



Date: Wednesday, 30 September 2020

Time: 10.00 am

Venue: THIS IS A VIRTUAL MEETING

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## PEOPLE OVERVIEW COMMITTEE

### TO FOLLOW REPORT (S)

#### **7 Covid-19 Update (Pages 1 - 26)** REPORT TO FOLLOW

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<u>Committee and Date</u>	<u>Item</u>
People Overview	
30 September 2020	<u>Public</u>

## IMPACT OF COVID-19 ON CHILDREN'S SOCIAL CARE

**Responsible Officer** Sonya Miller

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## 1. Summary

- 1.1 The purpose of this report is to appraise Members of People Overview Committee of the impact of Covid 19 and our response in Childrens Social Care and Safeguarding Service.
- 1.2 The report aims to look at the impact of demand, how social work practice has adapted to respond to safeguarding children and young people in a different way and identify areas of good practice and areas of challenge.
- 1.3 Please note, this is a report that focuses on the children who are open to or have become open to Children's Social Care and Safeguarding. These are children who are children in need, children at risk of significant harm or children whom we look after in foster homes or children's homes. These children are considered vulnerable, there are other groups of children considered vulnerable by the Department of Education, however they are not the focus of this report.
- 1.4 Attached at Appendix 1 is a Data report that shows the demand data initially and the forecast modelling for the coming months. The report will refer to this appendix at various points.
- 1.5 Each service area individually identifies good practice, then the report covers the challenges and next steps for the service.

## 2. Recommendations

- 2.1 That Members of People Overview Committee consider the content of the report.

- 2.2 That Members acknowledge the cross working across the Directorate that has enabled the work to safeguard vulnerable children, including schools.
- 2.3 That Members note the increase in demand across the service and impact of this across the service.
- 2.4 That Members note that the identified next steps for continuing to safeguard children at risk of harm in Shropshire continue to place demands on the service as we continue to respond to Covid 19 and try and resume some service normality.

### **3. Risk Assessment and Opportunities Appraisal**

- 3.1 We have had to consistently risk assess the service delivery to individual children and families and the service as a whole, looking at the safety of staff as well as children and families. We have learnt as we have gone along and amended practice and responded to changes in government guidance accordingly.
- 3.2 We have had to respond to regularly changing guidance and ensure effective management oversight to ensure we remain statutorily compliant and work remains in timescales. Our performance data indicates that we have done this effectively.
- 3.3 Risk remains in the area of drift and delay in progressing care plans especially where we are dependent on other agencies to work with us to progress that care plan. There are measures in place to mitigate this as far as possible but it remains an area of potential organisational risk.
- 3.4 Moving forward, as the response needs to continue to be flexible, an area of risk but also focus to resolve is the equity of access for parents, children and young people to participate in their meetings equally. As technology is used more flexibly and widely, we have to bear in mind that not all families have access to it and so work is being done to ensure families can participate equally (i.e. not just on the phone when other participants are on the screen) particularly when meetings are a statutory requirement.
- 3.5 Opportunities re: new ways of working, flexibility and using virtual platforms to manage travel time etc have all been recognised and these opportunities will be taken forward into planning services for post Covid 19.
- 3.6 Partners across the Directorate and Council have been key in enabling Childrens Social Care to continue to safeguard children, especially Education, Public Health, Health & Safety and Community Resilience, in

recent months Early Help has supported in managing the demand issues. We are grateful as a service for the support from colleagues.

#### 4. Financial Implications

- 4.1 Covid 19 has resulted in additional costs for the service, we have worked hard to identify these and code them as impact of Covid so that we can quantify the financial impact. In the early days this was food and supplies for some vulnerable families that immediately needed to shield, as well as education supplies and activities for foster families.
- 4.2 The projected spend against these costs is anticipated to be £612k for the whole of 2020/21 financial year. So far £417k of additional costs have been incurred and directly attributed to Covid-19 grant, including:
- a. We have 'topped up' some care leavers allowances in line with Universal Credit changes.
  - b. We gave foster carers a small allowance for each child in placement for each week of the Easter and half term holiday.
  - c. Increase in placement costs, which we believe to be due to Covid-19. Our in-house foster carers have cared for additional children, and continue to do so, wherever possible. Many more children have had to go to foster carers from Independent Fostering Agency (a rise from 56 as at 1<sup>st</sup> April to 82 as at 31<sup>st</sup> August), especially the large sibling groups, and some children have had to go to high cost residential homes. We have tracked these costs, which have increased significantly. As at the end of August £203k has been spent on additional placement costs for children and young people not moving on during the pandemic. It is forecasted that the total spend will be £268k in this financial year.
  - d. Some young people due to move on from placements at 18 have remained in placements, in line with government guidance.
  - e. We have purchased MoMo, which is an App which enables us to keep in touch, consult with and listen to children and young people effectively and safely. This is at the start of the process of being rolled out and will be invaluable if we have further lock down scenarios as well as in the longer

term us being able to improve our practice in listening to children and young people. The projected spend is £51,000.

- f. Some additional staffing capacity through additional hours or agency has had to be agreed to help teams cover the increase in workload at various points, especially where there has been sickness. To the end of August 2020 £164k has been spent Additional staffing to support shielding, sickness and increase in demand and we are forecasting to spend £216k in this financial year.
- g. There has been a spend of £16k to the end of August to support effective service delivery, the forecast is for a spend of £67k in this financial year. This includes the new MoMO app for consulting with children and young people.
- h. As at the end of August 2020, we have spent £34k on Direct payments or additional respite care for disabled children and are forecasting to spend £62k in this financial year.

## **5. Background**

### **5.1 Main issues that have arisen through Covid 19 and the response**

- 5.1.1 The need for a flexible leadership response and cross Directorate working has been central to being able to have an effective response to Children and young people and their families. Close working with Education, Public Health, Community Response colleagues has been a significant factor. The work and commitment of Service Managers and Team Managers throughout has been exceptional.
- 5.1.2 Partner agencies followed their own guidance about face to face working with children and families, most advised face to face visits would not be taking place. As a result, it was mainly front line children's social workers, and in some situations the police, who continued to provide face to face visits to children and families, where it was assessed as necessary and risk assessed as safe to do so.
- 5.1.3 All initial visits to a new referral remained face to face, due to the unassessed risk nature of the referral when it first came in. The impact of this on the Assessment Team was significant, especially as partner agency colleagues were not visiting.

- 5.1.4 Schools have been central to supporting Children's Social Care with maintaining contact with children and providing learning to our looked after children and where necessary enabling both vulnerable and looked after children to continue to attend school.
- 5.1.5 The positive, can do response of staff across the Service from our admin and support colleagues, to family support and family time workers, qualified social workers has been incredible and humbling. No matter the challenges children have remained at the focus of everyone's work.
- 5.1.6 The additional demands on Senior Manager and Team Managers for data reporting, risk assessment for visits, family time, holidays. Using the flexible amendments in legislation and signing these off, have all impacted on managers directly. They have undertaken this work positively and without complaint throughout.
- 5.1.7 Mount McKinley, the Social Work base remained open throughout so that staff had access to managers and could use the base as needed. It has been risk assessed, is Covid Compliant and has a limited daily number accessing the building. It has been invaluable to staff and managers.

## **6. Additional Information**

### **6.1 Compass, Assessment Teams, Exploitation and Missing Children**

#### **6.1.1 Good practice examples:**

From a Front Door perspective, there are many areas that demonstrate good practice across the service area including:

- a. Multi agency working, we have seen an improved participation in strategy meetings at the front door as a result of remote working, likely to have been positively impacted by all partners working from home and having improved access to IT solutions that have made this possible including Microsoft Teams (MST) and Skype.
- b. Improved participation within Child Exploitation (CE) panel (monthly) that has been conducted via MST and CE exploitation triage that has increased to twice weekly due to increased demands.

- c. Participation in the weekly school safeguarding panel, that has enabled key practitioners from across education access service, health, CSC, mental health, early years and training and development come together to advise and support schools during lock down and beyond, it has been so successful that it is currently set up again to help support schools with children transitioning back into school and any Covid related concerns and questions.
- d. Implementation of the joint Social Worker and Education Access Service, visit protocol ensuring children can be seen in schools safely during the pandemic.
- e. Improved co-operation between CSC and health, with monthly remote meetings being held between all the Service Managers and key contacts in Health (Health Visiting and School Nursing).
- f. Improved information sharing between BEEU and CSC with managers participating in the bimonthly High Intensive Service User meetings, addressing the needs of the most at risk young people.
- g. Formulation of the Exploitation Newsletter that has been circulated across the partnership and is held on the National Working Group Website as an example of good practice.
- h. Continued staff recruitment despite the pandemic and lock down – Many teams are fully staffed, recruitment to some vacancies continues.
- i. Prompt access to PPE ensuring visits to children suspected to be suffering significant harm and children in need have continued through the Covid 19 response.
- j. Monthly data set meetings with the Shropshire Safeguarding Children Partnership and key partners so that trends and patterns across the partnership can be monitored and addressed in terms of demands on capacity.
- k. Revision and update of the Multi-agency threshold document which is set to be published in the Autumn.
- l. Revision and update of the pre-birth assessment guidance which is set to be published in October.
- m. Introduction of a Mapping Meeting Protocol to further improve the response to child exploitation concerns across partnership working.

## **6.2 Case Management Service (CMT) – Impact of C19 post March 2020**

### **6.2.1 Good practice examples**

Some of our staff have not stopped visiting children throughout the pandemic, they have followed government guidance to ensure that they have kept themselves safe but have felt that for the most vulnerable children this was important to be satisfied that they remained safe during this period.



Below are some examples of good practice in the form of extracts from compliments received by CMT workers: -

- a. *Thank you for never giving up on me and for helping me reach my full potential. Also, thank you for trusting me to have 15 minutes on Snapchat which led me to get back in touch with my old foster sister who was my best friend for years. Thank you for helping me and my family's relationship back to normal, no better than normal. You have trusted and given me more opportunities than anyone else. I appreciate all, that you have done for me.*  
**A Looked After young person April 2020**
- b. *This concludes the proceedings – H's social work was praised by all parties including the judge. **Email from Legal Services May 2020**.... she is currently working with one of my families around exploitation, and internet safety. She is doing some fantastic direct work, and really giving parents something to think about and adapting their perception on subject matters. It appears that during the conversations from what I have read in the case notes, that things are starting to click with families, and they are starting to reconsider their perceptions. Brilliant work, with a clear impact. **June 2020***
- c. *"The onus on me is to look at the assessment now in the light of all the evidence and to come to my own conclusions about it. I am satisfied that the assessment was robust, comprehensive and fair. I cannot identify any gaps in the assessment or its conclusions and recommendations." **Said by a District Judge at the conclusion of Care proceedings July 2020***
- d. *Last week I chaired the 1<sup>st</sup> RCPC in respect of child F who remained on a plan. Catherine has ensured the plan has progressed, there is a focus on risk- addressing and managing this in order to keep F safe, while at the same time keeping all of his family on board with the process. All tasks are on track and all assessments completed within timescale.*
- e. *What has not been on the plan but has been completed by the social worker with F, is age appropriate life story work. It was so lovely to hear within the conference the detail of this work and the impact this has had on F. His father informed the meeting that F loves his life story book, refers to it has his book, asks for it and loves to look at his book. Catherine has been so child focussed within her work. **August 2020***

### 6.3 Disabled Childrens Team (DCT)

- 6.3.1 The impact of Covid 19 and the resulting restrictions, shielding and reduction of available services was felt significantly hard in the lives of disabled children and their families. During lockdown the immediate supports for many

dissipated; schools have remained open for vulnerable children or the children of key workers only. Some agencies that work with children and families curbed business as usual and indeed some stopped visiting families all together. Disabled Children's Team experienced increased demand from new rereferrals and from existing open families. For example from the end of March 2020 – July 2020 we saw an increase of 42 new allocations within DCT.

#### 6.3.2 Some responses from families have included:

*Hi...*

*Thank you for our food delivery you simply are amazing and our hero. Your kind assistance is keeping our head above the water and food on the table.*

*Your simply the best* ❤️👏

*A carer has said that the clap last night included all keyworker and she was clapping for DCT last night. She was very thankful for all the support she gets and said that DCT are a great team and you are all heroes!*

*I just wished to drop you a quick line to say thank you for all the help and attention you have given my son and our family. When you said you were there (for) our whole family you were not kidding! I can honestly say that the quality of service we have received from you and your team has been by far the best we have ever had.*

### 6.4 Creative use of services

6.4.1 Due to the frequently changing situation in respect of the availability of services, use of direct payments have been used as flexibly as possible to support families. This was very welcomed from the families.

6.4.2 Workers within DCT used their initiative to seek out potential alternatives for delivering short breaks to families including utilising Weston Park accommodation, so that a short break within and facilitated by family members could continue when it was not possible due to other restrictions in their homes.

6.4.3 The Team worked closely with school settings, Action For Children (our commissioned short breaks provider) and specialist carers to provide community based short breaks through the provision of groups and playschemes as well as providing overnight short breaks to the most vulnerable children through our commissioned residential setting.

### 6.5 Looked After Children and Care Leavers.

### 6.5.1 Good practice

- a. We kept children in contact with their families through the COVID restrictions when they could not see each other face to face, including purchase of mobile phones and tablets so they could use social media such as Facetime, Zoom and WhatsApp.
- b. Our Family Time Team facilitated and supported parents and carers to think of creative ways to make virtual time together enjoyable, sitting with parents and/or children and helping them play games, make little videos, and share stories.
- c. As restrictions eased we risk assessed each child and situation, so that we could facilitate face to face time in outdoor spaces or safe venues and thought of how we could enable parents to safely have face to face time with their very young children where possible.
- d. Social workers continued to see Looked After Children face to face where they needed this and we kept in touch with all children, young people and families. Our social workers were often the only professional that the child or family saw face to face through the COVID 'lockdown' period.
- e. Personal Advisors for Care Leavers kept in touch a minimum of weekly. The Leaving Care Team ensured they were available 24/7 for any emergency and took emergency food and money when required and took Care Leavers for essential medical appointments.
- f. Young people reaching the age of 18 found it hard to move on to their own independent accommodation due to lack of availability through COVID. This meant for a small number of young people they have stayed in their residential looked after placements post-18 so we can be assured they have been safe until suitable accommodation is available. Our Looked After and Leaving Care Teams have worked closely with the Council's Housing Dept. to source suitable accommodation where appropriate.

## 6.6 Adoption

### 6.6.1 Good Practice examples

- a. From the point of lockdown on the 23<sup>rd</sup> March 2020, the service moved to assessing all new adopters and foster carers online and virtually. This online / virtual aspect also transferred to online / virtual training and online / virtual panels. The new changes, whilst challenging were well received and families, the workforce and partners embraced the changes needed.
- b. Adoption Panel moved to be held virtually.
- c. Children due to move onto adoption placements continued. Adopters and foster carers utilised self-isolation to ensure that transitions for children were both parties had self-isolated for two weeks prior to introductions starting.
- d. Therapy for children continued virtually, children took to this new way of working surprisingly well.

## **6.7 Fostering**

### **6.7.1 Good Practice examples**

- a. We were able to use the flexibilities contained in the Coronavirus amendment act to allow foster carers to offer care to more children on a short to medium term basis. Carers responded was fantastic.
- b. Additional resources were purchased to support carers with lockdown. Workers within CPS delivered garden equipment, toys and games, school resources to carers far and wide. These workers used creative means by which to engage with families, i.e. garden play, online quizzes and games and walks out in the local community.
- c. The service recognised the excellent work and resilience of carers by paying all carers an additional £50 per half term and Easter holiday weeks per child. This was in recognition of the hard work undertaken by all carers and to contribute to the additional resources all carers purchased to support home schooling.

## **6.8 Residential Childrens Homes:**

### **6.8.1 Good Practice examples**

- a. Just prior to lockdown Devonian was registered as a two bedded children's home and two children subsequently moved in, both have had challenges adapting to a new home, the lock down situation and dealing with a new team caring for them. They have now settled well and are making good relationships with the care team.
- b. During lock down, all five children at Chelmaren continued in some form of education, as a group they managed the whole period of lock down

exceptionally well with no missing episodes or significant incidents. The young person in our solo home also managed the period of lock down exceptionally well with no missing episodes or significant incidents.

- c. The outreach team at Havenbrook flexed their approach to move their outreach support to online and to garden visits. Short breaks did continue but in a reduced capacity which enabled the service to respond to crisis situations for young people.
- d. Ofsted have continued their regulatory visits to the Children's homes. We have had positive feedback on most occasions. One home had a challenge about a response timeliness to follow up with required actions and a compliance notice was issued. A plan has been put in place to action and progress the identified areas.

## **6.9 Quality Assurance and the IRU**

### **6.9.1 Good Practice Examples**

- a. The IRU service were able to get to grips with technology quickly, setting up Child Protection Conferences and Looked After Children's reviews virtually. They have enabled and supported parents/carers, children and professionals to participate in meetings, whilst prioritising the safeguarding of young people.
- b. Our family group conference service, key to the embedding of the restorative practice model and part of a national research project regarding the effectiveness of FGC in preventing family breakdown, have been able to re-establish family group conferences, utilising a mixture of virtual and face to face conferences in socially distanced venues.
- c. Our training team have been able to move appropriate training online, which has received positive reviews. They have also been able to re-instate some appropriate training, in small groups and socially distanced. We have also continued to support our newly qualified social workers, both virtually and face to face.
- d. The majority of our ASYEs decided to be office based, which enabled good support and we have had a number pass their ASYE programme during this time. We have also continued to recruit during this time and are currently inducting our new cohort of ASYEs both face to face and in the office.

### **6.9.2 How did Childrens Social Care and Safeguarding change our practice?**

- a. The vast majority of staff worked from home throughout.
- b. Shielding and Vulnerable staff were supported to work from home, changed duties and shared responsibility across teams for face to face work where needed.
- c. Some staff, mainly front line and duty cover have continued to work from Mount McKinley.
- d. Most significant change to practice was holding all meetings and training remotely. This occurred across the service. Staff have been incredibly creative and patient in supporting people to access virtual meetings.
- e. Where possible and appropriate some visits have taken place virtually.
- f. Assessment teams continued to visit face to face throughout, with PPE where needed.
- g. All children across the service, in different teams, have been Risk Rated using the RAG system and where they have been deemed to be RED (highest degree of risk) face to face visits have been conducted. Where appropriate follow up visits have been conducted remotely in order to prevent the risk of spread of the infection.
- h. Across the service Family Court hearings have been held remotely. This took some time to come into play. Legal Services were a key partner in supporting this development.
- i. Strategy meetings have all been held remotely, with good partnership engagement.
- j. Virtual meetings have changed how we interact with families and professionals. The service has had to support professionals with their anxieties in making this change. Parents have accepted the changes to the meetings format and in some case for Conferences we have offered for them to come into the office if they do not have access to technology.
- k. Wishes and feelings, and the voice of the child young person has been a continued priority and has been ascertained in a range of ways by different teams.
- l. We have followed and responded to changing Government Guidance.
- m. The government has brought in temporary legislation to allow for an easing of some statutory duties.
- n. We have risk assessments for social work visits, family time and a risk assessment for foster carers who wish to take a child on holiday so we can be assured we have considered all the potential COVID risks and government guidance.
- o. Fostering service to flex its approach to the recruitment of carers and to the support of existing carers.
- p. Overall, all carers very quickly adapted to the challenges of no contact with other family members, home schooling and support and visits to children and

themselves virtually. Technology was provided to carers to enable them to use WhatsApp for visual virtual calls and laptops were provided to support home learning.

### 6.9.3 Challenges

- a. The increase in demand and the slow of work 'exiting the system' has led to an increase in work at all points across the service. (Appendix 1) demonstrates some of this increase in demand and the lack of work ceasing.
- b. The increased complexity of work for all teams has been significant. The increase in Section 47's and Initial Child Protection Conference's (Appendix 1 Charts 1 to 5 )
- c. At the beginning of Lock down most partner agencies, except for the police, went to virtual contact with families only. This has a significant impact on social workers working with families, as they were often the only professional supporting some families face to face. There has been some return to direct work from some agencies.
- d. The intensity of the work, along with increased seriousness (Appendix A charts 4 and 5) and complexity has had an impact on the system. Significant increase in unborn babies needing mother and baby placements, increase in court proceedings. Complex neglect and poor home conditions.
- e. 100% increase in referrals for children at risk of exploitation in July and 66% in August (against the May and June figures)
- f. The Court team was set up to accommodate 70 sets of proceedings, we are currently operating at 94, further demonstrating level of risk of harm and complexity.
- g. Back log of care proceedings due to court delays means a lot of work required in a short period to prepare for final hearings now dates are set. Risk here has been drift and delay for children.
- h. Adoption support has been an area of increased demand with a significant spike in referrals compared to last year.
- i. One of the most significant impacts of Covid has been the delay to our Regional Adoption Agency (RAA) Together 4 Children. The initial launch data of the 1<sup>st</sup> April was not possible. Extensive work has been put into the RAA development in preparation for go-live. The new staged go-live date is the 28<sup>th</sup> September 2020.
- j. HAU (Harm Assessment Unit – Police) withdrawal from domestic abuse triage (issue is currently escalated and being addressed by Police Colleagues)

- k. Caseloads and capacity remain a challenge, the system is at the edge of capacity and is managing through constant proactive management oversight to try and progress work.
- l. Increase in demand has created pinch points in the system and we have seen some delay in work transferring between teams.
- m. The lack of partner agencies and services to sign post families to has impacted on parents being able to access their own support. Many services had an online offer but parents fed back that they were given plenty via the online links, what they needs was emotional support and to talk. Social workers did a lot of this, especially in the full lock down period.
- n. Placement sufficiency and availability has been a national concern for all LAs even before COVID and this period has made it even more difficult. It has been especially hard for some of our young people placed at a distance where we have wanted to bring them closer but have found nowhere, for our older teenagers where there is a risk related to criminal or sexual exploitation and for young people with significant mental health risks.
- o. It has also been a challenge to source suitable parent and child placements due to the high number needed in this period. We have done this but at a cost and with some being at a distance which is hard for the family.
- p. However, our own foster carers and IFAs with whom we have a relationship have been extremely willing to provide placements for younger children at short notice. They have responded to crisis situations admirably.

## 6.10 Next Steps

- a. Increased demands at the front door and subsequently across the services is anticipated in September/November, a plan is in place to address and manage.
- b. Increase in pre-birth assessment requests – working to develop a multiagency response with Early Help, Health Visiting and Maternity to try and respond differently.
- c. Increase in exploitation referrals and police intelligence sharing. Continued development of multi-agency response to children at risk of exploitation.
- d. Progress Stepping Stones, the initiative being developed aimed at preventing children becoming looked after
- e. The psychological and emotional wellbeing of social workers is a particular area we need to be aware of, the work is complex, emotionally demanding and workers can easily become isolated and stressed. Exploring ways to support them, especially as remote working is likely to continue.
- f. Performance in key performance indicators has remained good across the Key Performance indicators, focus is on maintaining quality recording, especially as this is a challenge when visits are done virtually.



- g. The priority for the coming months is to open Berwyn cottage as a new 2-bedded children's home and to go-live with our first young person.
- h. From a regulatory perspective, all four of our homes are due a full Ofsted inspection, a key priority for the coming months will be Ofsted preparation.
- i. To continue to support families creatively, as children are in school and able to access short breaks families will regain strength and resilience, however as children have to self-isolate as 'school bubbles' close, if and when there are positive Covid cases.
- j. To continue to grow our pool of internal mainstream foster carers and to retain the skilled foster care workforce that we currently have.
- k. The "go-live" of Together4Children Regional Adoption Agency
- l. To continue to have a flexible and responsive approach to families as the response to Covid 19 continues to change and develop. -
- m. Continuing scrutiny and QA function to evidence maintained quality work and standards.
- n. Supporting ASYEs to continue to have a positive experience so they complete their first year skilled and ready to practice.
- o. Working with Early Help, schools and providing training to recognise neglect and risk. Progression of the Neglect Strategy.
- p. Preparation for Ofsted Assurance visit and full inspection.

<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>
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Government Guidance for Childrens Social Care during Covid 19:

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services>

<p><b>Cabinet Member (Portfolio Holder)</b></p>
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Councillor Ed Potter

<p><b>Local Member</b></p>
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All Members

## **Appendices**

Appendix A Childrens Social Care and Safeguarding Demand Data

## Childrens Social Care and Safeguarding Demand Data.

This appendix sets out some of the data we hold to demonstrate changes in demand and work progression across the services. It is a small sample of the data collected.

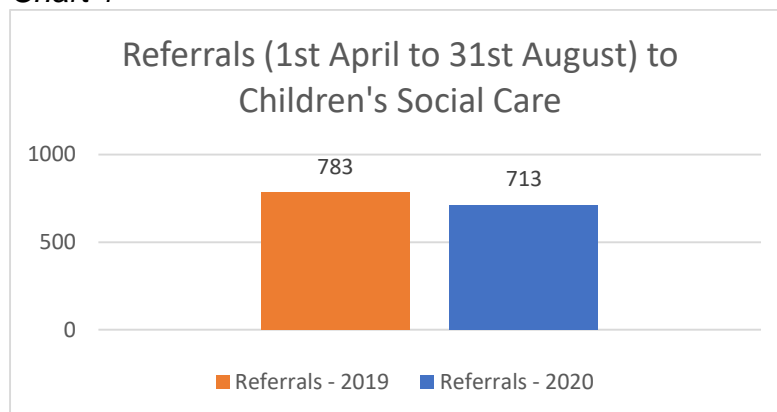
Throughout lockdown and continuing we report weekly and now fortnightly data sets to the Department of Education. This being submitted by all Local Authorities has contributed to the forecast modelling mentioned at the end.

### 1. Compass and Assessment Data.

Below are a series of data charts that looks at the referrals coming into Compass and then the assessment team in the period 1<sup>st</sup> April to 31<sup>st</sup> August 2020, and then how that work saw changes over the following stages of assessment.

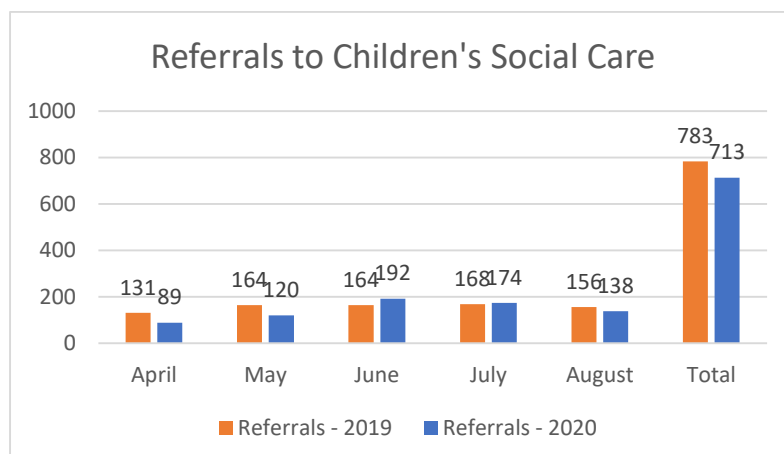
Initially there is a drop in the total number of referrals. This drop occurred mostly in April and May and went back to more expected numbers in June when schools went back.

Chart 1



Between 01/04/2020 and 31/08/2020 there were 713 referrals to Children's Social Care. This is 8.9% fewer referrals than the 783 received during the same period in 2019.

Chart 2

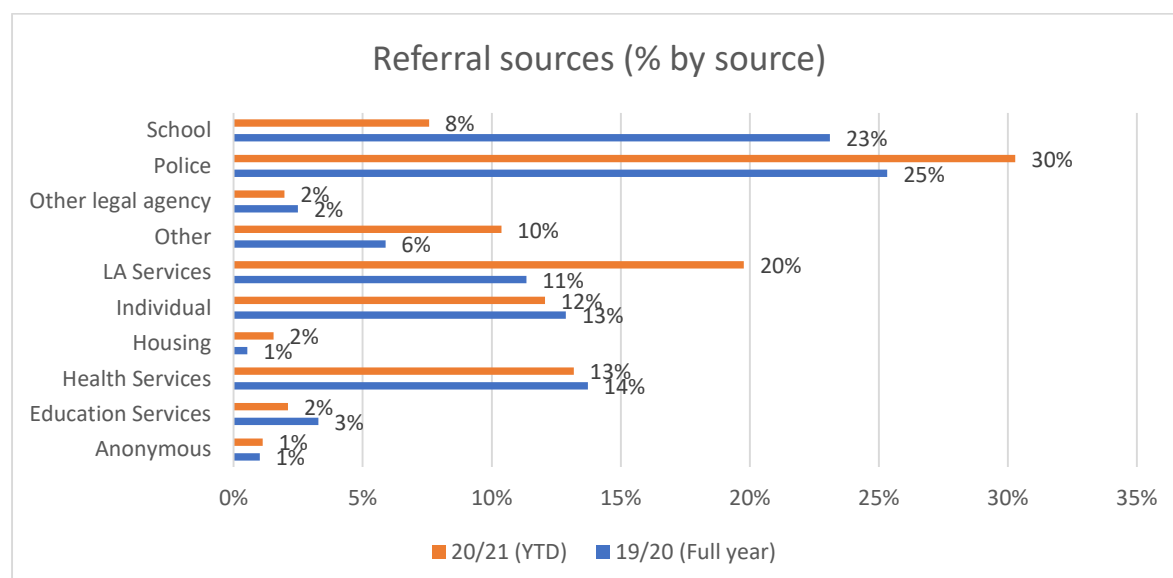


April and May saw a significant fall in referral numbers compared to 2019. The fall appears to be, at least partly, attributable to lockdown and the closure of schools. The low level in April and May was a significant concern to us, reflected the difference partners visiting makes to safeguarding children.

The chart below demonstrates the increase in police referrals – indicating the seriousness of an issue that has required police intervention. In addition, the chart below shows that during 19/20 school referrals made up 23% of all referrals received. This dropped to only 8% for the period from April – August 2020. Demonstrating the importance schools play in safeguarding children, and the increase in June when children went back was significant.

From June – August, referral numbers appeared to increase back to pre-Covid levels, and an increase in the proportion of referrals from agencies such as Police and Early Help services suggests that a network of support was available to identify vulnerable children and make social care referrals. This clearly demonstrates the importance of the partnership approach to safeguarding children. The relationship between police and Childrens social care has always been strong, but this was further strengthened during this period both at an operational and strategic level, as the seriousness of concerns became apparent.

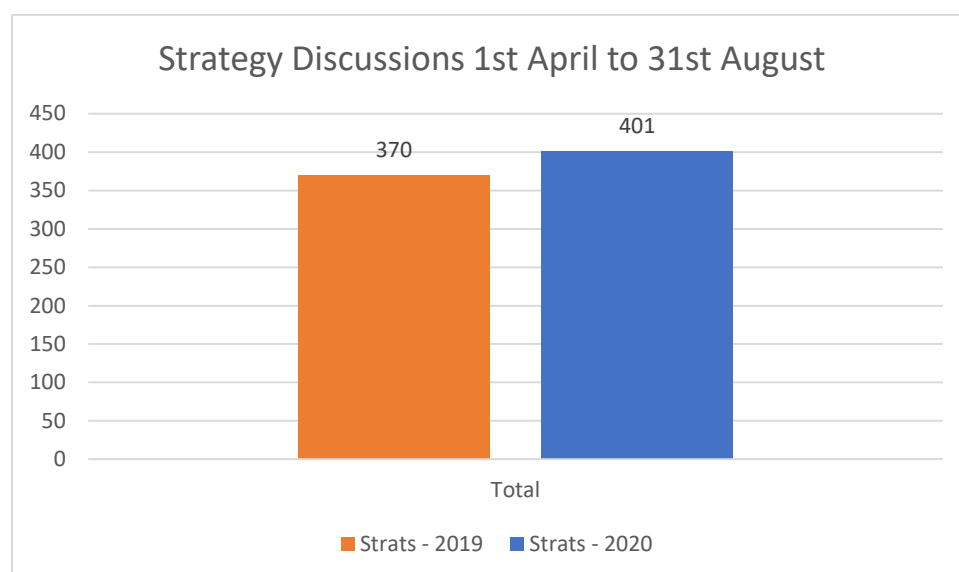
*Chart 3*



Understanding the complexity of cases being referred to social care can be challenging using data alone, however there is some evidence to suggest that despite a slight fall in referrals, the level of need in referred children has increased. Referrals by police indicate incidents that require police intervention.

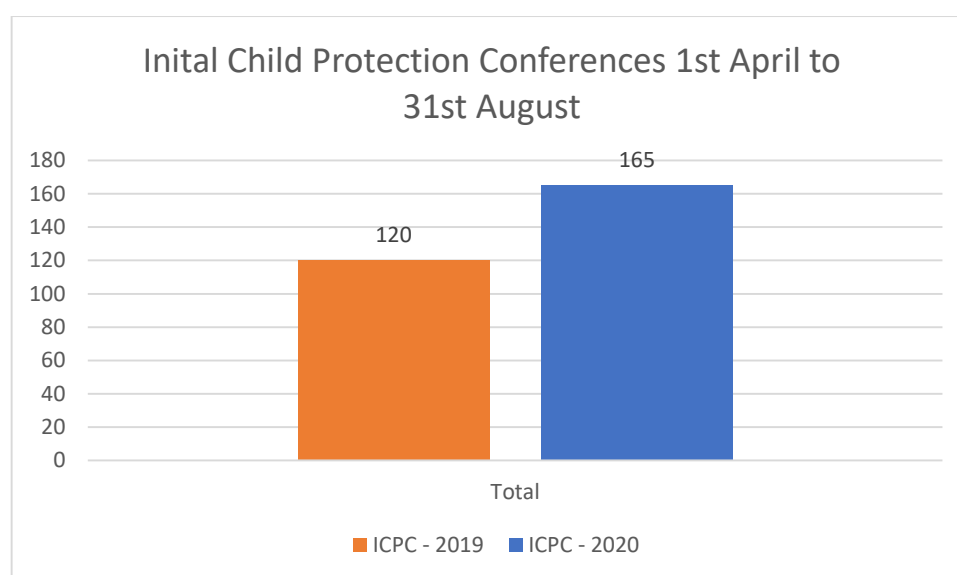
Strategy discussions, which are held following a referral where there are concerns of significant harm, and can lead to a Section 47 enquiry, increased by 8.4% during April to August 2020, compared to the same period in 2019.

**Chart 4**



There has also been a 37.5% increase in the number of Initial Child Protection Conferences (ICPC) being held in between April - August 2020, compared to the same period in 2019. An ICPC is held when Children's Social Care and the police are still concerned about a child's being at risk of significant harm after a Section 47 enquiry has taken place. An increase here is an indicator that more children are potentially requiring a higher level of Social Care intervention. This is the significant indicator of demand increasing as once a child is on a Child Protection Plan the intervention is usually for 6 = moths, often 12 = months and up to 2 years. This increase is the equivalent to 3 additional social work caseloads if they were only allocated child protection work (they work a mix of child protection and child in need)

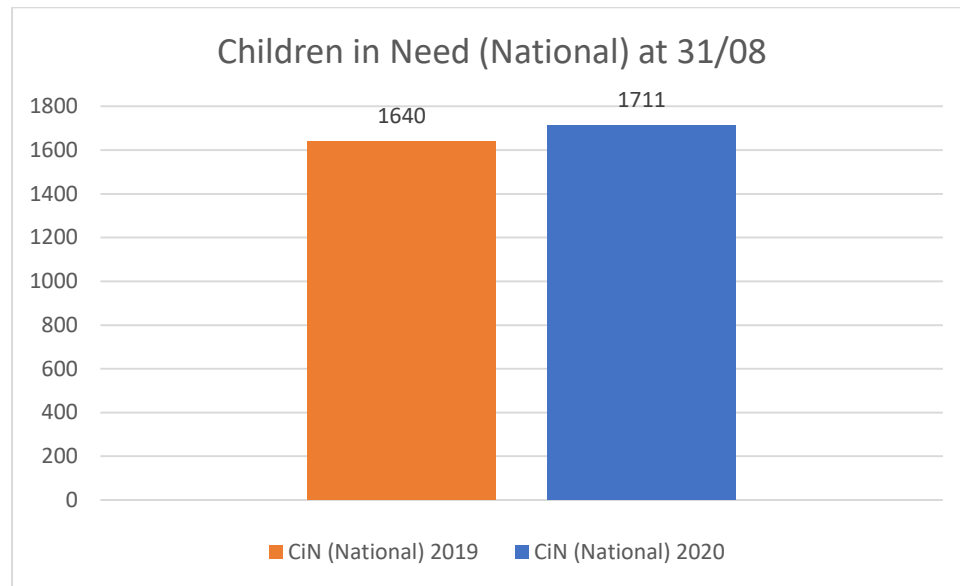
**Chart 5**



This is further evidenced by an increase in the number of children at all levels of the Social Care system, with a 4% increase in Children in Need from August 2019 to August 2020 (essentially showing all children open to Social Care).

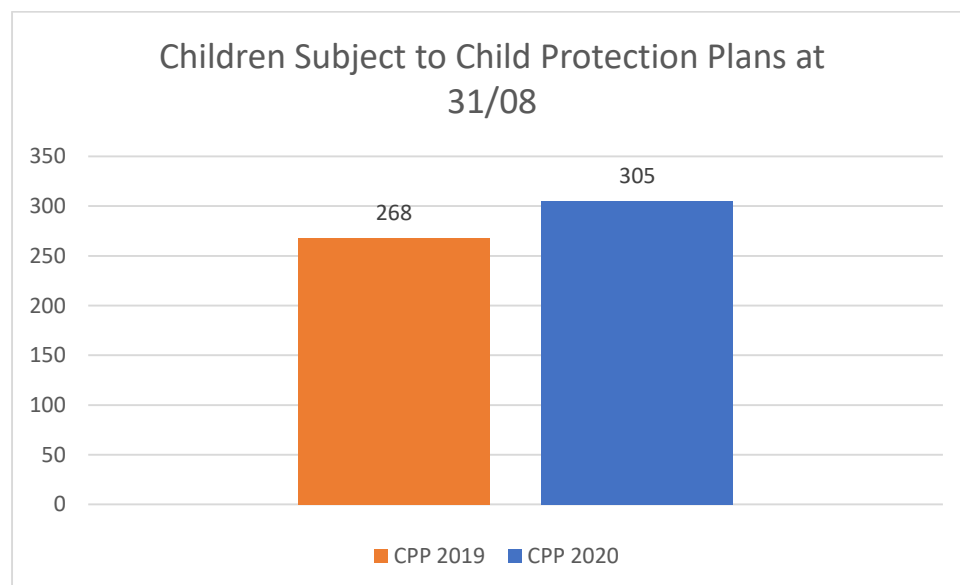
The impact here is felt by our 4 Case management Teams that cover the County.

*Chart 6*



Similarly, there has been a 13.8% increase in children subject to a Child Protection Plan from August 2019 to August 2020.

*Chart 7*



The increase in Child in Need and Child Protection work has been partially influenced by work not being able to be progressed in as a timely way due to partner agencies working virtually, home visits not being able to be undertaken consistently, direct work with children and parents in parenting assessments being impacted on by shielding / self isolation etc. This work was seen to be able to be progressed over the summer but may be further impacted by any local or national lockdown measures.

## 2. Looked After Children.

In the early stages of Lockdown it was predicted nationally that Local Authorities would expect an increase in the region of 10% to the number of children becoming looked after.

In Shropshire there has been a 12.6% increase in children looked after by the Council from August 2019 to August 2020.

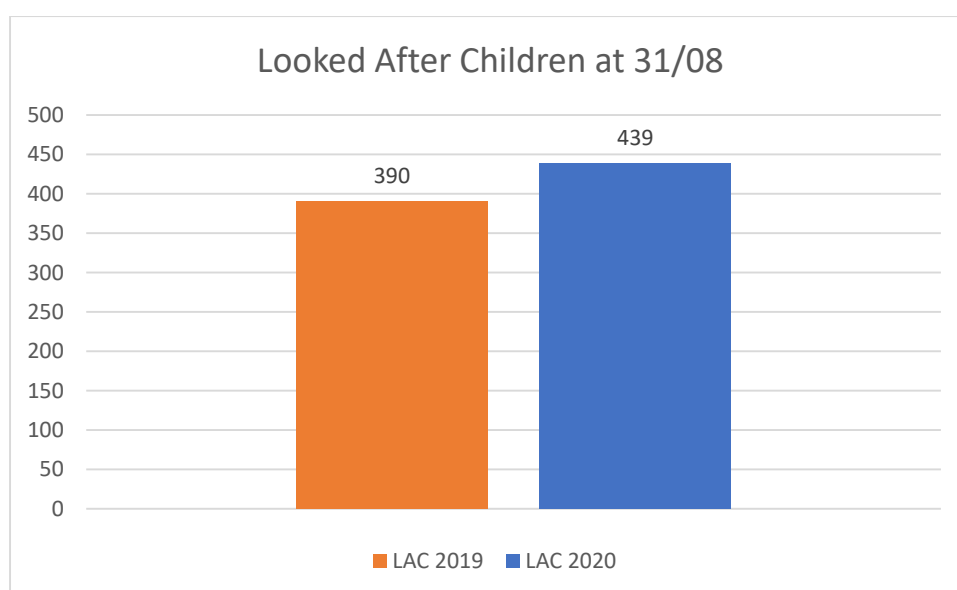
Numbers at the beginning of Covid 19 were holding reasonably steady at 399, the increase has occurred during Covid 19.

The seriousness of concerns referred to previously have impacted on this, as well as a number of large sibling groups becoming looked after, (4,5, and 6 children).

In addition, it has been difficult to progress plans for children in a timely way as usual due to the court system also having to make adjustments to the way they work and some delays in progressing final hearings. We have a number of children whose plans are due to be concluded and will then cease to be looked after.

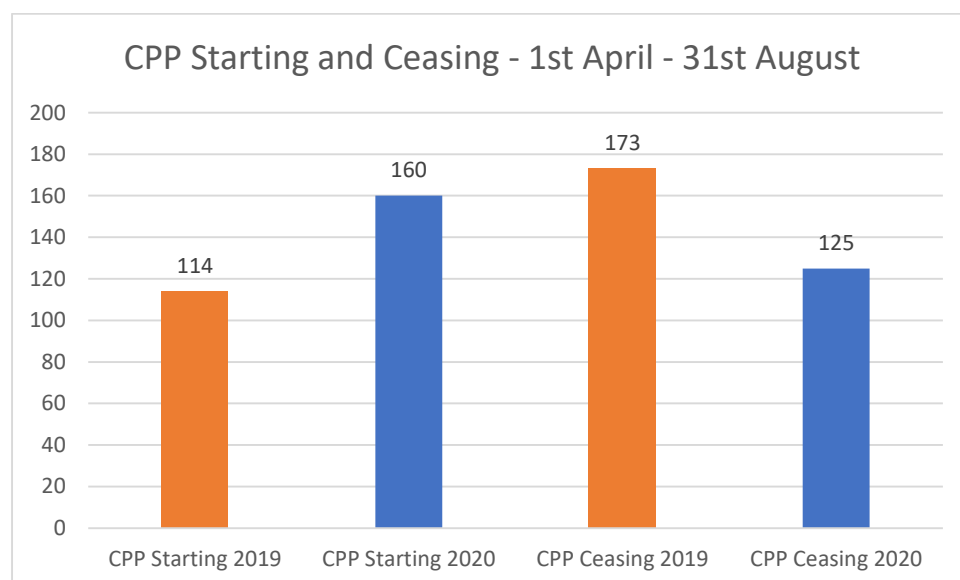
Looked after children and their plans being progressed are tracked and monitored by managers on a weekly basis. Potential drift and delay is overseen by Independent Reviewing Officers.

*Chart 8*



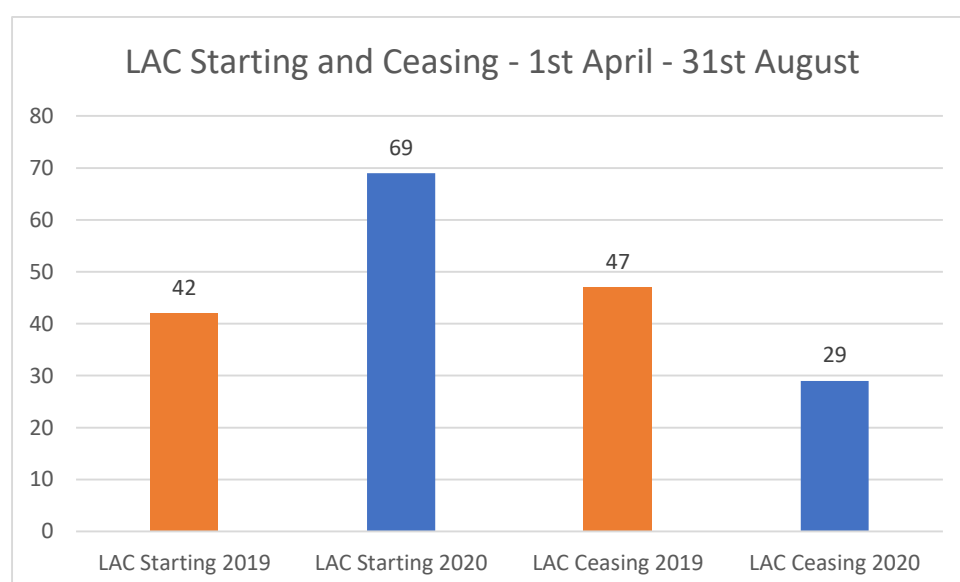
It can be seen from this data that there has been pressure on social care both from the front door, with an increase in the complexity of children's situations, and the ability to close work due to a reduction on the necessary support structures such as the court system. The following charts show that both CPP and Looked After Children have seen growth in demand, as well as a reduction in closing cases:

*Chart 9*



The number of CPPs starting has increased by 40%, while those plans ceasing has decreased by 27% against the same period in 2019.

*Chart 10*



The number of children becoming looked after has increased by 64%, while the number ceasing has decreased by 38% against the same period in 2019.



### 3. Looked After Children and Care Leavers

#### Data on increase in demand

The number of children looked after increased from 399 on 31<sup>st</sup> March 2020 to 439 on 31<sup>st</sup> August 2020. There were 69 children who started to be looked after in this period compared to 42 in the same period in 2019; 29 children ceased to be looked after compared to 47 in the same period in 2019.

There was a larger increase in the number of younger children looked after (19% increase for children ages 0-4 and 13% increase of children age 5-9). We were able to ensure most babies were not separated from their mother, some with their father also, and were looked after in parent and child placements. There was also a small increase in the number of young people who became looked after age 16/17 where family breakdown led to them needing to be looked after due to homelessness.

The number of children where care proceedings were started increased in this period whilst the number ceasing was impacted on by court delays. We issued care proceedings in respect of 58 children (38 families) between March-July 2020, of which 15 were new born babies. Care proceedings were concluded in this period for 43 children (28 families). The Family Courts have to ensure the child and their parents have full opportunity for a fair hearing and so cases where the Family Court deemed that only a face to face hearing would be fair were postponed, as were hearings deemed to be lower priority if the child was with their permanent family already.

The two Looked After Children Teams hold 266 looked after children. We have had to agree some temporary additional social worker capacity to ensure all children continue to have an allocated social worker. These are in both the Looked After Childrens Teams and the Court Team.

#### Chart 11



## 4. Placements Team

### 4.1 Placement Stability

In terms of performance for our looked after children, placement stability for 3+ placements continue to be good, with only a marginal increase since last year. Shropshire 18/19 figure was 3.6% so 4.1% is a slight increase, Statistical neighbour average is 11.2% and England average is 10%.

*Chart 12*



Placement stability for same placement for two years or more in same placement has seen a decline, which is now showing as slightly below statistical neighbours. There is a context to this. The group of children which have seen the biggest change in placement stability is in the 15 + (most prevalent in the 17 + range) The figures below show long-term placement stability by age breakdown. Those in the 15 + category are those that have the greatest chance of transition onto semi-independent accommodation such as supported board and lodgings. There are also a higher number of children in this 15+ category and our 0-5 category, the impact is this reduces our long-term placement stability.

*Chart 13*



## 4.2 Use of Independent Fostering Agency (IFA) Placements

The comparison for the same period in 2019 and 2020 is shown below:

01 September 2019		01 September 2020	
External Foster	56	External Foster	84
External Residential	36	External Residential	48
Semi Independence	11	Semi Independence	17
Residential School	15	Residential School	13

The increase in use of Independent Fostering Agency (IFA) placements and Residential Placements has a direct impact on our placement Budget and contributes to the overspend reported. Although IFA placements remain a cost-effective option for looked after children.

Data for the end of August 2020 is showing that the Joint Adoption Service (JAS) has managed to approve 18 adopter households, compared to only 9 households for the same period of time last year. Matches for children have also increased this year, so far, we have approved 10 matches, compared to 8 for the same time last year. This is positive for our children achieving permanence through adoption.

## 5. Post lockdown forecasting:

Work has been undertaken nationally, both by the DfE and regional networks, to forecast demand for children's social care following the easing of lockdown restrictions and a full return to school. While there are numerous methodologies, most models

assume demand for support for children normally referred to social care by schools has been building up, and not entered social care through other agencies. This latent demand will potentially enter social care between September and November, increasing referrals, with demand returning to normal by December.

In Shropshire, if the models are accurate, there could be an additional 200 referrals made to social care between September and November. Based on the average number of referrals per month of 157, this could mean 224 referrals per month over the period. This will place considerable strain on the system.

The authors of the models are clear that the predictions are fallible, as assumptions have been made that may not accurately reflect the local situation. However, some increase in referrals may be a likely scenario based on the available evidence.