

## 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.

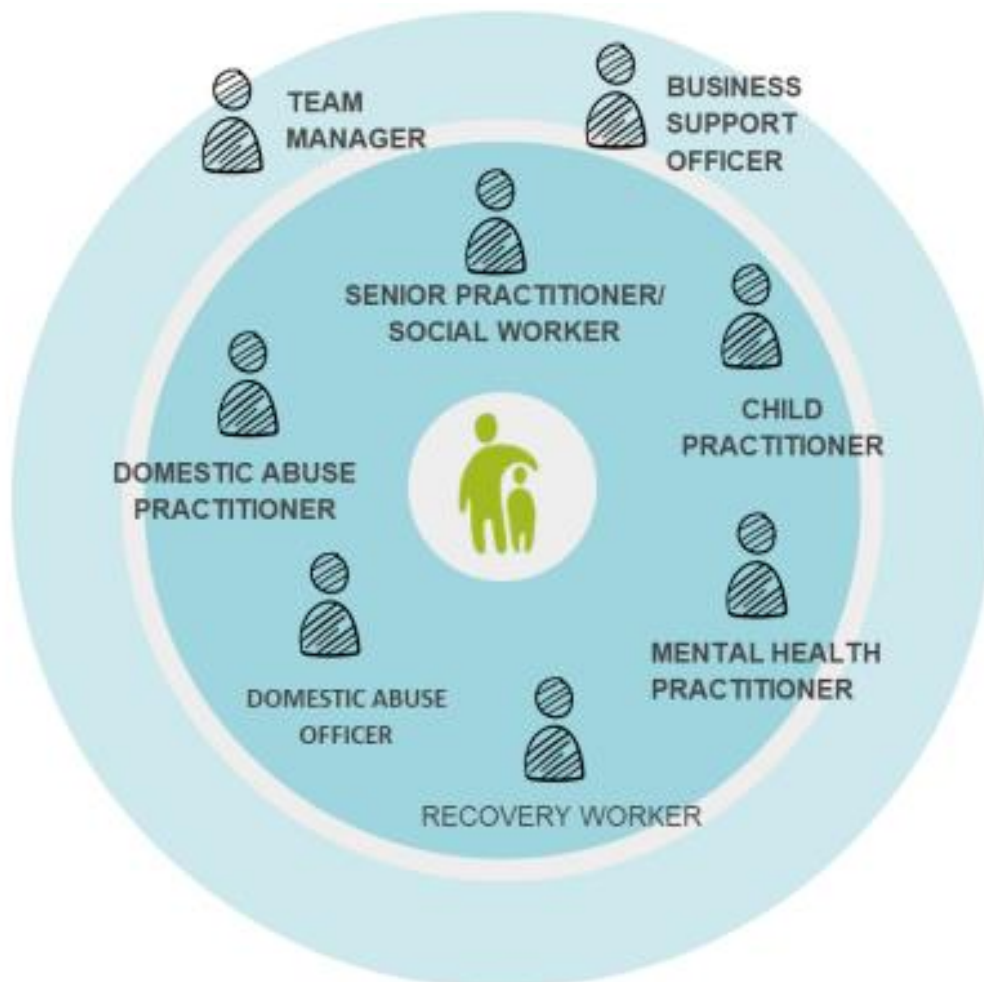
This prevalence is expected to rise significantly as more authorities demonstrate the better outcomes it can deliver for families and children, and the potential savings and cost avoidance for local authorities. Neighbouring authorities of Rochdale and Manchester are progressing plans to implement the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

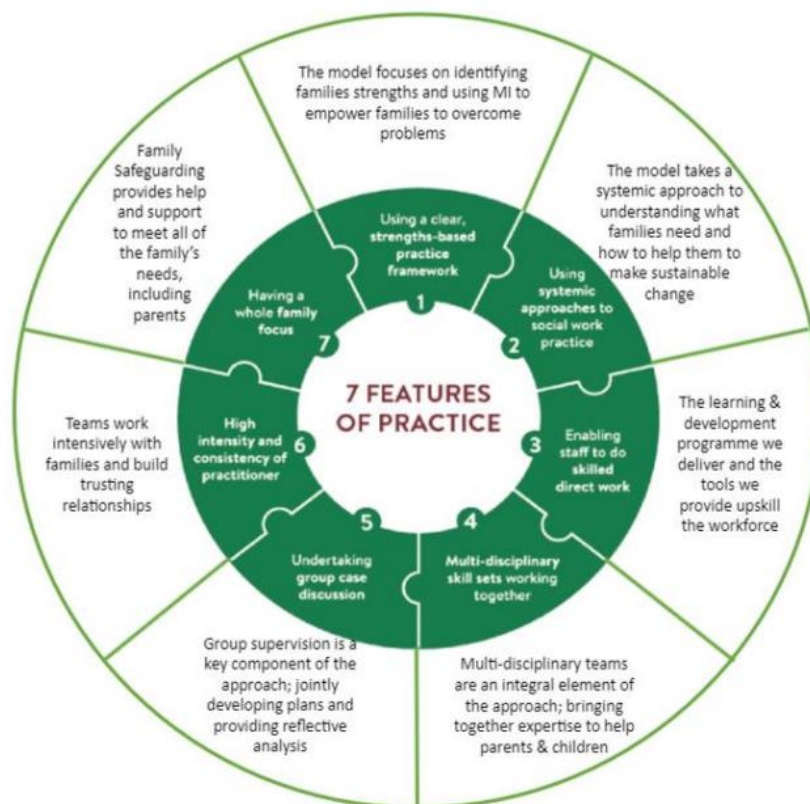
'To keep more children at home safe with their families'

**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](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.

- **Local neighbourhoods** (*Pride Courage and Innovation*)
- **Enterprise to drive economic growth and inclusion** (*Dignity Kindness flexibility*)
- **Delivering Together** (skills, Success Potential)
- **A Strength-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 IACS 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 through 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)**

|               | <b>Bury<br/>(Level)</b> | <b>Bury<br/>(%)</b> | <b>North West<br/>(%)</b> | <b>Great Britain<br/>(%)</b> |
|---------------|-------------------------|---------------------|---------------------------|------------------------------|
| 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)**

|                           | <b>Bury<br/>(Numbers)</b> | <b>Bury<br/>(%)</b> | <b>North West<br/>(%)</b> | <b>Great Britain<br/>(%)</b> |
|---------------------------|---------------------------|---------------------|---------------------------|------------------------------|
| <b>All People</b>         |                           |                     |                           |                              |
| 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-<br>June 2020 | Q2 Jul-Sept<br>2020 | Q3 Oct-Dec<br>2020 | Q4 Jan-Mar<br>2021 | Q1 Apr-<br>June 2021 | Q2 Jul-Sept<br>2021 | Q3 Oct-Dec<br>2021 | Q4 Jan-Mar<br>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 Tab  | 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 |  | Best/<br>Highest |
|---|---------|-----------------|--------|----------------|--------|--------|------------------|---------|--|------------------|
|   |         | Recent<br>Trend | Count  | Value          | Value  | Value  | Worst/<br>Lowest | Range   |  |                  |
| 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  | 2021/22 Q3    | 33.6% <span>p</span> | 27.0%  | 2.3%                            | 79/235        | ≥ 112                            | Increase     |
| 1.2 | Parents in treatment representation rate   | Qtly  | 2021/22 Q3    | 7.1% <span>q</span>  | 11.9%  | -0.2%                           | 3/42          | ≤ 9                              | Increase     |
| 2.1 | Number of adult service users in effective treatment   | Qtly  | 2021/22 Q3    | 774 <span>q</span>   | 2,013  | -8                              | 774/1002      | ≥ 2013                           | Increase     |
| 2.2 | Planned Completions as a % Numbers in Treatment (adults).                                      | Qtly  | 2021/22 Q3    | 26% <span>q</span>   | 32%    | -1.5%                           | 262/1003      | ≥ 635                            | Increase     |
| 2.3 | Representations within 6 months (adult successful completions).                                | Qtly  | 2021/22 Q3    | 6.1% <span>p</span>  | 7.0%   | 0.0%                            | 10/164        | ≤ 27                             | NA           |
| 3.1 | Planned Completions as a % Numbers in Treatment (Opiates).                                     | Qtly  | 2021/22 Q3    | 6.8% <span>p</span>  | 9.0%   | 1.0%                            | 31/458        | ≥ 70                             | Increase     |
| 3.2 | Representations within 6 months (Opiates successful completions).                              | Qtly  | 2021/22 Q3    | 20.0% <span>p</span> | 16.8%  | 12.3%                           | 3/15          | ≥ 9                              | Increase     |
| 4   | PHOF 2.15 (i) Successful completion of Drug Treatment Opiates (representations deducted).      | Mthly | 2021/22 Q3    | 4.8% <span>p</span>  | 7.2%   | 0.2%                            | 22/463        | ≥ 69                             | Increase     |
| 5   | PHOF 2.15 (ii) Successful completion of Drug Treatment Non-Opiates (representations deducted). | Mthly | 2021/22 Q3    | 46% <span>p</span>   | 45%    | 2.5%                            | 108/237       | ≥ 262                            | Increase     |
| 6   | Number of opiate users in effective treatment over 12 month period.                            | Qtly  | 2021/22 Q3    | 440 <span>p</span>   |        | 3                               | 440/468       | NA                               | Increase     |
| 7   | Number of adult drug users (over-18) in effective treatment over 12 month period               | Qtly  | 2021/22 Q3    | 643 <span>p</span>   | 1080   | 7                               | 643/711       | ≥ 1080                           | Increase     |
| 8   | Number of adult alcohol users (over-18) in treatment over 12 month period                      | Qtly  | 2021/22 Q3    | 131 <span>q</span>   | 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        |
| <b>Total Social Care &amp; Safeguarding pressures 2021/22</b> | <b>3,700,936</b> |

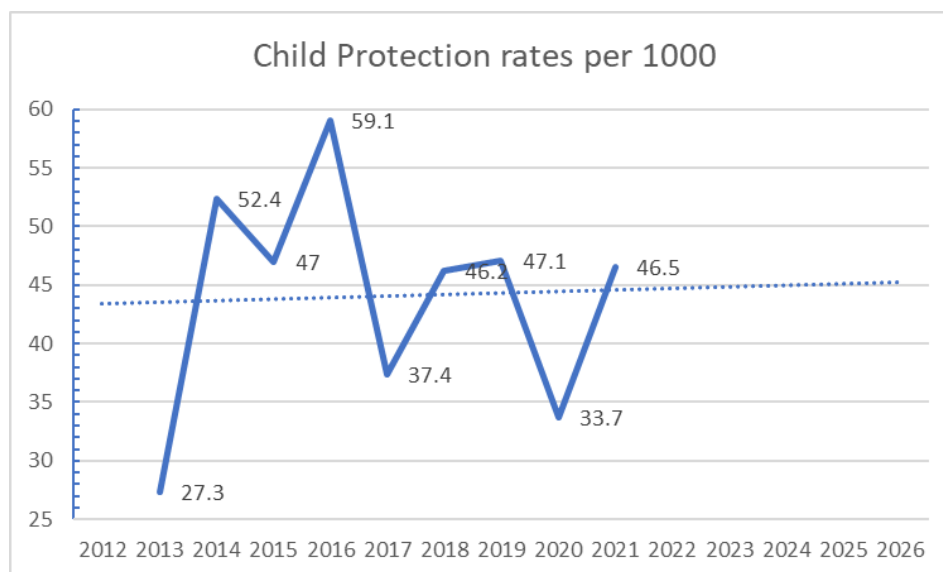
The figures included in the above include the significant cost pressures of increased Social Worker capacity that is currently reliant on high-cost agency staff.

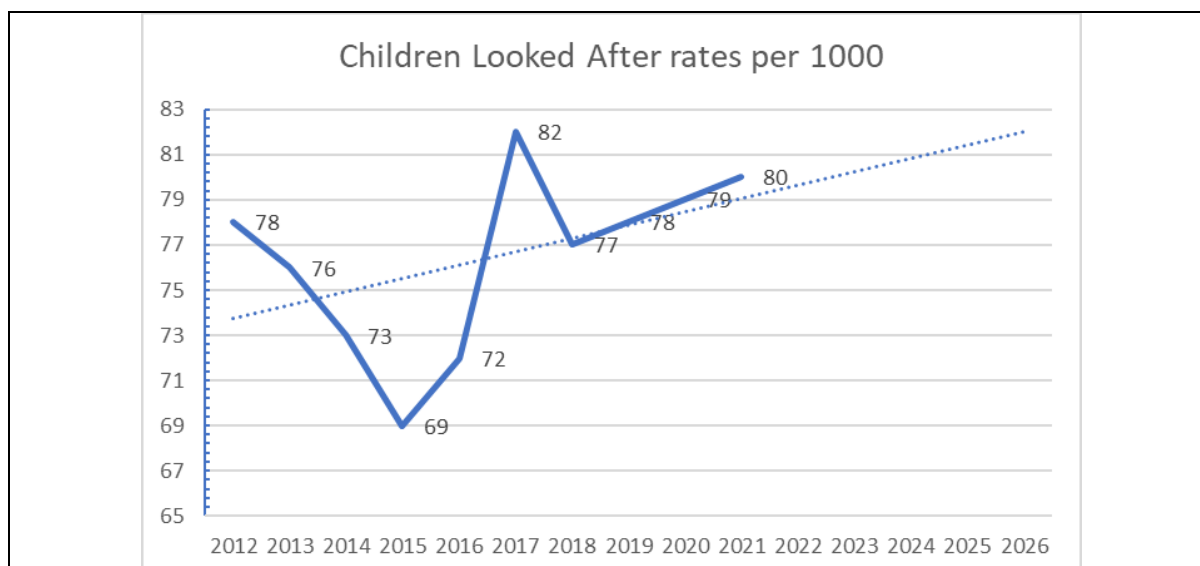
### Current and likely future demand:

#### **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   |
|--|--|
| <ul style="list-style-type: none"> <li>• Proven model that has demonstrated success in other local authorities</li> <li>• Supported by independent evaluation and evidence</li> <li>• Support and learning from Hertfordshire and other local</li> </ul> | <ul style="list-style-type: none"> <li>• Financial cost of implementing the model has been considered along with the need to seek additional investment to fund improvement and transformation.</li> </ul> |

|  |  |
|--|--|
| <p>authorities who have implemented, including FS communities of practice</p> <ul style="list-style-type: none"> <li>• Ready-made approaches quicker to implement</li> <li>• Better outcomes for children and families</li> <li>• It is aligned to the values and principles that underpin aspiration for children and families, young people, and families</li> <li>• The adoption of an evidenced effective and restorative model of practice is a strategic priority.</li> <li>• Given that the authority is on an improvement journey, the LA would benefit from the maintaining fidelity to the model.</li> </ul> | <ul style="list-style-type: none"> <li>• Would require resource to implement model</li> <li>• There is early indication of partner support, but capacity and commitment require further consideration.</li> <li>• The current model of practice is not compatible with Family Safeguarding and a whole system change is required.</li> </ul> |
|--|--|

## 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  |
|---|---|
| <ul style="list-style-type: none"> <li>• Opportunity to create unique model for the local authority and its partners</li> <li>• Development and implementation of model within parameters agreed by local partners</li> </ul> | <ul style="list-style-type: none"> <li>• Timescales, will take significantly longer to implement</li> <li>• Unsupported by evidence</li> <li>• Unsupported by DfE programme</li> <li>• Risk that the model would be unsuccessful</li> <li>• Would require resource to research, design and implement model</li> </ul> |

## 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**

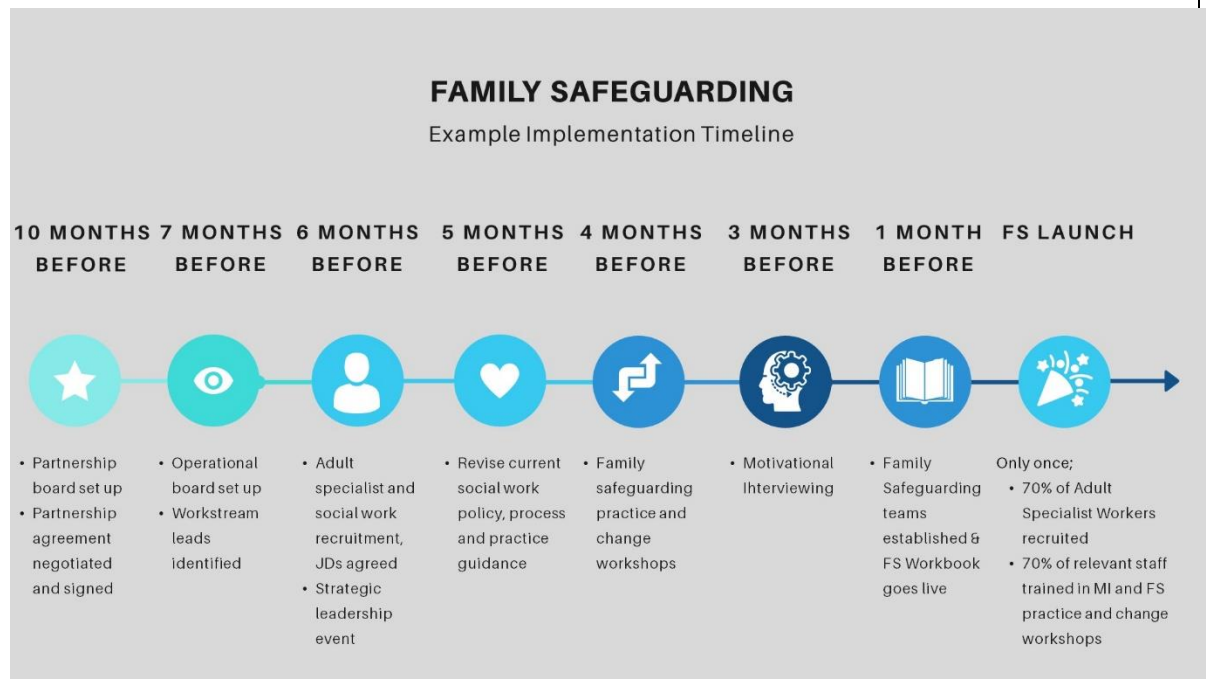
- Integrated Council and CCG services.
- Leadership commitment within Children's Service to delivering improved outcomes for children and families.
- Leadership vision with values and principles that strongly align with the family safeguarding model of practice.
- Evidence of improving workforce culture, 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.

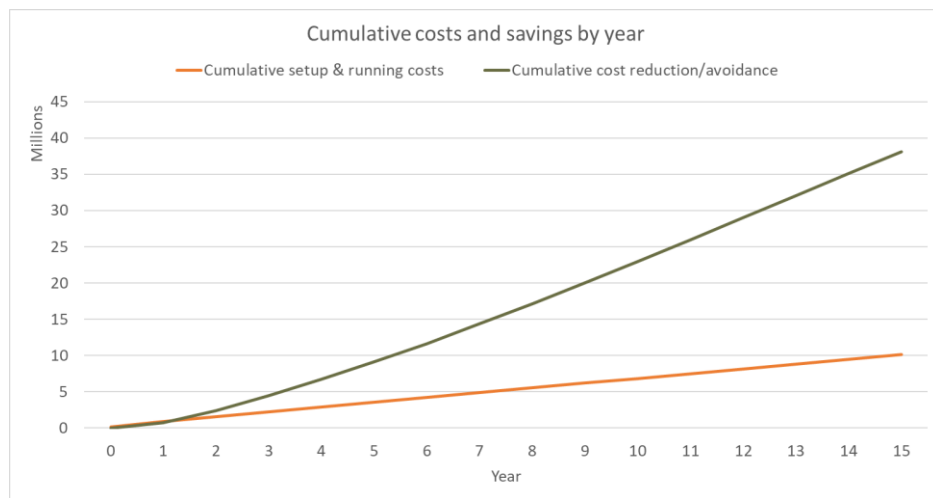


#### Expected benefits to be delivered

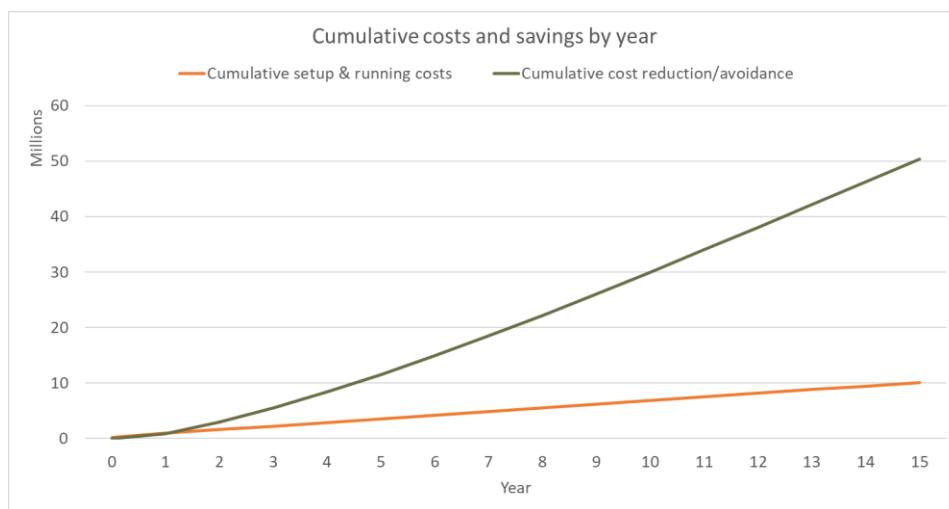
##### Financial benefits

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

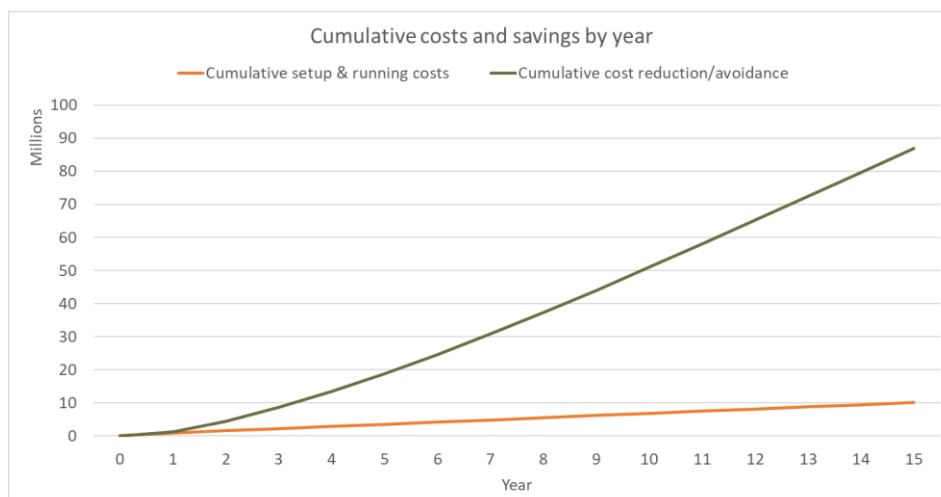
### Low: 10% reduction in CLA



### Mean: 15% reduction in CLA

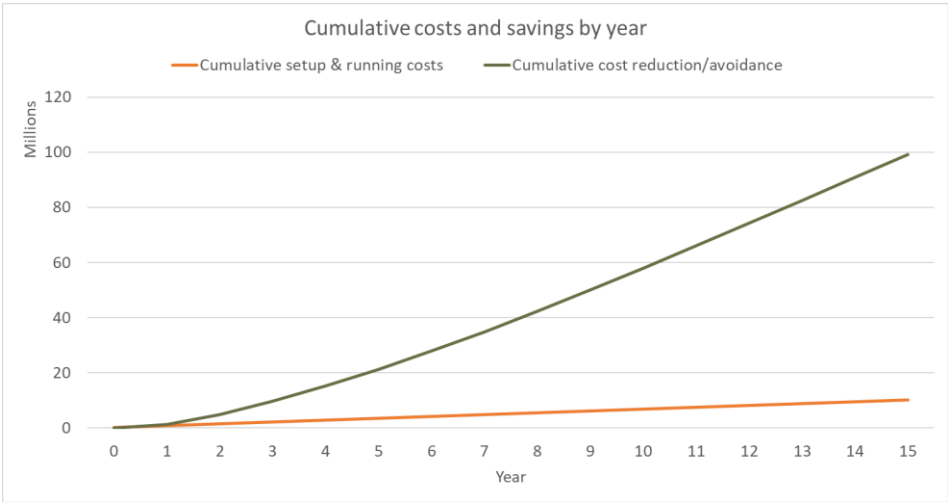


### High: 30% reduction in CLA





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        |
| <b>TOTAL</b> |  | <b>192,649</b> | <b>551,826</b> | <b>754,271</b> | <b>813,046</b> | <b>845,698</b> |

## Non-financial benefits

| Benefit  | Outcome measure   |
|--|---|
| <p>Families remain together at home where it is safe to do so.</p> <ul style="list-style-type: none"> <li>Reduced number of children being the subject of care proceedings.</li> <li>Reduced number of children who become looked after.</li> <li>Increased number of children who come into care being reunited with their families.</li> </ul>   | <ul style="list-style-type: none"> <li>Reduction in number of court applications</li> <li>Reduced number of looked after children.</li> <li>Reduced amount of time children spends in care.</li> <li>Increase in number of children who have been returned home to live with parents or relatives.</li> </ul> |
| <p>Families receive the right help and support to meet their needs to improve the care and protection of their children.</p> <ul style="list-style-type: none"> <li>Reduced number of children who are re-referred into statutory services.</li> <li>The duration that children receive statutory services is relevant and appropriate.</li> <li>Families receive specialist help without referral on, without having to first 'prove' their commitment and without a long wait for help.</li> </ul> | <ul style="list-style-type: none"> <li>Reduction in the rate of re-referral.</li> <li>Reduction in time taken for a child to receive statutory services.</li> <li>Reduced time taken for families to receive specialist assessments, help and support.</li> </ul>   |
| <p>Families experiencing issues relating to domestic abuse, mental ill-health and/or substance misuse receive better and more timely support.</p> <ul style="list-style-type: none"> <li>Decreased frequency of Domestic Abuse incidents within families. Families are given support to manage their behaviour or to separate safely.</li> <li>Parents affected by substance use are supported to address their needs in relation to this.</li> </ul>  | <ul style="list-style-type: none"> <li>Reduced numbers of CiN</li> <li>Reduced numbers of CiN showing abuse or neglect as the primary case of need.</li> </ul>  |

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Parents are more resilient and receive timely support for mental health needs.</li> <li>• Families are more resilient, and change is sustained.</li> </ul>   | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Victims of abuse are not blamed for their partner's behaviour and are supported to express their feelings and needs.</li> <li>• Reduced number of plans needed to address parental substance and alcohol misuse.</li> <li>• Reduced number of plans needed to address parental mental ill-health.</li> <li>• Reduced number of absent parents.</li> </ul> |
| <p>Improved engagement in school and improved academic attainment.</p> <ul style="list-style-type: none"> <li>• Improved attendance at school and fewer children are excluded.</li> <li>• Improved academic attainment and outcomes for children and young people.</li> <li>• Ensuring children and young people are able to and are accessing education, employment, and training.</li> <li>• 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</li> <li>• 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</li> </ul> | <ul style="list-style-type: none"> <li>• Reduced number of school absences.</li> <li>• Increase in attainment levels.</li> <li>• Reduction in number of children NEET.</li> <li>• Children grow up with a strong sense of their identity and are more resilient in their community.</li> <li>• 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</li> </ul>  |
| <p>Professional collaboration across partnership organisations provides a holistic, joined up service for children and families.</p>  | <ul style="list-style-type: none"> <li>• Core group attendance.</li> <li>• Plans outline help and support from all agencies, not a list of tasks for parents to address alone</li> <li>• Staff surveys – employee engagement index.</li> <li>• HR data on recruitment and retention</li> </ul>   |

#### 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           |                  |
| <b>Total</b>                                | <b>£1,081,379</b> | <b>£992,379</b>  |

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.