

**Family Support Services Cllr Tony Slack's follow up of Action plan**

No.	Action to be taken	Target date	Progress	Examples of evidence – what differences for users etc ?	Comment by monitoring Member
R1.	<p><b>Strategic management / organisation</b></p> <p><b>R1 Complete the Children and Young People's Strategic Plan by April 2002 and the Family Support Policy by June 2002 as the main strategic policy and vision documents. Ensure that they are fully known, understood and applied by all staff, statutory agencies and voluntary sector</b></p>	April 2002 and June 2002	<p>The Children's and Young People's Strategy was formally launched in July. It has been well received by PCTs and other partners and built into business plans. Briefing given to staff.</p> <p>A Family Support Strategy in the format originally envisaged was not progressed in the light of recent Government guidance on :</p> <ul style="list-style-type: none"> <li>i. Preventative Strategy</li> <li>ii. an electronic information system for the Identification, Referral and Tracking of vulnerable children (IRT)</li> <li>iii. Child Protection Services. In its place a paper entitled 'Family Support for Children in Need – Role and Strategic Priorities for Locality Services' has been approved by the Divisional Management Team and sent to key partners for information. <p>A multi-agency working group is developing a joint agency Family Support Strategy for Vulnerable Children, a draft of which is due to be considered by the CYPSP at the end of June 2003. This will fit in with the overall Preventative Strategy and IRT development.</p> </li></ul>	<p>The strategy is now starting to be used to inform joint strategic planning with Health and Education.</p> <p>Reality check undertaken with key partners.</p> <p>This will provide the clarity requested by staff and Partners.</p>	<p>Good progress has been made and a much more strategic approach is continuing to be implemented and developed. Various ways are being applied to engage and inform staff and partners.</p> <p>Reality checks show partners are more aware of, and have been involved in the development of, the Children's and Young People's Strategy, initiatives and development; there is also an increasingly greater understanding of respective roles. More senior management intervention and direction is being provided. Multi-agency working is recognised as being crucial.</p> <p>Children and Young People's Strategy has been successfully launched. Recent Government guidance has caused a re-think and the intended Family Support Policy recommendation has been superseded by the revised Statement of Business Function, which is now set out in a document entitled 'Family Support for Children in Need – Role and Strategic Priorities for Locality Services'.</p>

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R2	<b><i>Eradicate inconsistencies in provision of management information and improve its quality and use by managers.</i></b>		Every effort is being made to ensure the accuracy of data held on Carefirst. Direct Practitioner Input (DPI) began in April 2002 in Eastbourne and has begun to roll out to Hastings and Rother but this has been delayed due to technical problems at Ocean House. The rest of the Division will have DPI by December 2003. Confident will reduce inconsistencies and reduce amount of form filling; quality of management information has improved.	Too soon to see reduction in admin time yet. File Audit now being conducted to check practice and Carefirst recording.	Good progress is being made and a more consistent approach to collating and using management information to support decisions is in place and is being used and developed to good effect. Budgets are being better managed and controlled. Decisions are not necessarily 'budget driven'. The CareFirst programme has been delayed through technical and logistical reasons beyond the control of FSS but implementation will take place as soon as possible wherever practicable.
R3	<b><i>Ensure lines of communication are maintained with partners and agencies especially in advance of fundamental changes to policies or structures.</i></b>		See R1 above. Partners are being kept informed by managers of developments. In addition to the Countywide Strategic Partnership Group, there are two effective Child Protection Liaison Groups (CPLG) which bring together managers at a local level to consider service quality and developments.	Notes of CPLG meetings demonstrate wide range of topics and actions agreed.	See comment under R1. Communication with partners has been improved at FSS initiative. Reality checks have taken place with some partners who originally contributed to the FSS BVR. Overall, the responses were favourable and reinforced the internal senior management view that good progress had been achieved. This requires further monitoring as it is such a key area.

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R4	<b><i>Develop a system for assessing and monitoring the effectiveness of the work as well as defining and measuring outcomes of family resource centres and link it to decisions about staffing and funding.</i></b>		Carefirst introduced in family resource centres from September 2002 but again a delay in full implementation, due to DPI roll out. Performance indicators have been drafted for the new Elphinstone service which will inform the creation of a system for in-house services, to be in place early in 2003/4.	Need feedback from users and too early for this to be evidenced. Reality check meeting with Operational Managers in Hastings and Rother	Progress has been made about assessing effectiveness of work and measuring outcomes but it is early days as far as CareFirst is concerned. Evidence was provided that decisions about staffing and funding are not solely driven by budget constraints and that service needs are addressed wherever possible. Reality check confirmed the establishment of performance indicators for the new Elphinstone service.
R5	<b>Fieldwork Teams</b>  <b><i>Ensure that the new caseload management system is in place by April 2002 and is providing clear expectations for all staff.</i></b>	April 2002	This has been devised and issued to all staff involved, and was reviewed in October. Staff are clear about expectations and most are working within expected range. New system will assist allocation of resources for 2003/4 onwards, alongside improved information from Carefirst.	Every Looked after Child and child on the protection register has an allocated social worker (see R 12). Caseload system in use in supervision sessions with staff. Reality check survey to staff.	The new Caseload Management System has been implemented. Reality checks amongst staff who originally contributed to the FSS BVR showed that they were clear about what was expected of them in their jobs. The more comprehensive SSD Survey indicated that 87% of responses (always or usually) confirmed that Supervision meetings consistently covered the clarification of roles and responsibilities. The new system will be an integral part of staff appraisals and individual training plans along with other performance aspects; however, the recent SSD staff survey indicates more progress needs to be made to achieve a higher percentage of staff receive their appraisal annually. It is still quite early days and although good progress is being made, some benefits e.g.

					resource allocation, have not been realised. The information from the Caseload Management System is not used in isolation but in conjunction with a comprehensive list of Workload Management Information to inform management decisions.
R6	<b><i>Evaluate and regularly monitor the key focus of the division's work against the Family Support Policy and Children &amp; Young People's Strategic Plan.</i></b>		All remaining actions are now incorporated into the Business Plan 2003/4 for the Children and Families Division.	Having all targets and performance indicators in one plan assists clarity and focus.	The Joint Review Action Plan, now incorporated within current divisional business plan, continues to demand and encompasses the recommendation. The BVR monitoring process supports it. The planned Joint Inspection of Children and Families for early 2004 will test that agreed action has been taken.
R7	<b>Family Resource Centres</b>  <b><i>Develop a clear strategy for the work of Family Resource Centres which</i></b> <b><i>a. Incorporates R4 as a part of this strategy and then develops the more effective activities;</i></b>  <b><i>b. Incorporates opportunities for partnership working with Health and Education</i></b>		Some slippage in progress here but work started in October. Cabinet approved amalgamation of Fernside and residual Elphinstone service on 19 November to be implemented June 2003. More accurate to refer to efficiencies in services rather than economies, as noted that services are operating at a reduced budget this year. The development plan for Family Resource Centres will continue in 2003/4 and build on improved joint working within the department and with key partners such as Child & Adolescent Mental Health Services, Surestart, Health Visiting Services etc.	A clear service specification developed for the 'new' Elphinstone service, with clear performance indicators that will be monitored in the contract.	a) See R4. b) There have been joint training initiatives between FSS, Health and Education so progress over partnership working continues to be made. c) Very good progress has been made in demonstrating flexibility in the strategy by extending a contracted services approach to the provision of Family Resource Centre by amalgamating the resources of Fernside and Elphinstone Resource Centres on one site d) FRCs are operating within a reduced budget and efficiencies are continuing to be sought.

	<p>c. <i>extends the contracted services approach to the provision of Family Resource Centres;</i></p> <p>d. <i>realises economies in their running.</i></p>				
R8	<p><b>Child protection</b></p> <p><i>Identify a single multi-agency strategy for dealing with child protection across the county within three months of the findings of the Climbié inquiry.</i></p>	<p>Report on Climbié enquiry expected in Feb. 2003</p>	<p>Although the Climbié Report has been received, the formal Government response has not. Preliminary planning is underway in advance of receipt of this response. Joint working at a local level, supported by the two CPLGs referred to above, is strong. Hastings &amp; Rother are piloting the secondment of a Health Specialist (Health Visitor trained) in the Duty &amp; Assessment Service. The IRT pilot will commence in Eastbourne Downs PCT Area and will involve considerable joint work between agencies.</p>		<p>Even though the Climbié report remains outstanding, FSS have taken good initiatives by reviewing and improving Child Protection policies, processes and partnership working to ensure continuing high priority is given to this area of operation.</p>

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R9	<p><b>Supervised Contact</b></p> <p><i>Implement and monitor the new Working Group recommendations for dealing with supervised contact and ensure there is a saving of £100,000 for this activity.</i></p>	Savings by end of March 2003	<p>Operating successfully on a reduced budget and efficiency savings confirmed now in budget for 2003/4 onwards. Using community family workers (CFW) in lieu of sessional workers( a role which has now ceased in this service area) and engaging relief workers on an ad hoc basis.</p> <p>A small group of senior practitioners are working on best practice guidelines to support staff in court cases.</p>	<p>Impact on clients is that some parents are having more time with their children without supervision (not considered necessary) and in some cases foster carers and family members are providing this supervision, based on risk assessment of each case. SSD only providing supervision where necessary and have largely stopped supervising where teenagers are involved. However, recent increases in Court work and Court ordered supervision has put considerable stress on CFW service and increased demands on some social workers.</p> <p>Reality check meeting with Operational Managers in Hastings and Rother.</p>	<p>Very good progress indeed has been made. In addition, a watching brief continues to be maintained to ascertain no other service provision has suffered unduly as a result; the continued initiatives and priority given are welcomed. The changes in structure and policy have enabled significant and unexpectedly increased demand for this service to be dealt with more effectively than would have been possible under previous arrangements. Good reports are being received about the effectiveness of the provision of supervision based on risk assessment.</p>

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R10	<b><i>Extend the 'operational solution' by investigating the viability, cost and legality of contracting out the operation of supervised contact, and report back to the Scrutiny Committee within 12 months.</i></b>		Whilst any significant contracting out is no longer considered a viable option in light of new arrangements for supervision, a new national initiative by the Lord Chancellor's Department to create a network of Contact Centres may prove beneficial in future. Managers will engage in discussions with interested partners to explore options and costs.		Appreciate that a demanding objective is being achieved and accept there is probably little scope/benefit in outsourcing but this will be kept under review by management if needs or circumstances dictate otherwise.
R11	<b>Early Intervention</b>  <b><i>When identifying the Social Service's approach to preventative work within the Family Support Policy and Children &amp; Young People's Strategic Plan;</i></b>  <b><i>a. Investigate the implications and viability of giving a greater emphasis to the provision of more early intervention work and report back the findings to the A&amp;BV</i></b>	Dec. 2002	See new Guidance referred to under Rec. 1. The new requirement for a Preventative Strategy to be developed from April 2003 clearly places early intervention under the responsibility of the CYPSP Board.	Reports to CYPSP show progress on development of a preventative strategy	New Government requirements supercede these recommendations. However, multi-agency initiatives continue in the field of Parenting.

	<p><b>SC by December 2002.</b></p> <p><b>b. Thereafter, provide all staff, partners, agencies, health, education and the public with clear guidance on the approach to, and achievable levels of, early intervention on existing resources as soon as possible.</b></p>				
R12	<p><b>Equity and Access to Services</b></p> <p><b>R12 Develop a strategy for greater accessibility to services, in those rural areas of greatest need and with inadequate public transport</b></p>		<p>Work is underway in a number of areas :</p> <ul style="list-style-type: none"> <li>- Introduction in July 2002 of the new duty assessment teams in Lewes and Wealden has improved consistency of referral responses</li> <li>- Introduction of workload management systems which will focus resources on the highest priority cases across county</li> <li>- The plan to develop a framework for measuring unmet need has been deferred, due to problems in implementing DPI.</li> </ul>	<p>More clarity now on where the pressures are and some reorganisation of teams accordingly; all teams have a minimum of 7 staff.</p> <p>All LAC and children on the child protection register have an allocated Social Worker.</p> <p>Referring agencies are reported to be clearer on referral points</p>	<p>Progress has and is continuing to be made but operational problems relating to CareFirst outside the control of FSS will delay the model to measure 'unmet need'..</p>



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R13	<p><b>Information, communication and technology support.</b></p> <p><i>R13. Develop a new timescale for implementation of ICT facilities and</i></p> <p><i>a. confirm with users how the ICT will address their many urgent operational, training and database concerns</i></p> <p><i>b. discuss with Health, Education and any other partners about achieving compatibility of ICT systems</i></p> <p><i>c. ensure efficiency gains in the use of DPI impacts favourably on cost savings in administration</i></p>		<p>Direct Practitioner Inputting (DPI) will not now be fully operational until December 2003.</p> <p>Training and support is provided as the new facilities are put in place. Protocols with Health and Education are in place, and work on compatibility, confidentiality and information exchange will be overseen now by the IRT pilot project.</p> <p>Work to review the impact of DPI on the admin function in the context of team wide skill mix issues, commenced in October, but again, results will be deferred due to DPI delay.</p>		<p>Not as much progress as FSS would have liked or had expected. This is down to unresolved difficulties and processes with the ICT system. Action being taken internally to address some of the issues within their control; the rate of progress will also depend upon ICT provision. This issue impacts upon a number of key recommendations being delayed and needs to be drawn to the attention of the respective Lead Cabinet Members.</p>

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R14	<p><b>Human Resources and Buildings</b></p> <p><i>R14. Continue to re-locate the staff from Saxonholme, Newhaven and discontinue the use of this building.</i></p>		<p>The existing lease on the building runs out in July 2004. No suitable alternatives have yet been identified.</p>	<p>Children and Families Division survey of staff. Reality check survey of staff within FSS..</p>	<p>There is sustained commitment to relocate by FSS and Lead Member for Corporate Resources.</p> <p>As far as Human Resources are concerned, there are a number of reassuring factors that demonstrate good progress continues to be made eg recruitment and retention initiatives are being sustained, a pilot scheme for NVQ training for non-Social Work staff has been implemented, meetings are being held regularly between staff and senior management, motivation has generally improved particularly amongst managers and staff are more involved in change management. Brief reality checks undertaken with 10 staff from a potential 16 who originally contributed to the FSS BVR and are still in post, indicate that morale and motivation are about the same now in comparison to when the review took place. However, the recent comprehensive survey involving responses from 160 SSD staff reflects improved morale and motivation.</p>