

<h1>BRIEFING</h1>	<b>TO:</b>	<b>Improving Lives Select Commission</b>
	<b>DATE:</b>	22 September 2020
	<b>LEAD OFFICER:</b>	Ailsa Barr Assistant Director Children's Social Care
	<b>TITLE:</b>	Update report regarding Children's Social Care Service in the light of Covid-19 pandemic

## 1. Background

- 1.1** This briefing paper is by way of update following the briefing paper presented to the commission on 4 June 2020.
- The briefing paper presented to members of the Improving Lives Select Commission is attached at Appendix 1.

## 2. Key Issues: What's Working Well / What are we worried about?

### 2.1 What's Working Well?

- Social workers have been supported to continue their work, whilst most workers have worked from home most of their visits to children have been in person. Since 23 March until end August the performance relating to visits is as follows:

	Total Visits	Physical		Virtual	
CIN	10173	9266	91.1%	907	8.9%
CP	6931	6498	93.8%	433	6.2%
LAC	2987	2485	83.2%	502	16.8%
All	20091	18249	90.8%	1842	9.2%

Below is the performance for August only which shows that most visits are now taking place physically as opposed to virtually.

	Total Visits	Physical		Virtual	
CIN	1728	1716	99.3%	12	0.7%
CP	1183	1177	99.5%	6	0.5%
LAC	479	465	97.1%	14	2.9%
All	3390	3358	99.1%	32	0.9%

- The timeliness in relation to visits, assessments and plans has remained good with July's performance figures indicating the following:

- Child protection visits and visits to looked after children were both 93% within statutory time frames
  - Assessments 95% completed within the 45-day timeframe
  - Timeliness of plans is good
    - CiN plans – 95% within time
    - CP plans – 90% within time
    - LAC plans – 94% in time
- Our staff continue to use different technologies to engage with children, young people and their families, and staff.
  - We have successfully re-commenced face-to-face family time (contact) for looked after children and their birth families. We are not able to facilitate as many sessions as previously as the risk assessment of the building has meant that some rooms are not useable and the number of people that can use the building in a day has also been reduced. Therefore, we continue to compliment the physical family time with virtual family time through phone call or video call.
  - The close multi-agency partnership working has continued with a weekly meeting bringing senior staff from across the partnership together with a focus on problem identification and resolution.
  - The service has continued to progress work in key areas, and this has meant that some significant legal decisions for children have been able to be made in the last few months. Some legal decisions have been delayed (i.e. final adoptions orders) due to lack of court time to hold these hearings, we have worked closely with staff at the court and now have hearing dates scheduled throughout the Autumn which will ensure that these children have the right legal permanency in place.
  - The authority has worked within the amendments to the legislation which allowed for some relaxation of some regulations. However, we have not needed to utilise most of the relaxations as we have been able to adjust the way that we do our work, for example moving to holding virtual fostering panels as opposed to using the regulatory relaxations.
  - The Department for Education has updated its published guidance for children's social care services. As reported previously Rotherham has worked effectively within this guidance.  
<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care>
  - On 3 August we started a pilot meaning that more of our social workers could have some office-based time. Case holding social workers from First Response, Locality/Disability and the Looked after Children's service have been able to take part in accessing an office-based environment at Riverside on a rota basis. We have sought feedback via a survey from our staff to further inform next steps.
  - The survey for the staff involved in the pilot closed on 7 September and the initial high-level results are shown below. A total of 120 responses were received with 56% of respondents being usually based in Riverside House and 44% usually based elsewhere.
  - The following questions are based on a scale of 1 – 10, where 1 is not at all and

10 is a lot:

<b>Question</b>	<b>Average answer</b>
How much have you valued the opportunity to work from home over the past few months?	7.51
How important is meeting with your team physically to support your professional practice?	7.13
How important is meeting with your team physically to support your emotional wellbeing?	7.4
How satisfied are you with the current amount of time that you are able to spend working in Riverside House?	6.03
How important is it for you and your team to work from your usual work base?	6.64

- Staff were also asked to identify what was most important to them in relation to the location of where they are able to work from:
  - 42% of respondents stated that they were happy to work from any office base if it means they can spend more time with their team.
  - 58% of respondents felt that working from their usual office base was important.
- The free text comments which staff provided indicate that the locality based workers are finding it more of a challenge to be based at Riverside as their work out of the office is not always easy to time plan, and being centrally based means time can be lost when returning to the office.
- When asked about looking to the future and the style of working that staff would prefer the following responses were received:
  - 76% of respondents would prefer a mixture of office based and home working
  - 13% of respondents would prefer full time office-based working
  - 12% of respondents would prefer full time home working
- In summary from the responses received there is evidence to suggest that a further return to office working would be seen positively, but a blended mixture of home and office working will be important and valued by staff. There is also some evidence to suggest that some staff do have concerns about individual health risks which need to be supported appropriately on an individual basis.
- Overall there is a sense that staff understand the need to undertake any further return to office working slowly and with caution but having some sense of trajectory would be helpful to manage expectations. Within children's social care we are continuing to work with the wider CYPS directorate and corporate colleagues to plan next steps in terms of social workers using office bases.

<p>2.2</p>	<p><b>What are we worried about?</b></p> <ul style="list-style-type: none"> <li>• The number of contacts received by the MASH increased during June, back to similar rates to the same time last year, during July and August the contact rate was higher than the same period last year. It is reassuring that the level of information being passed to MASH has increased, however, this causes operational challenges and we are working hard to respond to these.</li> <li>• A proportion of support work for children, young people and their families continues to be delivered virtually. Whilst it is positive that support services have found innovative ways to continue to offer some support to vulnerable families during the past few months it is important that families are able to receive some face-to-face support in order that we can be more assured that work to intervene and support families is in place to progress plans forwards in a positive way.</li> <li>• Schools re-opening is likely to cause a rise in contact with MASH which increase the flow of work to children’s social care and early help.</li> <li>• The ongoing presence of coronavirus in the population means that children’s school offer may not be consistent meaning that more children may need to self-isolate during the Autumn term than in the Summer term, this could impact on the demand for children’s social care in that families where there are already identified vulnerabilities will have their children at home for extended periods (if there are several children in the family they could be required to self-isolate for different 2 week periods). If children are required to self-isolate due to contact with someone with coronavirus at school this could also affect social worker’s children and then could impact workers’ ability to attend work.</li> </ul>
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**3. Key Actions and Timelines**

<p>3.1</p>	<ul style="list-style-type: none"> <li>• Ongoing work with the multi-agency partnership to ensure that children’s safeguarding remains a top priority for all with a focus on the return of children to school settings.</li> <li>• Social workers and managers to continue to review all casework and ensure that all opportunities to progress plans are considered and where work needs to be extended it will be explicit to all that the delay to progressing plans relates to Covid-19.</li> <li>• Social work managers will continue to work closely with the performance service to ensure that plans are in place to respond to any surge in demand.</li> <li>• Further options to be developed to consider how we can extend the offer of office based working to enable more of our social work staff to safely undertake some of their work from their work bases to allow them to benefit from face-to-face connection with their manager and colleagues.</li> </ul>
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**4. Recommendations: What are we going to do about it?**

<p>4.1</p>	<ul style="list-style-type: none"> <li>• That members note the information contained within the report and seek further assurance from the assistant director for children’s social care at subsequent meetings of the improving lives select commission.</li> </ul>
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