

# Integrated Impact Assessment (IIA)

## Informing our approach to fairness

<b>Name of proposal</b>	The Care and Protection of Children and Young People Age 0-24 – Assessment and Intervention
<b>Date of original assessment</b>	September 2016
<b>Lead officer</b>	Karen Simmons
<b>Assessment team</b>	Children's Social Care Senior Management Team
<b>Review date</b>	August 2017

### Version control

<b>Version</b>	2
<b>Date</b>	03 February 2017
<b>Replaces version</b>	1

This is our assessment of the potential equality and other impacts of this 2017-18 budget proposal, based on the available evidence. It is a 'living document'. We have reviewed this assessment following a period of consultation and will continue to review it as we implement the proposal.

## Section A: Current service

### 1. What does the service do?

This service provides the council's statutory social work function for the care and protection of children in need and children and young people at risk of significant harm. The main elements of the service are the:

- **Initial Response Service (including the Emergency Duty Team and the Multi Agency Safeguarding Hub):** The first point of contact for anyone who is worried about a child's safety or welfare.
- **Long term Social Work teams:** These teams provide social care support to children and young people who are looked after, subject to a child protection plan or classified as being 'a child with complex needs'. Social workers assess children and families, produce plans in partnership and ensure plans are progressed in order to improve circumstances for children. We also provide a Contact Service which co-ordinates and oversees approximately 600 hours contact between looked after children and their families.
- **Children's Safeguarding Standards Unit (CSSU):** The CSSU is responsible for:
  - The provision of an Independent Review Officers Service (IROs) which facilitates the child protection conferences, reviews for looked after children, reviews for children placed for adoption and the provision of continuous oversight of child protection and looked after children plans;
  - Promoting the voice and participation of the child;
  - The role of the Local Authority Designated Officer (LADO) in respect to allegations against staff;
  - The convening and chairing of reviews of foster carers;
  - The convening and chairing of complex abuse meetings;
  - Regulation 44 visits;
  - Monitoring and reviewing all Private Fostering arrangements;
  - The convening and chairing of AIM meetings;
  - The convening and chairing of disruption meetings;
  - Subject Access Requests; and
  - Secure Records.
- **Intervention services aimed at reducing the demand for care,** including Multi-systemic Therapy (MST)

### 2. Who do you deliver this service for?

We deliver the service for all children and young people age 0-24 who live within the city and are assessed as being at risk of significant harm or subject to a child protection plan.

Our Initial Response Service receives about 16,000 contacts each year, of these about 2,200 become referrals to Children's Social Care. We have 750 Child in Need plans and 400 Child Protection Plans at any one time.

### 3. Do you have any statutory requirements?

The central piece of legislation governing Children's Social Care is the 1989 Children Act:

- **Section 17** of the Act places a general duty on all local authorities to safeguard and promote the welfare of children within their area who are in need. A child in need is a child who needs additional support from the local authority to meet their potential.
- **Section 47** of the Act requires the local authority to investigate the child's circumstances where they have 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm,' and to 'take any action to safeguard or promote the child's welfare.' Local

authorities have a duty to provide a level and range of services to safeguard children and promote their welfare. Consequently, a local authority has to investigate any concerns or allegations that suggest a child is likely to suffer physical, emotional or sexual abuse, or neglect, and to take action to prevent this.

**4. How much do you spend on this service?**

<b>Gross expenditure</b>	<b>Gross income</b>	<b>Net budget</b>	<b>Capital projects</b>
£10,650,460	£743,649	£9,906,811	£0

**5. What workforce delivers this service?**

<b>Posts</b>	<b>FTEs</b>	<b>Comments</b>
281	254.98	

## Section B: Change proposal

### 1. What is the proposal to change the service?

Last year we commenced a programme of remodelling our social work service to create a more effective workforce that ensures the safety of children and meets our statutory duties. This is underpinned by implementation of our ambitious transformation programme for Children's Social Care which includes:

- a more **focused Early Help** offer in the city which is helping to ensure an appropriate response to needs at an early stage;
- a more **purposeful and direct Social Work intervention** that clearly targets the needs and characteristics of families once their children are referred to social care. This will reduce the time that children and young people spend in the social care system, reduce repeat referrals and plans and prevent problems from escalating, which may then require more costly services; and
- a range of initiatives aimed at **reducing the demand for care and the time** that families spend in the children's social care system such as:
  - Multi Systemic Therapy Teams (MST), which aims to break the cycle of anti-social behaviour by keeping young people safely at home, in school, and out of trouble;
  - Parent Infant Partnership (PIP), a service to ensure that parents have the support they need so they feel physically and mentally well and can spend unpressured time building a relationship with their baby;
  - Parents Under Pressure (PUP), a strengths based approach to help parents facing adversity develop positive and secure relationships with their children;
  - Pause, a service to reduce the risk of repeat removals of babies from vulnerable women;
  - Use of 'signs of safety' model, an innovative strengths-based, safety-organised approach to child protection casework; and
  - Closer working with adult services.

We will continue to implement these services and develop **effective evidence based preventative services** by:

- closer working with **Early Years and Education** to prevent the need for care;
- redesigning our **Initial Response Services** and identify different ways to intervene and provide support earlier;
- bringing in a more effective approach to '**Child in Need**' (CIN) cases, to prevent needs escalating and requiring more intensive support;
- working with other agencies to develop responsive and flexible **specialist operational therapeutic support services** that reflects the nature of Newcastle's challenges. Over the medium term this will be key to managing children safely with their families;
- working with **Adult Services** to help parents, particularly those with mental health and drug and alcohol problems; and
- ensuring that the needs of these vulnerable children are prioritised for mental health support through the Clinical Commissioning Group's **Expanding Minds and Improving Lives** programme which seeks to develop effective Child and Adolescent Mental Health (CAMHS) services in Newcastle and Gateshead.

**By 2020, our assumption is that, taken together these service changes will have had time to become embedded and will contribute to safely reducing the demand** for Children's Social Care services. This includes reducing the numbers of children that are looked after by the council and this proposal should be read in conjunction with our proposal for looked

after children, entitled 'The Care and Protection of Children and Young People Age 0-24: A safe place to live'.

If we are able to reduce demand on the social care system this will enable us to continue to safely remodel the social care workforce.

For 2017/2018 we propose to save £624,000 from remodelling the workforce.

For future years our ability to deliver savings depends on whether we are able to reduce demand in the system. It is very difficult to project demand with any certainty due to unforeseen external influences.

The council is looking to formally adopt the **Employee Standards for Social Work**, which will require a corporate commitment to a maximum caseload per social worker. If we are unable to safely reduce demand and are unable to maintain a safe caseload for our social workers we will reconsider our plans and seek alternative savings elsewhere.

## 6. What evidence has informed this proposal?

Information source	What has this told you?
Newcastle Future Needs Assessment	<p>Information from 'Know Newcastle', our needs assessment, can be viewed at the following link:  <a href="http://www.knownewcastle.org.uk/AreaSummary.aspx?rc=15">http://www.knownewcastle.org.uk/AreaSummary.aspx?rc=15</a></p> <p><b>Population of children and young people in Newcastle</b>            We have</p> <ul style="list-style-type: none"> <li>• 17,415 children age 0-4</li> <li>• 29,804 children age 5-14 and</li> <li>• 60,840 children are 15-24</li> </ul> <p>We have a high proportion of 15-24 year olds compared to the England and North East average (21% of total population compared with 12.6% for the England average)</p> <p>Compared to 2012, in 2035, we will have a similar overall proportion of young people (up to age 24)</p> <p><b>Child poverty</b>            In 2013 (the latest data available), 27% of children aged under 16 (equivalent to 12,580 children) lived in low income families in Newcastle. This compares with an England and Wales average of 18.6%. In our most deprived wards (Walker and Byker) 46% of those under the age of 16 live in low income families</p> <p><b>Children requiring child in need or child protection plans</b>            The relatively high levels of children living in poverty contributes to our higher than average numbers of children assessed as being children in need or on child protection plans compared to other authorities:</p>

	<ul style="list-style-type: none"> <li>• The number of children assessed as being children in need per 10,000 population is 380 compared to England average of 346.4 per 10,000</li> <li>• The number of children subject to a child protection plan per 10,000 population is 78 compared to England average of 42.1 per 10,000</li> </ul>
Council Data collection (known as SSRS reports)	<ul style="list-style-type: none"> <li>• The Initial Response Service receives about 16,000 contacts each year,</li> <li>• These translate into about 2,200 referrals a year</li> <li>• We have 750 Child in Need plans at any one time</li> <li>• We have 400 child protection plans at any one time</li> <li>• Over 2015/2016 we have looked after an average of 496 children and young people at any one time</li> </ul>
S251 comparison of costs, 2015/2016 planned expenditure (This is a statutory national data collection exercise which compares all authorities spend on children's services and is published by the Government)	The latest S251 report shows that our costs for 'Safeguarding' amount to £156 per head of 0-17 year olds. This is below that of average spend for comparable authorities (our statistical neighbours) of £175. This suggests that staff reductions will be particularly challenging and staffing numbers and caseloads will need to be closely monitored.
Ofsted and Care Quality Commission: Newcastle Inspection of Safeguarding and Looked after Children report, March 2012	<p>The inspection in 2012 concluded that the overall effectiveness of safeguarding services is good. We, and our key partners, were found to have made substantial and continuous progress in recent years. Firm progress has been achieved in identifying, driving and monitoring key improvements in targeted and specialist services for safeguarding children and young people in the area. We are expecting an inspection of children in need of care and protection sometime over the next 12 months.</p> <p>Our proposals will not impact negatively on the safety of children, should we be unable to reduce demand in the system we will seek to identify savings elsewhere</p>
Family Insights Programme	<p>We have analysed our data and have developed a model which shows the numbers of children entering the children's social care system, how they progress through, or leave the system or their length of stay.</p> <p>This provided a baseline of the current demands on social care, which enables us to model the future state of the system given particular interventions.</p>
Early Help and Supporting Families: 2015-2016 Annual report refresh	<p>The report outlines the Early Help strategy and supports the offer available by providing:</p> <ul style="list-style-type: none"> <li>• A refresh of the significant changes introduced following the 2014 Family Services Review.</li> <li>• An overview of the early help and family support model operational since 01/04/2015</li> </ul>

	<ul style="list-style-type: none"><li>• A progress report on activity and outcomes achieved during the year</li><li>• The continuous improvement plan over the next financial year.</li></ul> <p>The information in this reports shows the clear dependencies between Early Help and Children Social Care and has informed our proposals to develop stronger links between the two service areas</p>
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7. How much will you spend on this service?				
	Gross Expenditure	Gross Income	Net	Capital Projects
Year	£	£	£	
2017-2018	£10,026,460	£743,649	£9,282,811	£0
8. What will the net savings be of this proposal?				
	Gross Saving	Implementation cost	Net saving	
Year	£	£0	£	
2017/2018	£624,000			
9. What impact will this have on the workforce?				
	No. FTEs	% workforce		
Year	11	4%		

10. Who have you engaged with about this proposal?			
Date	Who	No. of people	Main issues raised
22 June 2016	2020 Budget meeting CSC Senior Managers	14	The discussion held at this meeting forms the proposals outlined in this IIA.
29 June 2016	Insights challenge session		The discussion held at this meeting forms the proposals outlined in this IIA.
09 September 2016	Cabinet/Directors Team		The discussion held at this meeting forms the proposals outlined in this IIA.
03 October 2016	Employees briefing (2 x sessions)		No specific feedback received in relation to the proposals outlined in this IIA.
15 November 2016	Carers Centre	10	No specific feedback received in relation to the proposals outlined in this IIA.
16 November 2016	Newcastle Safeguarding Children Board		No specific feedback received in relation to the proposals outlined in this IIA.
16 and 18 November 2016	Young People Take Over the Budget Workshops (2 x sessions)		No specific feedback received in relation to the proposals outlined in this IIA.
17 November 2016	NE1		No specific feedback received in relation to the proposals outlined in this IIA.
23 November 2016	Stakeholders' event	30	No specific feedback received in relation to the proposals outlined in this IIA.
29 November 2016	Elders Council		No specific feedback received in relation to the proposals outlined in this IIA.
30 November 2016	Disability Forum		No specific feedback received in relation to the proposals outlined in this IIA.
30 November 2016	Chamber of Commerce		No specific feedback received in relation to the proposals outlined in this IIA.

13 December 2016	Youth Council		No specific feedback received in relation to the proposals outlined in this IIA.
29 December 2016	Newcastle Gateshead Clinical Commissioning Group	N/A	<p>Response received from the CCG as part of Phase 2 approach in the Budget Consultation as a stakeholder organisation. For this area specifically the CCG welcomed the approach of a more focused Early Help offer and the evidenced based approaches to prevention and care services being delivered closer to home benefiting from closer family support.</p> <p>Caution was raised that success of preventative and early intervention is dependent on the right local services being commissioned.</p> <p>In response, Newcastle Gateshead CCG are an integral partner to Children's Social Care and will be included in the engagement and communication plan that will be developed as part of any remodel of the service.</p>
12 December 2016	Parent and Carer Forum		No specific feedback received in relation to the proposals outlined in this IIA.
14 December 2016	Newcastle Community Voluntary Services (NCVS)	N/A	<p>Response received from NCVS as part of Phase 2 approach in the Budget Consultation as a stakeholder organisation representing the voluntary sector.</p> <p>For this area specifically NCVS request that any remodelling involving the input or re-commissioning of services is mindful on the resource implications on voluntary organisations if services are not maintained long term. Highlighted continued lack of clarity within proposal of the changes that will be made as part of the remodelling to allow further comment from a voluntary sector perspective.</p>

			In response, NCVS are an integral partner to Children's Social Care and will be included in the engagement and communication plan that will be developed as part of any remodel of the service.
14 December 2016	Schools Forum		No specific feedback received in relation to the proposals outlined in this IIA.
19 December 2016	Healthwatch		No specific feedback received in relation to the proposals outlined in this IIA.
4 October to 31 December 2016	Let's Talk Newcastle	3	<p>Overall there were 3 responses received via Let's Talk Newcastle that were specific to the proposals within this IIA.</p> <p>The theme of this feedback was a request for clarity on whether the remodelling of the workforce means a reduction in staff, as it is felt any further reduction in staff will be counter-productive to safeguarding children.</p>
21 December 2016	Newcastle upon Tyne Hospitals Foundation Trust (NUTH)	N/A	<p>Response received from the NUTH as part of Phase 2 approach in the Budget Consultation as a stakeholder organisation. Specific to this proposal reassurances were requested that the identified remodelling of the Children Social Work Service will not impact on current service delivery.</p> <p>Concern raised at the short-term contractual commitment to services, such, as Speech and Language Therapy, which impacts on ability to recruit staff in this area. The Trust would welcome longer term contracts in this area to provide stability.</p> <p>In response, the aim of the remodelling will be to enhance the use of resources in a more targeted way and not to impact on the service delivered. The NUTH are an integral partner to Children's Social Care and will be included in the engagement</p>

			and communication plan that will be developed as part of any remodel of the service.
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### Peoples' Budget Consultation Feedback

In the people's budget the public indicated they wanted to see a small percentage reduction in the children's social care budget of 8.2%, from £38.0m in 2016/7 to £34.9m in 2017/18. It's worth noting that 37% of everyone who answered this question wanted this service's budget to stay at its existing amount of £38.0m.

19 respondents provided comments on this service area, with the most common theme being that the council should aim to protect children's services (15 people). The remaining respondents provided comments along the following themes:

- Cut children's social care
- Do not feel children's social care is value for money
- Increase nursery fees
- Merge children's social care and education

Overall, the feedback from the people's budget focussed on maintaining investment in Children's Services to support prevention and early intervention as an aim to reducing the cost pressures further in the social care system.

### 11. What are the potential impact of the proposal?

Staff / service users	Specific group / subject	Impact (actual / potential disadvantage, beneficial outcome or none)	Detail of impact	How will you address or mitigate disadvantage?
<b>People with protected characteristics</b>				
Staff	Younger people and / or older people (age)	Potential disadvantage	<ul style="list-style-type: none"> <li>• Employees may be at risk of redundancy. The specifics</li> </ul>	If proposals are approved there will be a transparent and fair

11. What are the potential impact of the proposal?				
Staff / service users	Specific group / subject	Impact (actual / potential disadvantage, beneficial outcome or none)	Detail of impact	How will you address or mitigate disadvantage?
			<p>would be unknown until further work is undertaken should the proposals be agreed to proceed</p> <ul style="list-style-type: none"> <li>• If demand does not reduce caseloads may increase</li> <li>• A positive impact would be that our proposals will enhance staff training</li> </ul>	<p>redeployment process undertaken in line with the council's Human Resource policies. Employees will have access to the council's redundancy scheme and will be supported through the changes</p> <p>If we are unable to safely reduce demand and are unable to maintain a safe caseload for our social workers we will reconsider our plans and seek alternative savings elsewhere</p>
Staff	Disabled people	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because they have a disability	N/A
Staff	Carers	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on carers	N/A

<b>11. What are the potential impact of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
Service users	Younger people and / or older people (age)	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their age	N/A
Service users	Disabled people	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their disability	N/A
Service users	Carers	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on carers	N/A
Staff and Service users	People who are married or in civil partnerships	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately	N/A

<b>11. What are the potential impact of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
			negative impact on people because of their marital status	
Staff and Service users	Sex or gender (including transgender, pregnancy and maternity)	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sex or gender	N/A
Staff and Service users	People's sexual orientation	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their sexual orientation	N/A
Staff and Service users	People of different races	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their race	N/A

<b>11. What are the potential impact of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
Staff and Service users	People who have different religions or beliefs	None	Based on our engagement feedback and research there is no evidence to suggest the proposal will have a disproportionately negative impact on people because of their religion or beliefs	N/A
<b>People vulnerable to socio-economic disadvantage</b>				
None	People living in deprived areas	Beneficial outcome	Our research tells us that children in need and those on a child protection plan are more likely to come from deprived areas. Our proposals aim to keep families together	N/A
None	People in low paid employment or in households with low incomes	Beneficial outcome	Our research tells us that children in need and those on a child protection plan are more likely to come from households with low incomes. Our proposals aim to keep families together	N/A
None	People facing barriers to gaining employment, such	Beneficial outcome	Our research tells us that children in need and those on a child protection plan are more likely to	N/A

<b>11. What are the potential impact of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
	as low levels of educational attainment		come from households with low incomes. Our proposals aim to keep families together	
Service users	Looked after children	Beneficial outcome	Our proposals focus on keeping families safely together, reducing the incidence of placement breakdown and bringing children back to Newcastle where appropriate We will not carry out any service changes which will be to the detriment of the safety of looked after children	N/A
None	People facing multiple deprivation, through a combination of factors such as poor health or poor housing / homelessness	Beneficial outcome	Our research tells us that children in need and children subject to a child protection plan are more likely to come from families facing multiple deprivation. Our proposals aim to keep families together.	N/A
<b>Businesses</b>				
None	Businesses providing current or future jobs in the city	None	Our proposals will not have an impact on businesses and jobs within the city.	N/A
<b>Geography</b>				

<b>11. What are the potential impact of the proposal?</b>				
<b>Staff / service users</b>	<b>Specific group / subject</b>	<b>Impact</b> (actual / potential disadvantage, beneficial outcome or none)	<b>Detail of impact</b>	<b>How will you address or mitigate disadvantage?</b>
None	Area, wards, neighbourhoods	Beneficial outcome	Our research tells us that children in need and children subject to a child protection plan are more likely to come wards where there is a higher proportion of deprivation. Our proposals aim to keep families together.	N/A
<b>Community cohesion</b>				
None	Community cohesion	Beneficial outcome	Our proposals aim to keep families together.	N/A
<b>Community safety</b>				
None	Community safety	No disadvantage identified	N/A	N/A
<b>Environment</b>				
None	Environment	No disadvantage identified	N/A	N/A