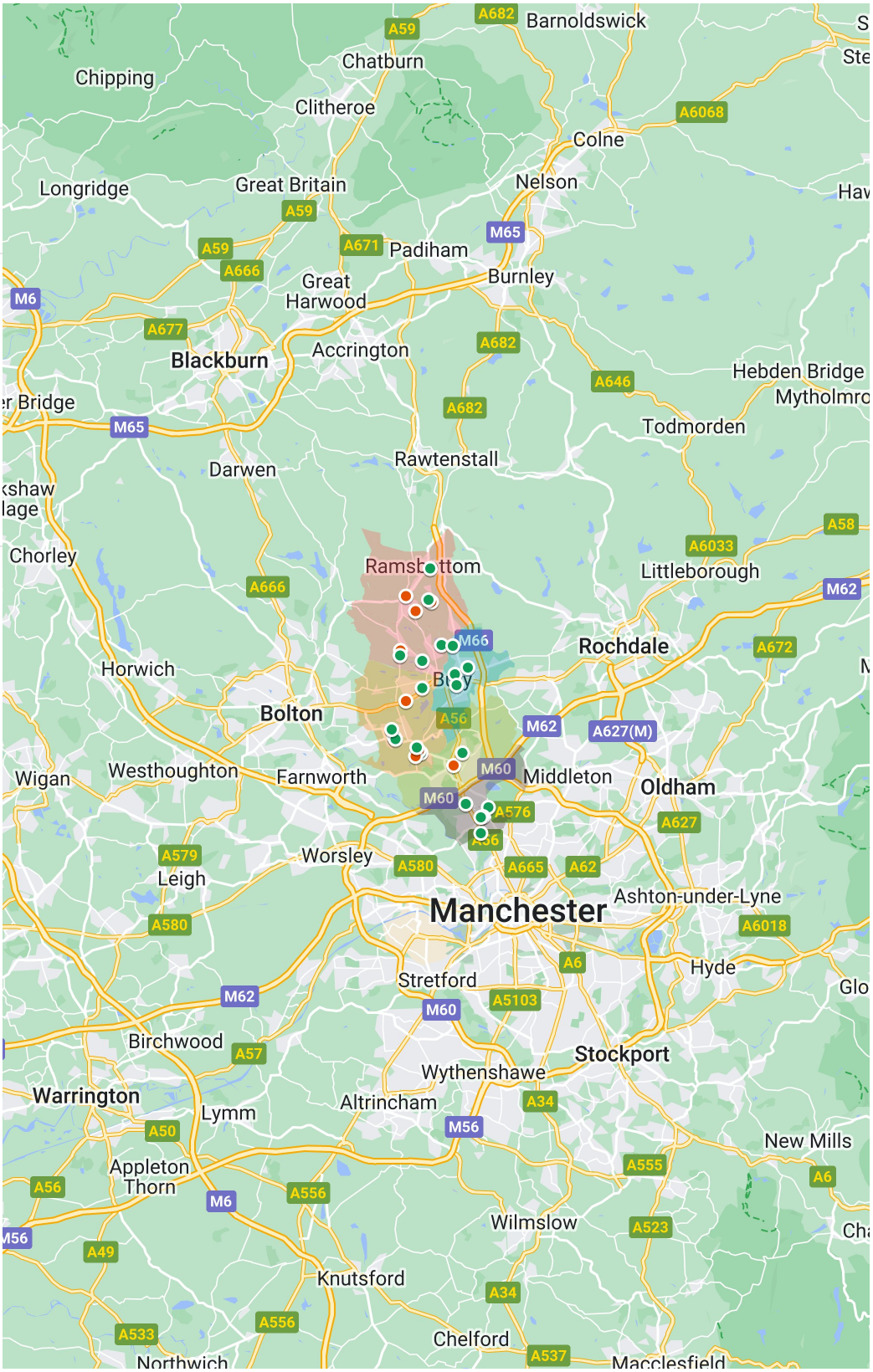
- All items

TfGM Suggested Locations

- All items

Bury_Wards

- North
- West
- East
- Prestwich
- Whitefield



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Agenda Item 15

Classification Open	Item No.

Meeting:	Cabinet
Meeting date:	13th July 2022
Title of report:	Review of Bury Aces
Report by:	Cllr. Tahir Rafiq, Cabinet Member for Corporate Affairs and HR
Decision Type:	Key Decision
Ward(s) to which report relates	All

Executive Summary:

Casual workers are defined as those who occasionally do work for a specific business, where the business does not have to offer work and they do not have to accept it. Casual workers are under the supervision or control of a manager and cannot send someone else to do their work. The employing organisation deducts tax and National Insurance contributions from their wages[1].

Within Bury Council, Casual workers are, in the main, sourced via Bury Aces, the Council's in-house casual recruitment function. The Bury Aces team is responsible for attracting and interviewing and onboarding workers who have an interest in working for the Council on a casual basis. This casual 'bank' of workers is then available for services within the Council to access when they have a temporary requirement for resource. The function sits within the HR Service. In addition to the Bury Aces service, the team also provide support to schools through the Schools Supply Service which sources casual staff for Bury schools, the majority of which are supply teachers.

Whist the Bury Aces function has proved effective in supporting Council resourcing in a number of areas, it is not consistent with the Authority's commitment to stable and high-quality employment in line with the Greater Manchester Good Employment Charter. Furthermore, the operation of this function as currently managed poses a number of risks to the Council.

[1] https://www.gov.uk/employment-status/worker

Following a detailed analysis of the current model and available alternatives, this report sets out a proposal to cease the operation of the Bury Aces function, subject to the consultation of affected staff. In support of the Council's commitment to good employment, those casual staff with accrued employment rights will be offered the opportunity to move to permeant employment contracts. Ad-hoc and short-term staffing needs will be fulfilled, in full, through the use of agency works and, on the whole, the agreed Greater Manchester shared agency contract. This approach provides more stability, reduced risk to the Council and, as set out below, is less costly. Movement to a single model for the engagement of short-term workers will also reduce demands on key support functions including Finance and HR.

Agency Supply Teachers are not currently in-scope of the Greater Manchester shared agency contract and this is an area where resourcing is particularly challenging both locally and nationally at present. Schools' Trades Unions have recently commended the Schools Supply Service and highlighted its importance to the stability of Bury Schools. The proposal is, therefore, to retain this function until at least the end of the 22/23 academic year pending a wider review of the Council's HR support to schools.

There are a small number of casual workers engaged outside of the Bury Aces function. A review of the Council's approach to casual engagement in these areas will progress as a next stage of this work.

The impact of this proposal on the internal team engaged to coordinate the operation of Bury Aces is the subject of a separate report which will be considered by the Cabinet member for Corporate Affairs and HR as a matter for their delegated approval

Recommendation(s)

That Cabinet:

1. Approve the closure of Bury Aces provision subject to consultation with affected staff.

2. Establish roles and make offers of permeant employment to those individuals currently engaged as Bury Aces casual staff but with accrued employment rights.

3. Delegates authority to the Director People & Inclusion and the Cabinet Members for Human Resources and Corporate Affairs to consider responses received from the consultation, produce a final proposal and to determine whether the final version is to be implemented or returned to Cabinet for approval prior to implementation.

Key considerations

1. Current Operating Model

1.1 Overview

Council Services

1.1.1 Casual workers are sourced by Bury Council in a variety of ways, primarily through:

- Bury Aces; our internal recruitment team, which fills vacancy requirements for internal services and Bury schools

- Other ad-hoc arrangements between managers within service areas and their informal bank' of casual workers, which are contacted directly by the service when a resourcing need arises

1.1.2 This proposal relates to casuals who are sourced through Bury Aces, including the Schools Supply service. Currently 7% of casual workers engaged by the Council are managed outside of the Bury Aces service. A subsequent piece of work will be undertaken later this year to review all local ad hoc arrangements which are in place.

1.1.3 During the 2021/22 financial year a total of 134,405 hours were facilitated by the Bury Aces function for Council services-based staff, equating to £1.5m in salary costs plus £105k in placement fees, costs are covered from within established service budgets. These staff were mainly engaged in Administrative and Care-based services, with Leisure and Waste also accessing a large volume of casual resource through Bury Aces. To give a rough sense of scale, the above hours would equate to circa. 69 full time members of staff employed on a year-round basis.

1.1.5 A total of 350 workers are currently engaged by Aces and have worked at some point within the past year.

Schools' Supply Service

1.1.6 Whilst the majority of casual provision provided by Aces is sourced for Council departments, Schools and Colleges also rely on Bury Aces for Casual Tutors and Invigilators. A separate service is provided to resource Teaching and Support Staff for schools, which is called the "Schools Supply Service" (SSS) and equates to circa. 17% of casuals currently engaged. This service is utilised by Maintained and Faith Schools and also Academies. Feedback is positive that the quality of resource provided exceed that offered by private sector recruitment agencies.

1.1.7 For the financial year 2021-22, 42,541 casual hours were facilitated via Bury Aces for Education-related support, 83% of which related to teaching staff with the remainder for dedicated exam invigilators and support staff. To give a

rough sense of scale, the above hours would equate to circa. 22 full time members of staff employed on a year-round basis.

1.1.8 Feedback from Bury Schools is that the Schools Supply Service is well-regarded and an affordable solution to resourcing needs, providing engaged and appropriately-paid workers to fill a short-term resourcing need. This is particularly important given well reported national shortage in sourcing supply teaching staff.

1.1.9 Staff engaged via the SSS are paid through Bury Council payroll with a 5% charge levied to cover the costs of the service's management within HR and Finance.

1.1.10 There are no schools-based staff engaged through the SSS who have potentially acquired employment rights.

1.2 Risks associated with the continuation of Bury Aces

Commitment to Good Employment

1.2.1 Meeting resourcing needs through the over-use of Casuals Workers has a potential impact on the Council's ability to align with the requirements of the Greater Manchester Good Employment Charter.

1.2.3 Under the Secure Work criteria of the charter, Members must evidence that employees have security over their income and can manage their work and non-work commitments more easily through:

- Contracts that reflect actual hours worked, including the ability to have contracts reviewed and adjusted if actual hours regularly exceed or are below contracted hours, with zero hours contracts ultimately only for those who want them. The review would take place after 12 weeks of employment and following that every six months.

- A guaranteed minimum number of hours in the advert and job description for any role and no exclusive zero hours contracts.

1.2.4 Members are also required to answer whether we offer "a guaranteed minimum of 16 hours a week" (unless the worker requests otherwise), this aligns to the Real Living Wage Foundation's 'Living Hours' scheme. Bury Aces does not currently offer a guaranteed minimum of 16 hours a week to our casual workforce. In securing membership of the Good Employment Charter the Council noted its commitment to review the operation of the Bury Aces function.

Accrued Employment Rights

1.2.5 As Bury Aces casual workers are directly engaged as Bury Council employees, accrual of employment rights begins from the first day of engagement. After a period of 12 weeks continuous employment, these workers are eligible to join the Local Government Pension Scheme. The costs associated with this are

minimal, due to low take-up. However, the potential for these costs remains with this group of staff. Often placements continue beyond this 12-week period, with extensions processed at monthly intervals. Due to the casual nature of the engagement, workers do not know how long their placement will last and are therefore unlikely to make a long-term commitment to joining the LGPS. As a result of this, our current practice does not support these Casual workers to make decisions to support their long-term financial wellbeing.

1.2.6 In addition to this, long-term placements beyond 2 years afford the worker the entitlement to redundancy payment at the point their casual placement is terminated. This accrual of employment rights is not currently highlighted to services and, as set out below, a number of individuals are now in this position.

1.3 Financial Analysis

1.3.1 This project is not intended to deliver an immediate cost saving to the Council but rather to ensure good quality employment is offered and to mitigate a future financial risk.

1.3.2 Comparative analysis of the cost of ad hoc staffing via the Greater Manchester Agency Framework as opposed to Bury Aces shows that the costs vary by different professional groupings given the different rates applicable. However, looking at the five most utilised areas for Bury Aces, sourcing via Agency would represent a small net cost saving. Comparing Agency and Bury Aces commission values across the key business areas which Bury Aces supports provides an illustration of how the closure of Bury Aces will result in reduced commission costs for some areas and increased costs for others**.** Given the varying nature of roles Bury Aces supplies across the Council, this comparison is provided using data from the most utilised areas of supply, for illustration purposes:

Business area	**2021-22 number of casual hours**	**Bury Aces commission value**	**Reed commission value**
Admin	171514	£133,602.00	£94,709.00
Care	23102	£17,364.00	£25,412.00
Leisure	39020	£29,988.00	£42,921.00
Waste	62460	£46,897.00	£34,467.00
		£227,851.00	**£197,509.00**

2. Proposal

2.1 Based on the above analysis, the proposal is to seek Trade Union support to consult with affected staff, both Bury Aces Casual workers and the individuals engaged to manage the function, on the below broad proposals:

1. That an assessment of those Casual Workers with employment rights will be undertaken and, where ongoing service need is confirmed, offers of permeant employment are made. This assessment will take account of feedback from service managers and the availability of permeant budget.

2. That the Schools Supply Service continues to operate until at least September 2023, pending a wider review of HR support to schools and that this work will be moved to the HR Transactional Team.

3. That the Bury Aces function ceases to operate. Workers will be supported to be engaged via the Greater Manchester agency contract and business continuity maintained through a managed transition to Agency engagement.

2.2 Assimilation of those With Permeant Employment Rights

2.2.1 There are 14 casual workers, currently engaged through Bury Aces, who have worked in the same casual position continuously for a period of more than 2 years.

2.2.2 Work is underway to review these individuals and look to support them to move into permanent roles. Whilst they are not, contractually, employees, they are currently being managed and treated as such and mainstream budget provision is available. There will hence be no budgetary consequences for the Council.

2.2.4 The potential to convert these current casuals to permanently contracted employees is both morally and commercially motivated; their longstanding status suggesting they add value to our organisation and should be retained if budgets allow.

2.2.5 This conversion from casual worker to permanent employee status will provide the individuals concerned with more stability and the ability to make long-term decisions and commitments based on this guaranteed income from permanent employment with Bury Council.

2.3 Continuation of the Schools Supply Service

2.3.1 The proposal is to continue the operation of the Schools Supply Service given its criticality to Bury schools, the positive feedback received and the lack of a viable alternative at present. A further review of this work will be undertaken during the 22/23 Academic Year as part of a wider review of the Council's HR support to Bury Schools

2.3.2 As part of the transition of this function, a strengthened protocol will be established to identify and robustly manage long-term placements cognisant of the risk of accrued employment rights. Communication with individuals supply staff will also be strengthened cognisant of the Greater Manchester Good Employment Charter expectations

2.4 Cessation of the Bury Aces Function

2.4.1 Outside of the Schools Supply Service considered above, the proposal is to cease operation of the other elements of the Bury Aces function.

2.4.3 If approval is gained to progress, officers in HR will work closely with the GM agency provider to transition current active workers and those registered with Aces but not currently active to engagement via the GM contract. This should see continuity of service for the Council and of pay for individuals.

2.4.4 A phased transition over a 5-week period will be led by representatives from the GM provider and the Council to ensure workers are onboarded with Reed and both workers and managers receive training on the systems required to submit and approve timesheets.

2.4.5 Whilst the priority will be to on-board casuals in existing placements, to maintain continuity of provision across the council and to ensure casuals do not see a break in payment, a process will also be progressed to enable current casuals engaged but not actively working to register with the GM provider, should they so wish.

2.4.6 The GM provider will conduct onboarding of these casuals onto their systems; this process will require DBS (where applicable) and right to work checks to be completed by Reed. This will enable the workers to source positions at Bury Council and any other relevant employers.

3. Conclusion and Next Steps

3.1 As set out above, the Bury Aces function is not aligned with the Council's commitment to Good Employment and presents significant risks to the Council. An alternative provision is already available through the Greater Manchester Agency Contract and the proposal is to cease the current Aces function and move to the utilisation of this service. Where employees have legitimately accrued employment rights then this will be honoured.

3.2 Given the lack of a currently viable alternative, the high regard with which the function is held and the current challenging market place, the Schools Supply Service will be retained until at least September 2023, pending a full review of the Council's HR support to schools.

3.3 As noted above, there are a small number of casual workers engaged outside of the Bury Aces function. A review of the Council's approach to casual engagement in these areas will progress as a next stage of this work.

The timeline below summarises the next steps, subject to Cabinet's approval.

Week Commencing	**Action**
13/07/2022	Cabinet meeting takes place - review of Bury Aces consultation requested
15/07/2022	Local Government Services Consultation Meeting (S188)

18/07/2022	Launch of employee consultation
	Employee comms programme begins
	Manager comms programme begins
	Schools comms programme begins
19/08/2022	End of Consultation
30/08/2022	Final report to confirm Consultation outcomes agreed.
31/08/2022	(Aces staff working notice support the transition to Reed)
	Write to all active Aces workers - signpost to Reed for onboarding
	Write to internal teams - confirm Reed sign-up is necessary for any live placements
	Confirm offer of permeant employment to Aces workers with employment rights.
	Reed begin onboarding process with current Aces casual workers
	Reed remotely deliver training sessions on XMS portal usage (ordering resource and approval of timesheets)
01/09/2022	Implementation date - Aces closes to new staff. Phased transition
06/10/2022	Transition complete

Community impact/links with Community Strategy

This proposal supports the Council's commitment to lead by example in offering high-quality employment opportunities.

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

(a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

(b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

(c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	*Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.*
A full EIA has been undertaken and no disproportionate impacts identified.	

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	**Mitigation**
Current Bury Aces casual workers choose not to register with the GM provider to fulfil their existing casual placements	Extensive communications programme delivered to connect existing casuals with the GM provider for on-boarding. Communications to Managers to encourage current in-placement Bury Aces casuals to continue in these assignments, albeit through the agency provider, will be led by HR. The agency provider has the ability to source alternative workers where needed.
For new casual placements: the GM provider encounter difficulties filling these posts	Extensive discussions have taken place with the GM provider to reassure Senior Officers that the existing GM collaborative agency contract can fulfil the requirements of this
For short-notice casual requirements: if the GM provider find identifying casuals available at short-notice to be a challenge	The provider currently provide short-notice cover for other GM Authorities at a similar level of demand to that which we expect from this. Should this prove to be a challenge when the provider are presented with increased demand, this will be raised through the monthly contract management meetings and escalated as a failure to meet the expectations of the contract.
Internal services choose not to go through the GM provider for casual resourcing requirements, but instead increase use of their own "bank" of casual workers to fulfil these demands	Clear processes developed to ensure that any request for casual recruitment by internal services is met with challenge. This will ensure that casual resources cannot be filled by avoiding use of the GM collaborative contract.

Consultation:

Should approval to progress the closure of Bury Aces be approved by Cabinet, agreement from the Trade Unions will be sought to undertake employee consultation. The Trade Unions have been engaged in the development of this proposal.

This consultation period will be for a period of 30 days and involve the three individuals employed in the Bury Aces team within HR as well as those currently engaged as Aces works. Consultation will include a series of open sessions, one-to-one meetings with the Aces team and the offer of one-to-one meetings for all active Aces workers. Workers registered with Aces but not active will be contacted in writing and offered the opportunity to attend a number of open sessions in order to explain the process of registering with Reed to enable them to perform future casual work for Bury Council.

There will be separate open engagement sessions for managers who currently utilise Aces workers to provide further training on the Reed process, HR support with casual recruitment and use of the electronic systems to generate casual orders and review and approve timesheets.

In collaboration with the Director of Education and Skills, Schools and Colleges will be engaged to outline the proposals for service delivery post-implementation, to ensure that school provision is seamlessly maintained throughout the implementation phase. Work will also be undertaken to identify alternative provision where non-teaching casual workers can be sourced, to better support Schools and Colleges with this transition.

Legal Implications:

A full equalities impact assessment has been completed. This proposal will ensure all contractual matters will be dealt with in accordance with legislation and the Councils HR policies and procedures, workers with accrued rights will become permanent members of staff. Legal advice will be provided at all stages. Statutory consultation will take place with all Members of the Bury Aces team.

Financial Implications:

The table at 1.3.2 in the main body of the report identifies that moving to the Reed contract should deliver overall savings to the Council, although for care and leisure roles costs may be higher. This may be mitigated by those staff who have accrued employment rights being taken on within the establishment in the vacant roles that these staff have been filling.

There is still the availability of the GM contract to fill sporadic roles as and when they arise to fill short term vacancies.

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Background papers:

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning

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Classification Open	Item No.

Meeting:	Cabinet
Meeting date:	13th July 2022
Title of report:	Health and Safety Annual Report
Report by:	Cllr. Tahir Rafiq, Cabinet Member for Corporate Affairs and HR
Decision Type:	Non Key
Ward(s) to which report relates	All

Executive Summary:

In accordance with the Health and Safety Executive (HSE) best practice the Council produces an annual Health and Safety Report. This report sets out key health and safety activity over the 2021/22 financial year alongside a summary of reported health and safety incidents. It goes on to propose a set of Health and Safety Priorities for the 2022/23 financial year.

Recommendation(s)

That Cabinet is asked to approve the 2021/22 Annual health and Safety Report

Key considerations

1.0 Health and Safety Annual Report

1.1 The 2021/22 Health and Safety Annual Report is appended below for Members' consideration and approval. This is the first time for a number of years this report has been presented to Cabinet, which reflects the significant work undertaken to strengthen the Council's health and safety management arrangements, governance and culture.

2.0 Health and Safety Policy

2.1 In January of this year the Employment Panel agreed a new Health and Safety Policy for the Council. In-line with HSE guidance, this policy will be reviewed

annually and the intention is to build this review into the annual reporting process. The current policy has therefore been reviewed and no changes are proposed. A further review will be undertaken in twelve months' time.

2.2 Members are reminded of their responsibilities in line with the Council's Health and Safety policy as both members of the Council community and specifically:

Bury Council expects our employee's, agency workers, consultants, contractors, partners, suppliers, and Elected Members to:

- Take personal responsibility for their own safety and the safety of those around them, considering risks and highlighting concerns through the management line or to the Council Health and Safety team.
- Undertake relevant health and safety training as required by the Council
- Cooperate in adhering to the standards and expectations laid out in this policy
- Ensure that they carry out their work, so far as is reasonably practicable, without putting themselves or others at risk
- Ensure any tools, materials, and equipment which they may use are safe and free from defects
- Co-operate with any health and safety investigation and prioritise the delivery of identified actions
- Report any hazards that they become aware of; any shortfalls in health and safety management arrangements; any accidents that happen at work and any illness that they believe has been caused or made worse by work.
- Assist in the development, implementation and maintenance of health and safety management arrangements when asked to do so

Elected members are responsible for providing leadership on issues of health and safety and ensuring the provision of adequate resources.

A member of the Cabinet will have specific responsibility for the occupational health and safety portfolio and will ensure this policy is promoted and that occupational health and safety issues are brought to the attention of Cabinet when appropriate

Elected Members are responsible for:

- Providing leadership on issues of health and safety
- Adoption of policies, strategies and plans that are within the spirit of this policy and which allow it to be implemented in practice
- Provision of adequate resources to enable the implementation of occupational health and safety polices, plans and strategies
- Scrutiny

- Carrying out Council roles and duties in line with the standards, arrangements and guidance covered by this policy.

Community impact/links with Community Strategy

Health and Safety is an important component to the Council's overall management system and arrangements which support our community to remain safe and well when engaging with Council services or on Council premises.

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

(a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*

(b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*

(c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	*Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.*
An Equality Assessment of the Council's Health and Safety policy was undertaken at the time of its original approval and no negative impacts identified.	

Assessment of Risk:

The following risks apply to the decision:

Risk / opportunity	**Mitigation**
The lack of a robust Health and Safety Policy which aligns with HSE guidance poses a risk to staff safety as well as legal challenge	Policy approval, communication and continuous review

Lack of compliance with the organisation's Health and Safety Policy	Engagement and training to be rolled out following policy communication.
Lack of clear governance and priorities for health and safety	Agreement of this report and close and continuous joint working with the Trades Union

Consultation:

This report has been considered and agreed by the Council's Executive Team and Health and Safety Joint Consultative Committee (JCC)

Legal Implications:

This report requests members to approve the Health and Safety Annual Report, this report is to update Cabinet on the Council's Health and Safety performance over the last 12 months, the report sets out national priorities and the priorities for the next 12 months.

Financial Implications:

There are no costs directly attributable to the report . However, there are costs associated with the implementation of any recommendations arising from it and the necessary actions of the Council and officers in undertaking work associated with health and safety to ensure its staff and communities are safe.

Report Author and Contact Details:

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Background papers:

Report to Employment Panel: 26 January 2022 – Health and Safety Policy

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
HSE	Health and Safety Executive

ANNUAL HEALTH & SAFETY REPORT 2021-2022

PREPARED BY:

Bury Council Health & Safety Team

DATE: May 2022

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1. Introduction

This report provides an overview of health and safety activity during 2021/22, including progress with the Council's agreed health and safety priorities for the year, as well as an analysis of health and safety accidents and incidents. It identifies the key health a safety risks facing the Council, reflecting on both the organisational, local and national context and sets out the Authority's health and safety priorities for 2022/23.

2021/22 saw a number of significant changes in relation to the Council's health and safety management systems and structures. These changes were informed by an internal audit of health and safety across the Council which provided a limited assurance opinion. In response to this, strengthened governance arrangements have been introduced alongside a new Health and Safety Policy and incident reporting system. The internal audit highlighted specific concerns in relation to buildings related safety matters and responsibility for this area transferred to the Council's Corporate Landlord function as part of the resultant structural changes. – The Health and Safety Team is continuing to work closely alongside the Corporate Landlord and in partnership with the Trade Unions to review and strengthen arrangements in this area.

During the past year, the Council has also reviewed its arrangements in relation to health and safety within Bury's Maintained Schools and developed and issued a model Schools' Health and Safety Policy and assurance arrangements in consultation with school leaders and Professional Associations.

Health and safety activity for much of 2021/22 has continued to focus on arrangements to manage the risk posed by Covid-19 and respond to the changing national guidance and local infection rates. This work included the development of a generic Covid-19 risk assessment and focused work on infection prevention and control measures in key Council buildings, as well as continued support to Council departments and to individuals. All legal restrictions related to Covid-19 ended in March 2022. However, the Council has continued to ensure robust arrangements and guidance are in place in accordance with the latest government and Health and Safety Executive (HSE) guidance on managing the spread of respiratory infections in the workplace. Alongside this, focus has continued addressing the health and safety implications of agile working for Council staff, with the continued roll-out of a comprehensive health and safety toolkit for agile workers.

During 2022/23, the Council's health and safety priorities will continue to focus on embedding and strengthening the core basic requirements of a robust health and safety management system, informed by the recommendations from the internal audit referenced above and a comprehensive programme of service level risk assessment needs reviews. Alongside this, there will be an increased emphasis on training and work to strengthen and embed a culture of health and safety risk awareness and management across the Council.

2. 2021-22 Health & Safety Performance

2.1 Progress against 2021/22 Objectives

This section provides an update on the health and safety priorities for 2021/22 agreed through the last annual report.

1. Governance, Consultation & Communication

a) Improved communication and engagement in relation to health and safety to increase individual and collective awareness of risks, roles and responsibilities. (To commence with communication of the new Health and Safety Policy)

Following approval of the Council's new health and safety policy 4 staff/manager drop-in sessions were held in February and March 2022 to publicise the launch of the policy and the new accident/incident reporting and recording system, as well as to provide an opportunity for managers and staff to raise questions and concerns. Health and safety has also been included regularly within all-staff broadcast emails to raise awareness of the topic in general as well as key changes in expectations for staff and managers. As part of the Council's developing arrangements for employee engagement and leadership development, and in support of embedding a strengthened health and safety culture, a range of further activities are planned for the year ahead.

b) Strengthening governance arrangements, including recommencing meetings of a Corporate Health and Safety Joint Consultative Committee and formal quarterly reporting

The Health and Safety Joint Consultative Committee (JCC) has been reintroduced to ensure improved governance of health & safety and has received quarterly reports on health and safety performance. There is a direct line to the Council's executive team from this group via the Deputy Chief Executive. The trades union are now working closely with the council's health & safety team, in particular through a series of joint inspections of council buildings, which includes direct communication with employees during the inspections. A school's health & safety committee has also been established to strengthen governance and Trade Union engagement in relation to health and safety in maintained schools.

c) Development of quality assurance and feedback systems, including a clear quarterly reporting cycle through the Council's Executive Team and Health and Safety JCC which will include tracking of investigation outcomes and actions.

Work on improving the standard of quality assurance and feedback reports began at the start of this reporting year in the form of quarterly reports and this annual health & safety report, which are provided to both the Council's Executive Team and Health and Safety JCC. This process and the quality and analysis of reporting will be further improved on throughout the next year, supported by the new online incident reporting system and a clearer process for monitoring the outcomes of health and safety investigations and audits.

d) A review of internal reporting arrangements. This will include stronger quality assurance of reports and assurance of the delivery of required follow-up investigations and actions

A new electronic accident/Incident reporting and recording system was developed, implemented, and communicated to all staff. This will improve the quality of assurance reports and better inform future investigations and corrective actions. Day-to-day operation of this system is being managed by the Council's new Business and Executive Support Service who work in partnership with the Health and Safety team to ensure incidents are considered and wider issues and risks addressed in a timely manner. Work is ongoing to further develop and embed this system, which will include the ability to provide more detailed and regular reports to Trade Union colleagues in relation to incidents.

2. Robust Safety Management Systems

a) Provision of continued support for control of Covid at work including response to any national changes

Throughout 2021 and into the start of 2022 the Country was working under Government restrictions introduced as a response to the Covid-19 pandemic. As of March 2022, all remaining restrictions were lifted. The Health & Safety Team continue to advise Bury Council senior management and support staff in-line with the latest government guidance and HSE advice. The Council has continued to maintain a generic Covid-19 risk assessment to provide the basis for all activity and risk management considerations across the Council.

Alongside the above work in relation to infection control and prevention there has been a continued emphasis on mental wellbeing, including the further roll-out of the Council-wide EAP, increased guidance and support for managers and targeted work with priority service areas.

b) Supporting the development of facilities management and CDM arrangements

During the 2021-22 year the Health and Safety Team supported the Corporate Landlord function in relation to Fire Risk Assessment and Covid-19 secure requirements in areas such as building ventilation and working space.

Arising from the Bradley Fold fire investigation report an audit of Construction Design and Management (CDM) arrangements within Bury Council is due to be undertaken following an internal audit of Architectural Services.

c) Developing and implementing health and safety arrangements to support agile working

A comprehensive agile working "Health & Safety Tool" was developed and implemented during the 2021-22 year for completion by all agile workers in partnership with their line manager. This toolkit is regularly reviewed to ensure it remains up-to-date and reflects learning from the practical implementation of agile working.

d) Provision of clear health and safety standards for schools; for monitoring implementation and compliance; and for appropriate action when problems arise

A new Schools' Health and Safety Policy has been launched, alongside supporting documents to confirm the practical expectation of school leaders and to signpost available support. A Schools' Health and Safety Committee has also been established including representatives from the Council alongside School Leaders and the Trades Union. The intention is that the Policy and supporting documents will be reviewed annually and schools asked to confirm that appropriate arrangements are in place.

e) Ongoing maintenance of relevant guidance and standards

Relevant guidance and standards have been introduced through new policies for Bury Council and School's as well as guidance around specific hazards e.g. Covid guidance on safe working arrangements. A full and comprehensive review of all health and safety guidance will begin during the coming year.

f) A programme of scheduled and risk-based Health and Safety audits

A member of the Health and Safety team has now completed accredited Health and Safety Audit training (ISO45001) and a risk-based annual audit schedule for 2022/23 has been developed, informed by the outcomes of individual Service Risk Assessment Needs Checkers.

g) Work to strengthen the analysis and understanding of industrial injury and work-related absence and ill health.

A much-improved electronic reporting and recording system is now in place and will be monitored for its effectiveness in the analysis and understanding of work-related absences. Improvements to the Council's system for recording sickness absence were also launches in April (ITrent) which will allow improved absence monitoring and include automated notifications in relation to absence which may require reporting or consideration in line with health and safety policy and legislation. This new system will also allow improved data reporting and analysis over the coming year.

h) A review of national and internal health and safety management standards (BS ISO 45001 and 45003) and accreditation options to identify any lessons that can be learned and to consider whether it would be beneficial to seek accreditation

Following an initial review, the recommendation is that the Council does not seek to formally adopt one of these health and safety management standards at this point. This position will be reviewed in twelve months time once the organisational arrangements and culture in relation to health and safety have further matured.

3. Effective Training and Development

a) Development of health and safety tools which cover key information, risk assessment procedures and identification and agreement of management arrangements for agile working, office based work, and higher risk activities

See point C above re: Agile working policy support and new Health & Safety Policies. There was also a 'Risk Assessment Needs Checker' document produced and distributed to all Bury Council Heads of Service to assist with the targeting of support and to prioritise areas for auditing and training needs. Complementary tools for office-based staff and high-risk services have also been produced and are being finalised with a view to role out in the first half of this financial year.

b) Review of health and safety training and development arrangements and standards

A high-level health and safety training approach has been developed and agreed and delivery of this work is a key priority for the year ahead. This covers both specific training for high-risk areas as well as a significantly enhanced approach to essential training for all staff and managers.

The Health and Safety Team have also worked with Heads of Service in the Operations Department and completed a detailed training needs assessment. Following this 3 IOSH accredited training packages are in the process of being rolled out.

2.2 Investigations, Incidents, Absence & Claims

1. ***Investigations***

Three formal health and safety investigations took place during 2021/22 and learning from these has been taken forward via the relevant services.

A high-level investigation into a fire at the Bradley Fold Depot was undertaken. Failings in the control of contractors were identified through this investigation and. improvements were recommended. These improvements are being taken forward, supported by a thorough review of the management of contractors via the Council's Architectural Services function.

An investigation was carried out following a sign pole snapping and highways maintenance damaging a cable when trying to make the rest of the column safe. Several improvements are being carried out to procedures, safe system of work, risk assessment review and refresher training for all operatives involved in this type of activity.

An investigation was undertaken which involved the same school when a pupil, who has an allergy to egg was accidentally exposed to it on two occasions.

- Incident 1 happened in the school canteen when a panini containing egg was accidentally served to the pupil
- Incident 2 happened during a food technology lesson.

Both services involved consequently reviewed their arrangements for the management of allergens and relevant staff undertook additional training. The Food Standards Agency was contacted for advice and they subsequently responded to confirm that they were happy with the actions taken.

2. ***Accidents, Incidents and Near-Misses***

During the 2021-22 year there were **159** reported accidents/incidents/near misses/dangerous occurrences and hazard reports.

- There were 65 reports involving members of the public
- There were 89 reports involving employees.
- 2 hazardous situations reported
- 1 near miss
- 2 dangerous occurrences.

10 of these incidents had to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

- There were 4 over 7-day absences related to injuries at work
- There were 4 Fractures to bones
- There were 2 where a pupil was taken to hospital following the incident

Trends

The number of reported incidents in 2021/22 is a significant increase on the previous year (105 to 159) and RIDDOR reportable incidents also saw an increase (6 to 10). However, comparison here should be treated with caution as the implementation (and continuation) of home working arrangements during 2020/21 had a notable impact on the number of incidents recorded during that year. The Council has also significantly improved its reporting systems and processes over the last 12 months which will likely have had an impact.

One notable variation in the number and nature of reported incidents does however relate to those involving Work Related Violence, which increased from 6 in 2020/21 to 16 in 202/22. (This category includes assaults, behavioural, verbal abuse, and intimidating behaviour). This is an area of suggested priority for the year ahead.

More detailed analysis of the 2021/2022 incident statistics is provided at *Appendix 1.*

3. ***Sickness Absence***

The Council lost an average of 14.69 days per full-time equivalent employee due to sickness in 2021/22. This is an increase on 14.14 days during the previous year. – In considering this position it is worth noting four key points:

- Mental health related absence continues to be the most significant cause of sickness and accounts for around 26% of days lost, followed by musculoskeletal problems at circa. 16%

- Sickness absence levels vary significantly across Departments with the most significant levels in the One Commissioning Organisation (22.15 days) and Operations (17.61 days)

- The introduction of absence managing self-service through iTrent will significantly improve the accuracy and timeliness of data on sickness absence

- The impact of the Omicron variant of Covid-19 has significantly affected sickness levels at year-end. As of December 2021, the average days lost per FTE measure was 12.79 days, a significant decrease on the previous year. During January, Covid related absence increased from contributing 18% of sickness cases to 35%.

Addressing sickness absence is a significant area of focus for the HR Department at present who will work closely with the Health and Safety Team on this.

4. ***Employers Liability Claims***

There were 4 employers liability claims received during the year. The total reserve against these 4 claims was £27,846 as opposed to 1 claim in 2020-21 at a cost of £6,580.

3. National Priorities and Changes

In reviewing health and safety performance during 2021/22 and setting priorities for the year ahead, it is important to consider the national landscape and the priorities of key regulatory and sector bodies. HSE have identified the following priorities which are particularly relevant to local government:

- Wider ownership of health and safety – "health and safety is everyone's business"

- The need to tackle ill-health at work, especially:
    - Occupational lung disease
    - Musculoskeletal disorders
    - Work-related stress

During 2021-22 the following pieces of H&S legislation were amended:

- All remaining domestic coronavirus restrictions were lifted in March 2022 and guidance issued on "living with covid-19".
- Towards the end of the 2021-22 reporting year the HSE identified the area of reinforced autoclaved aerated concrete as an area needing further investigation since this substance was widely used in the construction of schools, colleges, and other buildings from the mid-sixties to the mid-eighties.

The following changes in legislation are anticipated to take effect in this financial year:

- Fire Safety Act – this received Royal assent in April 2022, no implementation date has been publicised yet. The new Act strengthens the responsibilities of the "responsible person". It also has implications relating to construction, regarding the use of fire-retardant materials mainly in housing applications
- PPE Regulations (revisions) – extends the liability to limb (b) workers e.g agency workers/casuals
- COSHH Regulations (revisions) – changes to Occupational Exposure Levels (OEL's) lowers the level of exposure for certain substances which could impact on services that use such substances.

4. The Year Ahead (2022-23)

During 2022/23, the Council's health and safety priorities will continue to focus on embedding and strengthening the core basic requirements of a robust health and safety management system, informed by the recommendations from the internal audit referenced above and a comprehensive programme of service level risk assessment needs reviews. Alongside this, there will be an increased emphasis on training and work to strengthen and embed a culture of health and safety risk awareness and management across the Council.

The Health and Safety team will work collaboratively with staff, managers and the Trade Union in delivering on the proposed priorities set out below.

1. **Covid-19** -The Council will continue to monitor the situation regarding covid secure working arrangements and risk assessments and update guidance and working arrangements as required.

2. **Health and Safety Auditing** - An annual programme of in-depth health and safety audits will be undertaken across the financial year, with the aim of undertaking one audit per quarter in-line with the ISO 45001 standard. The audit location will be risk-based, informed by the service risk assessment needs checkers, with the initial audit undertaken in the Waste Management service.

3. **Accident/Incident Reporting System** – We will continue to develop the electronic system with a view to improving the system and the quality of reporting and promote the reporting of incidents of all types including near misses and dangerous occurrences.

4. **Training** - We will deliver a comprehensive programme to improve both the generic and specialist training available to Council staff, informed by the Service Risk Assessment Needs Checker process. (The outline plan is included at Appendix 2)

5. **Information, Procedures & Guidance** – We will review and update H&S Policies, Procedures & Guidance documentation with priority being given to the new Work-Related Violence documentation. This has been highlighted as a priority area due to the increase of incidents in this current year. – The intention is to fully review 15% of all Health and Safety guidance during this year.

6. **Schools** - We will work to embed the new arrangements for Schools' health and safety and provide support and guidance where appropriate, working through the new Schools' Health and Safety Committee.

7. **Health and Safety Communications & Awareness** – We will develop a programme of communication, engagement and awareness raising activities to strengthen understanding, awareness and confidence around health and safety, particularly in relation to Council leaders.

8. **First Aid** – We will undertake a review of First Aid provision within Bury Council.

5. Conclusion

During 2021/2022 a large amount has been achieved as set out above. There has been an increase in reported and reportable incidents, this however should not be a cause for concern and has likely been significantly impacted by the change in Covid restrictions. There remains more to do to ensure the Council has fully robust health and safety management arrangements in place and a safety aware culture and the priorities set out above are intended to provide a r robust framework for this work.

Appendix 1 Accident/Incident Statistics

During the 2021-22 year there were **159** reported accidents/incidents/near misses/dangerous occurrences and hazard reports.

Reported Accidents/Incidents for 2021-2022		
1	Members of the public	65
2	Employees	89
3	Hazardous situations	2
4	Near miss	1
5	Dangerous occurrences	2
	TOTAL	**159**

10 of these incidents had to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Breakdown of RIDDOR reported incidents		
1	Over 7-day absence	4
2	Fractures to bones	4
3	School pupil taken to hospital	2
	TOTAL	**10**

Breakdown of incidents involving employees reported by Department 2021-2022

Breakdown of incidents by Department		
1	Operations	59
2	Children & Young People	12
3	One Commissioning Organisation	9
4	Corporate Core	7
5	Business Growth & Infrastructure	2
	TOTAL	**89**

Breakdown of incidents involving employees reported by Department 2020-2021

Breakdown of incidents by Department		
1	Operations	22
2	Children & Young People	4
3	One Commissioning Organisation	15
4	Corporate Core	1
5	Business Growth & Infrastructure	1
	TOTAL	**43**

Breakdown of incidents involving members of the public and clients 2021-22

Breakdown of incidents by Department		
1	Operations (Leisure)	50
2	One Commissioning Organisation	14
3	Corporate Core	1
	TOTAL	**65**

Breakdown of incidents involving members of the public and clients 2020-21

Breakdown of incidents by Department		
1	Operations (Leisure)	1
3	One Commissioning Organisation (Adult Care)	12
	TOTAL	**13**

Breakdown of incidents involving employees by cause 2021-22.

Breakdown of incidents by cause		
1	Work Related Violence	20
2	Road traffic collision	4
3	Work related stressors	1
4	Hit against or by an object	15
5	Slip, trip or fall	16
6	Exposure to hazardous chemicals	3
7	Manual handling	14
8	Exposure to physical agent	3
9	Exposure to biological agent	1
10	Trapping/crushing incident	2
11	Medical condition	1
12	Animal related attack	4
13	Fall from height	1
14	Hazardous situations	2
15	Near miss	1
16	Dangerous occurrences	2
	TOTAL	**89**

Breakdown of incidents involving employees by cause 2020-21

Breakdown of incidents by cause		
1	Hit against or by an object	4
2	Trapping or crushing	4
3	Handling, lifting, or carrying	7
4	Slip, trip, or fall (on same level)	13
5	Fall from height	2
6	Contact with sharp object	2
7	Exposure to physical agents	1
8	Violence, aggression, behavioral, threats, intimidation, etc.	6
9	Other	2
	Total	41

Appendix 2 Health and Safety Training Plan

HEALTH AND SAFETY TRAINING PLAN

Training is an important part of any organisation's Health and Safety Management system. The Health and Safety Executive (HSE) takes a wide view of the nature of training:

"Training isn't just about formal 'classroom' courses – it can be delivered in a number of ways, for example:

- informal, 'on the job' training
- written instructions
- online information
- simply telling someone what to do.

Employees must be given information about the risks involved in their work, and the steps that need to be taken to reduce or remove those risks."

The plan below covers proposed corporate actions in relation to Health and Safety training. These will need to be supplemented by local activity and role specific training flowing from local service needs and risk assessments.

Area of Training / Development	Current Position	Actions
Mandatory training for all and Awareness Raising		
Communications and Engagement	• Regularly updated health and safety intranet • Broadcast messages linked to new policy and incident reporting process • Staff and manager 'drop in' sessions held to support policy launch	Plan for a focused month promoting health and safety awareness and training to be included in refreshed annual communications calendar. Roll-out of programme of Toolbox Talks across Operations.
E-Learning	The following courses have been identified as required:	• Strengthen monitoring and tracking arrangements for mandatory e-learning

Area of Training / Development	Current Position	Actions
	• Driving for work – Mandatory for anyone who carries out journeys that meet the driving for work criteria. • Asbestos Awareness – Mandatory for anyone who manages buildings or contracts which involve structural disturbance to building materials • First Aid – Mandatory for anyone who works out of Council premises • Fire Awareness – Mandatory for anyone who works out of Council premises • Manual handling – Strongly recommended for anyone who carries out handling, moving, carrying activities at work.	• Develop a compulsory 'all staff' Health and Safety E-Learning module including an off-the-shelf course supplemented by local information on Council policy and procedure.
Health and Safety Toolkits. – Guides to provide core risk assessments and training through guidance and information	Toolkit in place for agile workers	Toolkits to be finalised for • Office based staff • H&S management in higher risk services
Leaders and Managers		
Core training for all managers	Briefings held related to new Policy	Core module to be included in new corporate management programme, to launch in September 2022
Briefing for senior leaders		Intention to schedule an externally facilitated session in Q3 2022/23 and circulate HSE guidance for leading health and safety at work (https://www.hse.gov.uk/pubns/indg417.pdf)

Area of Training / Development	Current Position	Actions
Corporate Support to high-priority specialist training areas		
First aid training	E-learning recommended to all employees and required for office-based staff.	Ensure robust training provision to meet the Council's core first aid training needs.
Specialist training for high risk services in Operations	A programme of accredited training for Operational Services is planned to be delivered by a member of the health and safety team. Courses are tailored to service needs and include: • IOSH Managing Safely (3 days) • IOSH Managing Safely Refresher (1 day) • IOSH Safety, Health and Environment for Construction Managers (4 days) Ad hoc courses delivered by the health and safety team are made available on request covering Manual Handling, Ladder Safety etc.	IOSH Safety, Health and Environment for Construction Managers (4 days) to also be available to Facilities Management, Architectural Services, Engineers staff who do not hold an equivalent qualification or who require refresher training.
Anti-social behaviour/Violence, threats, and intimidation at work		The Council's anti-social behaviour/Violence, threats and intimidation policy and arrangements are currently under review. Following this work will be progressed to put in place appropriate training and support.
Review feedback from H&S risk assessment needs and training assessments to identify training needs	Annual risk assessment needs checker distributed to all services with completion deadline of 14th March.	Consider if / where additional support is needed based on completed assessments.

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Agenda Item 17

Classification:	Decision Type:
Open	Non-Key

Report to:	Cabinet	**Date:** 13 July 2022
Subject:	Appointments Update	
Report of	Cabinet Member for Corporate Affairs and HR	

Summary

This report sets out amendments to the appointments made at the Annual Meeting of the Council held on 25th May 2022.

Recommendation(s)

That: Cabinet notes the appointments and amendments to appointments made since the Annual Meeting of Council as set out in paragraph 1.2

Reasons for recommendation(s)

N/A

Alternative options considered and rejected

N/A

Report Author and Contact Details:

Name: Julie Gallagher
Position: Head of Democratic Services
E-mail: Julie.gallagher@bury.gov.uk

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1. **Key Considerations**

1.1. At the Annual Meeting of the Council held on 25th May 2022 the Council resolved, in respect of the various appointments made at that meeting, that the Chief Executive, in consultation with the Leaders of the political groups on the Council, be authorised to determine any appointments to bodies which remain to be filled and any changes in appointments or any new appointments to be made during the 2022/2023 Municipal Year and that any such appointments be reported to the Cabinet for information.

1.2. Since that meeting, the following appointments and amendments to appointments have been made:-

Appointments to Greater Manchester Committees

Sub for Health and Social Care Partnership Board / ICP – Councillor Pilkington

Sub for PFE – Councillor Alan Quinn

Sub for Statutory Functions – Councillor Gold

Sub for Police, Fire and Crime – Councillor Farooq

Councillor O'Brien is sub for the GMCA appointment.

Transport for Greater Manchester

Councillor Kevin Peel

Councillor Noel Bayley (sub)

Councillor Jo Lancaster

Councillor Luis McBriar (sub)

Change to Cabinet Portfolio

Councillor Tariq's portfolio to be renamed, Cabinet Member for Adult Care, Health, and Wellbeing

Adult Learning

That the vacancy be filled by Councillor Jacqui Harris.

Six Town Housing Board

Councillor N Boroda

Councillor N Jones

Joint Consultative Committee – Teachers

That the Labour vacancy be filled by Councillor Lucy Smith

Health Scrutiny Committee

That Councillor Rizvi be appointed to the Committee in the place of Councillor Walmsley.

Standards Committee

That Councillor Walmsley be appointed to the Committee in the place of Councillor Rizvi.

Children's Improvement Board

That Councillor Bernstein be appointed and Councillor McBriar be appointed as substitute.

That Councillor Mary Walsh be appointed.

Children and Young People Scrutiny Committee

That Amanda Nellist be appointed as Primary School Parent Governor.

Links with the Corporate Priorities:

N/A

Equality Impact and Considerations:

N/A

Environmental Impact and Considerations:

N/A

Assessment and Mitigation of Risk:

Risk / opportunity	Mitigation
N/A	N/A

Legal Implications:

Any changes in appointments subsequent to the Annual Council meeting are authorised to be determined by the Chief Executive in consultation with the Leaders of the political groups on the Council. These are minor changes and are reported to the Cabinet for information.

Financial Implications:

There are no financial implications.

Background papers:

Annual Appointments Report 2022.23

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MINUTES OF THE MEETING OF THE GREATER MANCHESTER COMBINED AUTHORITY HELD ON 27 MAY 2022 AT STOCKPORT TOWN HALL, STOCKPORT

PRESENT:

Greater Manchester Mayor	Andy Burnham (In the Chair)
Deputy Mayor for Police & Fire	Beverley Hughes
Bolton	Councillor Martyn Cox
Bury	Councillor Eamonn O'Brien
Manchester	Councillor Bev Craig
Oldham	Councillor Amanda Chadderton
Rochdale	Councillor Neil Emmott
Salford	City Mayor Paul Dennett
Stockport	Councillor Wendy Meikle
Tameside	Councillor Gerald Cooney
Trafford	Councillor Andrew Western
Wigan	Councillor Nazia Rehman

OFFICERS IN ATTENDANCE:

Chief Executive Officer, GMCA & TfGM	Eamonn Boylan
GMCA Deputy Chief Executive	Andrew Lightfoot
GMCA Deputy Monitoring Officer	Gwynne Williams
Bolton	Tony Oakman
Bury	Geoff Little
Manchester	Rebecca Heron
Oldham	Sayyed Osman
Rochdale	Mark Robinson
Salford	Tom Stannard
Stockport	Caroline Simpson
Tameside	Sandra Stewart
Trafford	Sara Todd
Wigan	Alison McKenzie-Folan
Office of the GM Mayor	Kevin Lee
GMCA	Julie Connor

GMCA	Sylvia Welsh
GMCA	Nicola Ward

GMCA 68/22 APOLOGIES

RESOLVED/-

That apologies be received and noted from Councillor David Molyneux, Councillor Mark Hunter, Joanne Roney, Harry Catherall, Steven Pleasant, and Steve Rumbelow.

GMCA 69/22 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

The GM Mayor, Andy Burnham and Councillor Andrew Western, Portfolio Lead for Clean Air, provided an update on the Clean Air Zone. The GMCA and the Government had agreed to put the scheme under review in February 2022 and Greater Manchester had been negotiating with Government surrounding the proposals for a revised scheme. It had been agreed that the new date of compliance would be 2026, which took into account the disruption to the vehicle market caused by the COVID-19 pandemic, amongst other issues.

A proposal had been developed to establish a non-charging Category B Clean Air Zone across the city region which would be based on incentives as opposed to charges. Under the proposed scheme, owners of non-compliant vehicles would not be charged for driving in the zone and would instead be encouraged to seek support to help an upgrade to a compliant vehicle. Letters have been sent to the Prime Minister and the Secretary of State, seeking an agreement in principle to the new proposals. No substantive response has yet been received from Government ahead of the 1 July deadline for agreeing a new scheme.

It was noted that Greater Manchester had been investing in public transport and infrastructure for over a decade in order to make improvements to air quality in the city region. By the end of 2022, 80% of the bus fleet across Greater Manchester would be compliant with legal air quality limits. There were also targeted proposals to electrify the bus fleet and Hackney carriages. The GMCA has previously supported the Zero Emission Bus Regional Areas (ZEBRA) scheme in Stockport and this, combined with the development of Stockport's Transport Interchange, would contribute to the entire fleet of 170 buses being electrified by the 2026 deadline.

There was confidence that the latest proposals would enable Greater Manchester to achieve compliance by the 2026 deadline. A letter had been sent to Members of Parliament who represented constituencies within Greater Manchester to outline the new proposals and request support for the new scheme. There had been some supportive replies, but members of the GMCA expressed their disappointment that there had been no response from those who had previously opposed the scheme. It was hoped that Greater Manchester would receive a response from Government soon.

RESOLVED /-

1. That it be noted that the GM Mayor and Councillor Andrew Western, Portfolio Lead for Clean Air, had confirmed their position on a Non-Charging Category B Clean Air Zone for Greater Manchester with Government through a recent further letter to the Secretary of State, noting that an agreement was needed before 1 July 2022.

2. That Members of the GMCA note their disappointment in the lack of response from the Prime Minister and Secretary of State on any of these pieces of correspondence, nor a response from GM MPs in Government roles, following their individual correspondence.

GMCA 70/22 DECLARATIONS OF INTEREST

RESOLVED /-

There were no declarations of interest received in relation to any item on the agenda.

GMCA 71/22 APPOINTMENTS TO GREATER MANCHESTER BODIES

Gwynne Williams, Deputy Monitoring Officer, took Members through a report which presented a series of appointments to be considered by the GMCA.

RESOLVED /-

1. That the appointments by the Greater Manchester Local Authorities of members and substitute members to the Greater Manchester Combined Authority for 2022/23 be noted as shown below.

District	Member	Substitute Member
GMCA	Andy Burnham	-
Bolton	Martyn Cox (Con)	Hilary Fairclough Con)
Bury	Eamonn O'Brien (Lab)	To be confirmed
Manchester	Bev Craig (Lab)	Luthfer Rahman (Lab)
Oldham	Amanda Chadderton (Lab)	To be confirmed
Rochdale	Neil Emmott (Lab)	Dalaat Ali (Lab)
Salford	Paul Dennett (Lab)	John Merry (Lab)
Stockport	Mark Hunter (Lib Dem)	Wendy Meikle (Lib Dem)
Tameside	Gerald P Cooney (Lab)	Bill Fairfoull (Lab)
Trafford	Andrew Western (Lab)	Catherine Hynes (Lab)
Wigan	David Molyneux (Lab)	Nazia Rehman (Lab)

2. That it be noted that the GMCA had been notified of a number of forthcoming changes to those substitute members appointed, with the updated appointments to be reported at the next meeting of the GMCA.

3. That it also be noted that all substitute members will be invited to attend meetings of the GMCA, with the ability to be able to speak at meetings of the GMCA, but not vote (unless acting in the absence of their member) as provided for in the Constitution.

4. That the appointment of the GMCA Audit Committee for 2022/23 be approved as shown below:

	Member	District
1	Cllr J Walsh (Con)	Bolton
2	Cllr M Whitby (Lab)	Bury
3	Cllr S Russell (Lab)	Manchester
4	Cllr P Williams (Lab)	Rochdale
	Substitute Member	
1	Cllr T Kelly (Lab)	Salford
2	Cllr C Roberts (Lab)	Wigan

5. That the appointments made by the GM Local Authorities to the GM Transport Committee for 2022/23 be noted as shown below:

District	Member	Substitute Member
Bolton	Cllr S Haslam (Con)	Cllr S Hartigan (Con)
Bury	Cllr K Peel (Lab)	Cllr N Bailey (Lab)
Manchester	Cllr D Noor (Lab)	Cllr C Wills (Lab)
	Cllr N Hassan (Lab)	Cllr T Judge (Lab)
Oldham	To be confirmed	To be confirmed
Rochdale	Cllr P Burke (Lab)	Cllr A Rashid (Lab)
Salford	Cllr R Jones (Lab)	Cllr D Bailey (Lab)
Stockport	Cllr A Clark (Lib Dem)	To be confirmed
Tameside	Cllr W Bray (Lab)	Cllr J Jackson (Lab)
Trafford	Cllr A Williams (Lab)	Cllr S Adshead (Lab)
Wigan	Cllr J Vickers (Lab)	Cllr M Aldred (Lab)

6. That it be noted that the GM Mayor is a member of the GM Transport Committee.

7. That Councillor Amanda Chadderton be appointed as a substitute member to attend meetings of the GM Transport Committee, in the Mayor's absence.

8. That Councillor Andrew Western be appointed to the GM Transport Committee and Councillor Eamonn O'Brien be appointed to act as a substitute member.

9. That it be noted that the GM Mayor will determine the remaining appointments to the Transport Committee.

10. That it be noted that the GM Transport Committee shall select and recommend the appointment of a Chair for approval by the Mayor.

11. That the appointment of the GM Mayor to the Transport for the North Board be noted and that Councillor Andrew Western be appointed to act as a substitute member to attend meetings of the Transport for the North Board, in the Mayor's absence.

12. That Councillor Roger Jones (Salford) be appointed to the Transport for the North Scrutiny Committee, and Councillor Joanne Marshall (Wigan) be appointed to act as substitute.

GMCA 72/22 MINUTES OF THE GMCA MEETING HELD ON 25 MARCH 2022

RESOLVED /-

That the minutes of the GMCA meeting held on 25 March 2022 be approved.

GMCA 73/22 MINUTES OF THE GM WASTE AND RECYLCING COMMITTEE MEETING HELD ON 23 MARCH 2022

RESOLVED /-

That the minutes of the GM Waste and Recycling Committee meeting held on 23 March 2022 be noted.

GMCA 74/22 MINUTES OF THE GM TRANSPORT COMMITTEE MEETING HELD ON 24 MARCH 2022

RESOLVED /-

That the minutes of the GM Transport Committee meeting held on 24 March 2022 be noted.

GMCA 75/22 MINUTES OF THE GM AUDIT COMMITTEE MEETING HELD ON 22 APRIL 2022

RESOLVED /-

That the minutes of the GM Audit Committee meeting held on 22 April 2022 be noted.

GMCA 76/22 MAYOR'S CYCLING AND WALKING CHALLENGE FUND

The GM Mayor, Andy Burnham, presented a report which sought Members' approval for the delivery of funding requirements for the Rochdale Castleton Corridor Mayor's Challenge Fund

(MCF) Cycling and Walking Scheme, and the addition of Central Government funding to GM's cycling and walking capital and revenue programmes. The Rochdale Castleton Corridor had been endorsed by the Cycling and Walking Programme Board and would provide vital links between Castleton town centre, the rail station and other key locations in the area. It would also include two CYCLOPS junctions to support the integration of cycling and walking into the road transport network.

A total of £13.7 million had been awarded to Greater Manchester under the Active Travel Capital Grant for seven schemes across the conurbation. The schemes would be designed and delivered as soon as possible in consultation with Active Travel England. Oldham had been selected as part of a national social prescribing pilot which would examine how health could be integrated within active travel. Additionally, Greater Manchester had been allocated funding to develop a feasibility study into a mini-Holland scheme. A shortlisting exercise would be undertaken to identify a preferred location out of the five proposals that had been submitted at the expression of interest stage. Greater Manchester had also been allocated £2.88 million of Active Travel Revenue Capability Grant Funding, which would be used to progress a variety of proposals including: the development of capital infrastructure proposals; the progression of a GM active travel monitoring network; and activation programmed including cycle parking for businesses and School Streets initiatives.

It was brought to Members' attention that Dame Sarah Storey had now begun her role as the Active Travel Commissioner for Greater Manchester, which included support of the delivery of the Bee Active Network. The active travel network would be the largest in the country, at 1,800 miles, long when completed.

Members noted that the Rochdale Castleton Corridor would have a major role to play in the regeneration of Castleton. Although delivery could potentially cause some disruption for residents, the eventual outcome of the project would have lasting value, greatly improve connectivity and provide new opportunities for safe active travel in the area.

RESOLVED /-

1. That the release of £1,975,140 of MCF funding, and £2,200,000 of Active Travel (Tranche 3) funding for the Rochdale Castleton Phase 1 scheme be approved, in order to secure full approval and enable continued scheme delivery through the signing of the necessary legal agreement.

2. That the award of £13.07 million for the Active Travel (Tranche 3) Capital Grant and approve the addition to the 2022/2023 GMCA Capital Programme be noted.

3. That the award of £0.18 mullion of funding from Department for Transport with respect to the Mini Holland Feasibility Grant and the Active Travel Social Prescribing Feasibility Grant for financial year 2022/23 be noted, and that the inclusion of this funding and associated costs in the 2022/23 GMCA Transport Revenue Budget be noted.

4. That the updated position regarding the GM Capability Fund be noted, and that the inclusion of this expenditure and funding in the 2022/23 GMCA Transport Revenue Budget be approved.

GMCA 77/22 MONTHLY ECONOMIC UPDATE

The GM Mayor, Andy Burnham, introduced a report which provided the latest version of the Greater Manchester Economic Resilience dashboard as well as an overview of activity related to the Greater Manchester Local Industrial Strategy and the Economy portfolio. The report highlighted the Centre for Progressive Policy's findings that the North of England was more sensitive to the cost-of-living crisis compared to the south. The Centre has found that 24% of respondents have eaten less because of the pressures on household budgets, which was very concerning. The Chancellor had recently announced a scheme of measures to address the cost-of-living and energy crises, which would substantially support residents but would need to be kept under close review.

Interest in the Good Employment Charter had continued to grow and over 850 organisations had engaged with the Charter so far, which demonstrated the widespread appetite to rethink employment. The real living wage campaign had also been gaining traction and recent figures had shown that 80% of employees in the city region were now paid the real living wage. It was emphasised that GM's ambition was to achieve at least 90% of employees being paid the real living wage by 2024, and that this would be achievable by driving uptake through procurement and other methods.

The Enterprising You scheme had been the first self-employed support scheme to be established in the city region. It had achieved great success so far: 2125 people had started the scheme and 82% of those had completed it, leading to increases in turnover.

Phase two of the Greater Manchester and Cheshire Life Sciences Fund had been launched and would build on the success of phase one. The new partnership with Cheshire had created a £20 million fund for life sciences and there had already been high levels of interest in the Fund.

Concerns were raised regarding the impact that the cost-of-living crisis would also have on businesses within the city region, especially those within the hospitality sector who had already been greatly affected by the COVID-19 pandemic. Some businesses within the sector had given stark warnings that the next two years would be incredibly difficult, and it was noted that the Mayor's Night Time Economy Adviser, Sacha Lord, had been asked to survey businesses to better understand the challenges being faced. It was reported that footfall currently remained strong and that the volume of people using public transport for leisure purposes had remained fairly constant. The GMCA would continue to monitor the situation for businesses leading up to the Autumn budget so that it could make the case for additional business support if necessary.

There were further concerns regarding McVities' proposal to transfer some of its operations away from its current factory in Stockport. The company had a long history on its current site and the factory was iconic across Greater Manchester. Moving some of the company's production operations to a new site would increase carbon emissions, which was undesirable given the climate crisis. There had been conversations with trade unions about keeping jobs on the current site and these discussions would continue.

RESOLVED /-

1. That the latest update of the Greater Manchester Economic Resilience Dashboard and response, including delivery of the Local Industrial Strategy and Greater Manchester Economic Vision be noted.

2. That members of the GMCA be invited to share the model currently being used by Bury in order to better engage with the hospitality sector.

3. That it be noted that the GM Mayor would commission Sacha Lord, GM Night Time Economy Advisor, to undertake a survey across the hospitality sector to better understand the real issues going forward and the potential further impact given the current cost of living crisis.

GMCA 78/22 GREATER MANCHESTER LAND COMMISSION COMMENCEMENT UPDATE

Salford City Mayor, Paul Dennett, Portfolio Lead for Housing, Homelessness and Infrastructure, introduced a report which set out the intent to establish the Greater Manchester Land Commission (GMLC). Its role would be to ensure that public sector land holders engaged with local delivery plans and visions, and that they would commit to unlocking the land's value to support housing, economic growth, community development and sustainability in line with the locally agreed vision for areas. The first meeting of the GMLC would be used to formally approve its objectives and gain member agreement to work with the Local Authorities and GMCA to deliver local ambitions. The role of the Commission would be developed, recognising existing arrangements already in place such as those of the Strategic Infrastructure Board and the Strategic Estates Groups. The report sought to agree the objectives of the proposed GMLC, confirm the partnership participation of predominantly public sector partner attendees, and to recommend commencement of the GMLC.

The GMLC had previously been agreed by the GMCA but had not formerly been established. It was recognised that work was already underway and that the Commission would not duplicate this work but would add value by delivering plans and visions through collaboration. It would bolster current activity and would learn from the experience of others. The Commission would also create a mechanism for dialogue with Government, public and private partners, utilities companies, and religious partners, as well as many others.

It was noted by Members that the Commission had a vital part to play in accelerating regeneration in the city region. The example of rail stations was provided and it was hoped that the Commission could work with Network Rail to speed up the improvement of rail station infrastructure, making stations more accessible for people with accessibility requirements.

RESOLVED /-

1. That the establishment, purpose, and commencement of the GM Land Commission be approved.

2. That it be noted that the GMCA Governance Team will determine the meeting schedule.

3. That the proposed partner memberships of the GM Land Commission be noted.

GMCA 79/22 HOMELESSNESS BUDGET

Salford City Mayor, Paul Dennett, Portfolio Lead for Housing, Homelessness and Infrastructure, introduced a report which sought approval to administer a range of Government grants relating to the homelessness budget for 2022/23 and beyond. The report set out some of the city region's key achievements so far and attention was brought to specific proposals within the report.

GM had been chosen as one of five pilot areas for devolved funding from the Ministry of Justice, which had provided 132 community accommodation placements for 338 out of 366 eligible people released from custody over the space of one year. Due to the pilot's success, the Government had extended the scheme and its funding to 2026/27. In addition, the GM Rough Sleeper Accommodation Programme had delivered 466 units to date and the proposed funding would deliver an additional 60 units. Furthermore, the Housing First pilot, which had supported over 325 tenancies with an 85% retention rate across three years, had been granted an extension by Government. GM had placed bids for funding amounting to £7 million, which would fund the scheme until 2024. Finally, the GM Rough Sleeper Initiative would continue and would increase capacity, capability and collaboration in GM with the aim of ending rough sleeping. Existing interventions would be supported to continue and new activity would commence.

Baroness Beverley Hughes, Deputy Mayor for Policing, Crime, Criminal Justice and Fire, reflected on the unique arrangements that were in place for the community accommodation scheme. Instead of delivering a North West scheme, Greater Manchester had been able to negotiate an agreement that had allowed it to have a regional focus and this had been crucial to the scheme's success. Creating safe housing was the starting point for reducing reoffending and Greater Manchester had been able to go further and faster in making this a reality for custody-leavers.

Members noted the excellent progress that had been made in addressing homelessness and rough sleeping thorughout GM and reflected on the possibility that these initiatives may be increasingly needed in light of the cost-of-living crisis. Thanks were given to several partners for their work in implementing these schemes and it was highlighted that this work could act as an example for further public service reform by demonstrating what Greater Manchester can achieve when it works as one body.

RESOLVED /-

1. That the funding allocations for the following programmes be noted:

    a) GM Community Accommodation Service Tier 3 - 2022/23-2026/27
    b) GM Rough Sleeper Accommodation Programme 2022/23-2024/25 Support Specification
    c) GM Rough Sleeper Initiative 2022/23-2024/25 (following final funding confirmation)
    d) GM Housing First Pilot extension 2022/23-2023/24

2. That authority be delegated to the GMCA Treasurer, in consultation with the Greater Manchester Mayor and Portfolio Lead for Housing, Homelessness and Infrastructure, to:

    a) Administer the grants through onward grant allocations and contract awards under standard procurement rules.
    b) Revise the 2022/23 GMCA revenue budget and medium-term financial plan for future years budget plans.

3. That the GMCA records its thanks to Chris Edwards, Regional Probation Director for the Greater Manchester Probation Service for Devolution of Justice and Rehabilitation to Greater Manchester.

GMCA 80/22 GREATER MANCHESTER LOCAL SKILLS REPORT AND LABOUR MARKET PLAN 2022/23

Councillor Bev Craig, Portfolio Lead for Education, Skills, Work & Apprenticeships and Digital City Region, introduced a report which shared information about Greater Manchester's Local

Skills Report and Labour Market Plan 2022/23 (LSR). The LSR, published by the Greater Manchester Employment and Skills Advisory Panel, had set out key skills and employment priorities for the city region and was a refresh of the report that had been published in March 2021.

It was noted that the ambition since 2021 had not changed rather that the situation for businesses and residents had changed. The new report noted that 40% of GM employment was in the foundational economy where there were limited opportunities for career progression. A strategy focusing on the economy of the future was being developed with the aim of making improvements for residents. It was emphasised that Greater Manchester had a strong track record on skills and that its vision stood out. Some levers would be required from Government and the devolution trailblazer could act as a mechanism to enable Greater Manchester to call for more powers and deepen its responsibilities in the skills agenda.

RESOLVED /-

That the report be noted.

GMCA 81/22 GREATER MANCHESTER HOUSING INVESTMENT LOANS FUND – INVESTMENT APPROVAL RECOMMENDATIONS

Salford City Mayor, Paul Dennett, Portfolio Lead for Housing, Homelessness and Infrastructure, introduced a report which sought the approval of the GM Housing Investment Loans Fund for a loan to Mick George Homes Limited. The loan would enable five new homes to be built on a brownfield site according to planning permission that had been granted to the SME in 2019.

With the addition of the proposed loan, the total value of loans approved through the Fund would total £601.6 million and the number of new homes supported would be 7695.

RESOLVED /-

1. That the GM Housing Investment Loans Fund loan detailed in the table below be approved:

BORROWER	SCHEME	DISTRICT	LOAN
Mick George Homes (O/M) Ltd	Ladhill Lane, Greenfield	Oldham	£0.957m

2. That authority be delegated to the GMCA Treasurer acting in conjunction with the GMCA Monitoring Officer to prepare and effect the necessary legal agreements.

GMCA 82/22 GREATER MANCHESTER INVESTMENT FRAMEWORK, CONDITIONAL PROJECT APPROVAL

Eamonn Boylan, Chief Executive Officer, GMCA & TfGM, introduced a report which sought the GMCA's approval for loans to Citylabs 4.0 Limited, Vector Homes Limited, and Apadmi Group Limited. The investments would be made from recycled funds. The GMCA was also requested to note that an investment into Northern Gritstone Limited and follow-on investment into Bank North Limited were approved under delegation.

In relation to the proposed investments, it was brought to Members' attention that the GMCA had been involved in all stages of the Citylabs investment so far and that the project had attracted significant interest. Vector Homes Limited was a research and innovation company and the investment would support sustainable development. Apadmi Group Limited was an end-to-end mobile application developer and strategic partner to large and small businesses, based in Salford. The equity loan to Northern Gritstone would help to establish a fund to support the scale-up and spin-out of SMEs founded from the universities of Manchester, Leeds, and Sheffield. Finally, the equity loan to BankNorth would support the challenger bank to provide loans to SMEs across the North of England.

RESOLVED /-

1. That the loan facility of up to £11.1m to Citylabs 4.0 Limited be approved.

2. That the loan to Vector Homes Limited of £150,000 be approved.

3. That the follow-on loan to Apadmi Group Ltd of up to £2.7m be approved.

4. That the investment into Northern Gritstone Ltd of £1.5m be noted.

5. That the follow-on investment into Bank North Ltd of £500,000 approved under delegation be noted.

6. That authority be delegated to the GMCA Treasurer and Monitoring Officer to review the due diligence information in respect of the above loans, and, subject to their satisfactory review and agreement of the due diligence information and the overall detailed commercial terms of the loans, to sign off any outstanding conditions, issue final approvals and complete any necessary related documentation in respect of the loans noted above.

GMCA 83/22 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED /-

That, under section 100 (A)(4) of the Local Government Act 1972 the press and public should be excluded from the meeting for the following items on business on the grounds that this involved the likely disclosure of exempt information, as set out in the relevant paragraphs of Part 1, Schedule 12A of the Local Government Act 1972 and that the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

GMCA 84/22 GREATER MANCHESTER HOUSING INVESTMENT LOANS FUND – INVESTMENT APPROVAL RECOMMENDATION

Clerk's Note: This item was considered in support of the report considered in Part A of the agenda (Minute GMCA 81/22 above refers).

RESOLVED /-

That the report be noted.

GMCA 95/22 GM INVESTMENT FRAMEWORK, CONDITIONAL PROJECT APPROVAL

Clerk's Note: This item was considered in support of the report considered in Part A of the agenda (Minute GMCA 82/22 above refers).

RESOLVED /-

That the report be noted.

Signed by the Chair:

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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