



Project Crewe

Testing a new model of Children in Need Delivery



Lead Provider: **Catch22**
Key Partner: **Cheshire East Council**

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1. Executive Summary

Catch22 is highly experienced in working directly with children, young people and their families to help them turn their lives around. We are keen to build on this experience and to work in partnership with Cheshire East Council to develop new ways of delivering traditional social care services and address some of the fundamental challenges facing Local Authorities today.

The Problem: Children identified as being within the Children in Need (CIN) spectrum often do not receive the proactive interventions required to tackle the underlying causes of concerns, this leads to repeat escalations in risk and need. We believe this is as a result of three key contributing factors:

Statutory

- **Statutory Interpretations of Section 17** of the Children Act 1989 have resulted in growing resourcing and delivery problems within Children's social care.
- **Focus on compliance and risk** within regulatory frameworks and historical structures, customs and practice leave little space for new ways of working to be developed and tested.

Resource

- **Shortage of social workers** comparative to the number required by statutory frameworks and number of CIN nationally.

Delivery

- **Reactive interventions** resulting from a natural tendency to prioritise cases perceived to present immediate higher risks which can lead to CIN interventions being reactive in response to crisis and not aimed at achieving sustainable long term outcomes.

The Innovations: Catch22 and Cheshire East Council have developed an innovative, new approach to delivering CIN services which we would like to pilot in Crewe. Innovations in the service will include:

- **Non-social work qualified Family Practitioners** and **use of 'Community Capital'** to increase resources available to children's social care and challenge current statutory guidance.
- **Pod team structures** to change the structure of traditional children's social care teams, encouraging collaboration and best practice sharing.
- **Personalised practitioner training budgets** to enable teams to be more responsive to their own training needs and the needs of the community in which they are based.
- **Holistic, intensive and child centred approach to CIN delivery** to move away from reactive interventions towards addressing underlying needs and causes of concern, and will prevent the unnecessary escalation of cases.
- **Ethnographic research** to ensure increased participation and engagement of children and families in the on-going development of the service and interventions.

The Outcomes: We believe Project Crewe will:

- Test the validity of statutory guidance;
- Reduce social care team caseloads, by eliminating unnecessary cycle of risk and need within CIN, and reducing unnecessary escalations to CP status, which in turn will reduce staff turnover and improve the quality of practice;
- Realise significant financial savings to the local authority by reducing reliance on agency social workers; and increasing the cost-benefit of interventions

We are seeking £1,370,660 from the DfE to finance the mobilisation and implementation of Project Crewe and the operating costs for the first nine months of the pilot. Cheshire East Council is committed to contributing an additional £438,651 in funding, including £356,361 in direct contributions to finance the last 3 months of the 12 month pilot period.

A Theory of Change diagram outlining the principle elements of our proposal is provided as Annex A.

2. Context

The key problem we have identified within children's social care services, and which our proposal seeks to address, is that many children within the CIN cohort fall victim to 'Start-again syndrome'. We believe this is caused primarily by current statutory requirements which result in a number of resourcing and delivery problems within the sector. Vicky Buchanan, Cheshire East's Principal Social Worker explains 'Start-again Syndrome' as follows:

"For many children in the CIN cohort, whose level of risks and need is not moving towards the arenas of CP and LAC, there is a tendency to deliver interventions in response to an immediate crisis and not to tackle underlying causes of concern. Such reactive interventions do not result in sustained change and produce only temporary reductions in the level of risk and need faced by the child. This produces a revolving door approach whereby cases frequently escalate and de-escalate cyclically in and out of CIN status." Vicky Buchanan, Principal Social Worker Cheshire East

Catch22 and Cheshire East Council together believe Project Crewe will evidence that our new CIN delivery model delivers better outcomes for children and their families. Project Crewe will challenge the existing statutory requirements placed on traditional children's social care teams through implementing and validating innovations to the way social care teams are resourced and their approach to working with CIN children and families. The changes we propose will increase the resources available through utilising non-qualified family practitioners; and will ensure a new model of delivery grounded in providing proactive and intensive interventions to address the underlying causes of concerns surrounding the child.

Our credentials

Catch22 have significant experience and expertise working with children, young people and families with complex needs. We provide a range of Intensive Family Support, Family Counselling and Mediation services across the country. Through our 'whole family' support model we support children and their families to make positive, lasting changes when they are struggling to cope with linked and complex issues in their lives.

In Thurrock, our Intensive Family Support service aims to reduce the risk of children going into care, family evictions, and anti-social and offending behaviour and to improve educational attainment. In 2013/14 the service saw 86 per cent of service users reduce or stop incidents of domestic abuse and 89 per cent achieved better family communication and positive routines.

Further evidence of our credentials can be found in our most recent impact report, available [here](#)¹. We have also included some short case studies summarising our work with children and families in Thurrock and Wirral as Annex B. Catch22 have a successful existing relationship with Cheshire East Council as one of the Troubled Families providers and CSE Missing Services.

Cheshire East – Local Context

Cheshire East is a growing region with over 370,100 residents, of whom around 21 per cent (74,900) are children and young people aged between 0 and 17. Most children in the region flourish against the indicators defining a good childhood.

However, there are great disparities and inequalities within the region with some areas are counted amongst some of the most deprived in the country. Approximately, 12.5 per cent of children in Cheshire East under 16 live in poverty. This accounts for some 8,000 children, focused mainly around the towns of Crewe and Macclesfield and within some of the smaller, rural areas.

¹ <http://www.catch-22.org.uk/news/introducing-catch22-impact-report-201314/>

Cheshire East's Children's Social Care team receive approximately 200 child referrals a month and carry around 1,500 open cases at any one time. At present, 1,176 of these are assessed as CIN (79 per cent), 270 children are subject to a Child Protection Plan and 333 children are in care.

3. The Case for Change

We observe that many of the challenges faced by children's social care at present can be separated into three categories; statutory, resource and delivery. We consider that these challenges propagate a negative cycle of escalation and de-escalation in respect of those social care cases at the lower to medium end of risk and need, as outline in Figure 1.

The aspects of our proposal focusing on the resourcing and delivery of services will have important implications for current statutory guidelines. Here we outline the specific nature of these challenges in more detail.

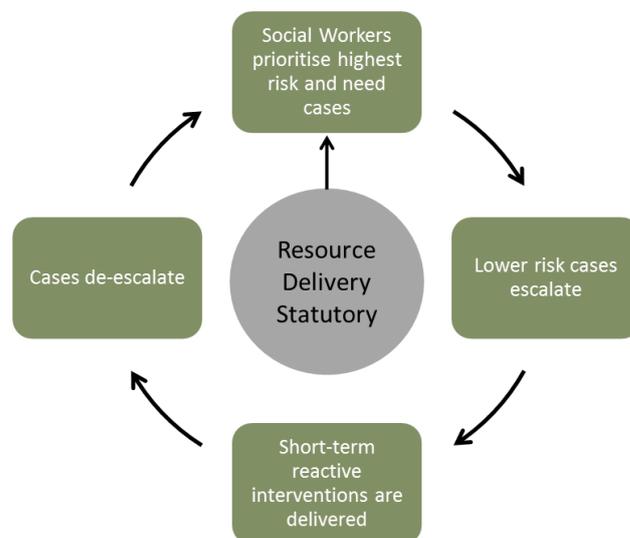


Figure 1: 'Start Again Syndrome' Cycle

Statutory Challenges

In accordance with DfE findings, we recognise that statutory interpretations of section 17 of the Children Act 1989 and the way in which children's social care teams have worked historically have resulted in regulatory frameworks and structures, customs and practice which tend to focus attention on compliance and risk avoidance. This leaves little space available for innovation and the development of new ways of working.

- **Section 17 of the 1989 Children's Act** stipulates that "before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of his parents". The statutory interpretation of this found in Working Together and applied by Ofsted in their assessments requires qualified social workers to assess, plan and manage interventions and support for children who are classified as CIN.

Resource Challenges

The demand for qualified and experienced social workers required by statutory framework and the number of children's social care referrals far surpasses the number available. This is amplified in Cheshire East (particularly in Crewe) being a distance from the main conurbations in the North West where the majority of social workers train. This has contributed to the development of specific resourcing issues, summarised as follows:

- **Low retention of qualified social workers** – low expected working life of just 7.7 years for female and 8 years for male social workers which contributes to the shortage of qualified and experienced social workers needed to fill vacancies in Cheshire East and nationally.
- **High caseloads** – result from the statutory obligations placed on social workers in regards to assessing and planning interventions for children in the care system, and is further exacerbated by the current shortage. Policy Exchange report that 70 per cent of social workers now say their workloads have reached 'unmanageable' levels.
- **High agency social worker costs** – in order to plug gaps within services local authorities incur huge costs associated with the temporary recruitment of agency social work staff. Nationally, over one in 10 social worker posts are covered by agency staff, and in Cheshire East this is slightly higher.

- **Lack of stability of agency staff** – whilst many agency staff are able to offer high quality social work, it is the experience of Cheshire East, as elsewhere, that these workers are reluctant to commit to any notice period greater than one week. As a result, where agency staff leave at short notice, teams are left with cases to re-distribute to existing teams which exacerbates the caseload issues. In a recent recruitment round, of 10 agencies managers shortlisted, when the Local Authority required a minimum notice period of one month, only two attended for an interview.

Delivery Challenges

There are a large number of delivery challenges facing children's social care teams. First, there are those that are a consequence of the resourcing challenges mentioned above; secondly, there are those relating to the statutory and traditional methods of practice within social care teams.

The delivery challenges related to resourcing issues include:

- **Reactive interventions** – The resourcing issues outlined above mean that social workers, who hold diverse caseloads comprised of children across the CIN, Child Protection (CP) and Looked After Children (LAC) cohorts, will, of necessity, prioritise the highest risk and need cases. Consequently, once assessed as CIN, many children may receive only reactive support from social work teams and intervention at the point of escalation. Reactive interventions may alleviate temporary concerns relating to the perceived level of crisis; however they do not fully address the root causes of concerns. As such, they do not prevent levels of risk and need escalating a little later down the line; and do not effect sustainable change or improve lasting outcomes for the child within their family.

Furthermore, the urgency within which reactive interventions are implemented does not leave time for social workers to ensure that children's experiences, views and wishes are incorporated into assessment and planning, an observation made in Cheshire East's most recent Ofsted inspection in March 2013.

- **Poor quality relationships between social worker and child** - High staff turnover and the use of agency staff mean that many CIN children experience frequent changes in social worker, and whilst this is improving in Cheshire East, it can lead to frustration and upset with the child having to re-tell their stories and to difficulties in forming strong, trusting relationships with social workers and other professionals. Accordingly, children may not disclose invaluable information that could impact on their perceived levels of risk and need; and social workers may not have all the information required to know the type and level of intervention that will be effective.

Delivery challenges relating to statutory demands and traditional methods of practice

- **Limited direct delivery** - Statutory requirements ensure that social workers are required to undertake assessments of children where there are CIN and CP concerns; and have overall responsibility for planning interventions and managing their caseloads. Consequently, social workers manage a variety of CIN, CP and LAC cases which can limit the time to deliver interventions directly, especially in regards to lower risk CIN cases.

In Cheshire East, to address this issue the Council have deployed 65 percent of its early help family support resource into supporting CIN. Consequently the delivery of interventions to this cohort is provided by Family Support Workers who, whilst providing effective direct support, by and large have little influence in the planning of interventions. The current system requires that Family Support Workers defer to the social worker who may not have the same level of knowledge of the family.

- **Single practitioner working** - The DfE's Rethinking Children's Social Work report (2014) observes that social workers in traditional local authority teams often work alone, managing a set of cases in which no other member of the team is directly involved. At present, time for team meetings and supervisions do not generally allow for discussion of all cases and the majority of social workers are only able to consult with their managers on deciding the best course of action for a child and their family. As such, social work teams do not have a forum to engage in critical thinking and problem solving from which they can draw support.

4. Our Proposal

Catch22 and Cheshire East Council have worked in partnership to develop a new approach to the delivery of CIN services which we believe can alleviate the challenges identified above. Our proposal is that we establish a pilot in Crewe, an area of particular need in Cheshire East, to test the effectiveness of our new approach. In this section we provide a summary of:

- The changes we propose to make to the local system through our new model for CIN delivery and how these changes will address the challenges we have identified.
- The changes we propose to make to front line delivery through our new model for CIN delivery and how these changes will address the challenges we have identified
- How we will test the success of these changes through 'Project Crewe'.

Changes to the local system

1. **Use of Non-Social Work Qualified Practitioners (Family Practitioners)** – In Cheshire East the experience is that the family support workforce already plays a key role in CIN work and external or independent reviews comment favourably on the quality and impact of this work with families. However, it is our contention that non-social work qualified practitioners should play a much greater role in the delivery of social care services for CIN children. We believe current statutory frameworks propagate a view that only qualified social workers can assess, plan and manage the delivery of social care interventions. Instead, our model places overriding emphasis on practitioners who can evidence the relevant skills, qualities, attitudes and and experiences required to form effective, lasting relationships with children and families, with the view to effecting positive, lasting change.

'Post-Munro, we need staff who are empathetic and entrepreneurial, curious and brave, proactive, self-aware and, most importantly, focused on the needs of the children they work with' - Chris Wright, Catch22 Chief Executive

2. **Use of 'Community Capital'** – We want to see the use of peer mentors in social care delivery whose role is to provide complementary support to children and families. We consider that a cohort of peer mentors matched to the demographic of the children and families we work would add a valuable layer of support, specifically with a view to facilitating the mentee's (the child and/or family) personal development, contributing to the development of their social networks and social capital, and motivating children and families to realise their goals and aspirations and sustain change.
3. **Pod Team Structure** – Our model would see our Family Practitioners configured in new, multi-skilled 'Pod' Teams, as shown in Figure 2. Cases will be managed collaboratively, with each support worker holding a caseload of around 12 children/ four families with whom they will be the primary point of contact. In this way, the pod dynamic will support a collaborative approach to working and will enable workers to share experience and best practice, discuss cases and to consider how best to achieve outcomes, rather than relying solely on the statutory process.
4. **Personalised Practitioner Training Budgets** – We believe that outside of the core training all practitioners are required to undertake (e.g. safeguarding training, equality and diversity, health & safety, etc.), practitioners should be given a greater degree of autonomy to determine the additional training they require. Therefore, our Pod teams will be allocated a personalised practitioner budget. This is a new approach that will enable pods to take responsibility for their continuing professional development and give them a sense of self-ownership and autonomy. Pods teams will collectively decide which members of the team will attend training courses and which courses will be attended. These decisions will be based on the needs identified within their own teams and those of the community in which they are based.

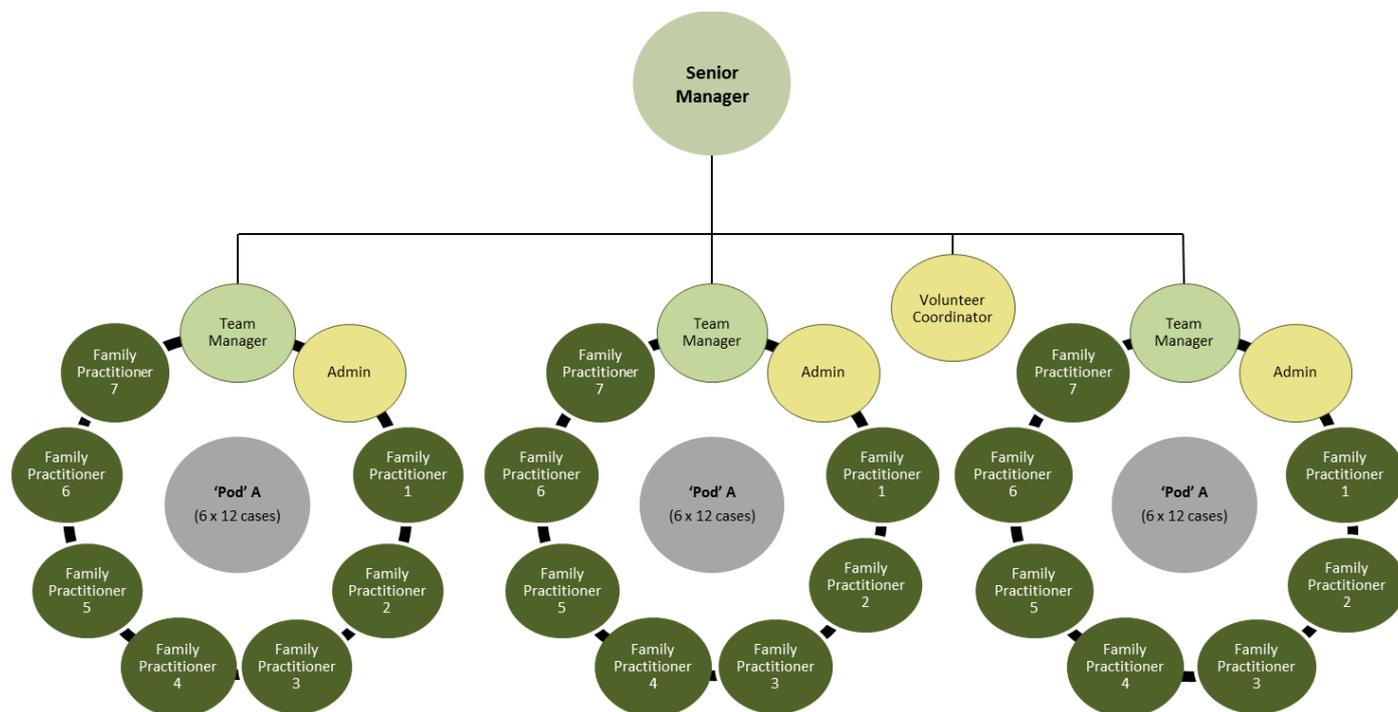


Figure 2: Our new Pod structure – Family Practitioners will hold individual caseloads, but will work collaboratively within the pods, sharing best practice and providing validation on plans for best supporting children and families.

We believe that the local system changes we are proposing will address the challenges we have identified in the following ways:

- **Statutory** - The use of non-social work qualified Family Practitioners in assessing whole families, planning and delivering interventions will pose a direct challenge to current statutory interpretations. The success of this model will be used to build an evidence base to challenge current guidelines and will have implications for the future management and delivery of services to CIN.
- **Resource** - Recruiting non-social work qualified Family Practitioners, and utilising volunteer peer mentors from within local communities, will widen the resource base available to children's social care teams. This will reduce the reliance on social workers for assessing, planning and managing CIN caseloads. Thus enabling highly qualified social workers to redirect their focus, skills and expertise on delivering quality interventions and support to CP and LAC cases.
- **Delivery**- By providing a space for practitioners to collaborate, pool expertise, share resource and meet regularly to discuss individual cases and share best practice the pod structure will prevent the 'single practitioner' working environment evident in traditional social work teams.

Testing Section 17 of the 1989 Children's Act

Within our proposal we are seeking the freedom and flexibility to innovate in respect of Section 17 regulation requirements. Specifically, we want to:

- Test the extent to which the classification of "Children in Need" below Child Protection remains relevant and productive;
- Verify that families might be better supported through a non-statutory framework;
- Enhance the extent to which suitably skilled and experienced non-statutory providers in the voluntary sector (such as Catch22) are able to support Local Authorities in delivering services to children and families, either as wholly commissioned provider or through mutually beneficial joint venture arrangements.

Changes to front line delivery

1. **Holistic, intensive and child-centred approach to CIN delivery** - Our frontline practice model will be based on a holistic, whole family approach to improving outcomes for the child. Solution Focused Brief Therapy (SFBT) training will form the foundation of practice within the service and all Pod teams will be trained in this method.

SFBT is a competency based approach founded on the premise that the best way to provide services to a child is through strengthening their family unit, instigating change where possible and necessary. Rather than concentrating on the pathology of problems within the family, interventions grounded in this approach build on assets to strengthen the family unit and permanently reduce factors contributing to concerns around risk and need. This is a verified approach that Catch22 has experience with. When piloted in the London Borough of Merton, a Catch22 team trained in SFBT received 181 referrals within a year and was successful in preventing 118 of those children from going into care.

By developing strong relationships with families our Family Practitioners will be able to identify the specific risk factors and vulnerabilities that a child, parent or other member of the family may be exposed to. Family Practitioners will work together with families to identify 'preferred futures' and seek to improve outcomes for the child; and will develop an achievable programme of support through which the family will realise these goals. Through this method interventions will target the root causes of issues, rather than focusing on alleviating symptoms evident in periods of crisis.

2. **Ethnographic Research** – Catch22 and Cheshire East believe that more can be done to understand the experiences of the children and families receiving social care support, and the consequences in terms of behaviours and motivations. Children and families will engage more if they feel they are listened to and that the services on offer are more attuned to and responsive to their needs and expectations. We consider this work to be essential in shaping and continually improving the model outlined in this proposal and the social care system as a whole.

We believe that the changes we are proposing to the local system will address the challenges we have identified in the following ways:

- **Delivery** – A holistic, family based approach to delivery will ensure that interventions are as proactive and intensive as they are required to be, and will support families to implement enduring change. In this way, interventions will have a continuous focus not only on reducing immediate crisis, but primarily on combatting the root causes of concerns. In this way we can tackle 'Start-again syndrome'.

Ethnographic research will ensure that CIN delivery is informed by the engagement and participation of families. Insights gained will provide a more comprehensive understanding of the children and their families within the contexts of where they live. As such, this research will inform and compliment to the changes made through family- focused assessments and interventions.

- **Statutory** - Research findings will be invaluable tools in shaping the innovation processes, in challenging existing assumptions and hypotheses, and revealing rich opportunities for the more efficient and impactful delivery of services.

In summary, our model will consist of Pod teams of non-social work qualified Family Practitioners supported by Volunteer Peer Mentors. Teams will work collaboratively and emphasis will be placed on facilitating the sharing of best practice. Pod teams will have access to personalised training budgets, through which they will be able to access additional training required to meet identified needs within teams in relation to the needs of the community. Frontline practice will be informed by ethnographic research, which will ensure the participation and engagement of local families. Family Practitioners will deliver strength based interventions, informed by SFBT principles, which will focus on permanently combatting the underlying causes of concern in CIN cases.

Project Crewe – testing our proposed changes

Our proposal is to set up a 12 month pilot within Crewe, an area of high need, to test the effectiveness of the changes we have outlined above.

Our pilot will see Catch22 implementing and delivering the following new local systems and organisational conditions on behalf of Cheshire County Council:

- Catch22 will recruit to three Pod Teams as outlined in Figure 2 (page 8), each comprising:
 - Seven non-social work qualified family practitioners;
 - A Pod Manager;
 - An administrator.

We will also identify a Senior Delivery Manager who will oversee the delivery of the pilot during for the 12 month period.

Indicative job descriptions and person specifications for the family practitioner role is provided as Annex C.

Our new Pods will manage a caseload of around 300 children/100 families in Crewe. This equates to around to 100 children/33 families per Pod, with 12 children/ four families per Family Practitioner and Pod Manager, who will also hold a diminished caseload.

Initially the pod caseloads will be selected from within the existing CIN caseload. We propose to work with our external evaluators to determine how we might select these cases with a view to best verifying the success of our pilot. We will then work with our key partners and with the existing Children's Social Care teams to determine how new cases will be referred in to the Pod teams through the life of the pilot period, testing the Section 17 framework as outlined on page 8.

- We will, where needs escalate within families and risk becomes apparent, not refer the family out of the service thereby changing the worker and breaking the consistency in support. Instead, we will draw down on social workers from outside of the team to become involved. Hence the family will not 'step up,' it will be a Social Worker that temporarily 'Steps down' until the needs and risks have been reduced.
- We will deliver a core package of training to our new Family Practitioners, prior to the start of the service, which will include SFBT training as the underpinning methodology upon which our Family Practitioners will base their early intensive work with CIN children and families;
- We will allocate a training budget (Personal Practitioner Training Budget) to Pods which can be used to procure additional training in line with specific needs prevalent in Crewe and evident within their caseloads
- We will unlock community capital within Crewe by establishing a cohort of peer mentors who can complement the work of our Family Practitioners and who can offer an additional level of support for families and children;
- We will commission ethnographic researchers to provide a detailed face-to-face study into the challenges and needs of families whose children are classified as CIN in the Crewe area. Research will endeavour to understand people's lives in context, revealing the full range of environmental, financial and social influences that shape behaviour. Insights will be used to inform the on-going development of the service and provide a more powerful understanding of how best to address residents' needs. The aim of this work will be to help to reframe professional's perspectives, to develop more segmented and bespoke service interventions and to test how to improve the motivation for families to positively engage with existing services to address the behaviours that contribute to the need for intervention.

Roles and Responsibilities

- **Catch22** - will be responsible for:
 - Recruiting and managing the new teams, with staff directly employed by Catch22;
 - Implementing the new ways of working during the delivery period;
 - Holding and managing the operational budget for the pilot;
 - Generally overseeing delivery during the pilot period to ensure the highest quality standards are maintained.
- **Cheshire East Council** – will be responsible for:
 - Providing support, advice and guidance to Catch22 during the mobilisation and delivery period, holding us to account through it's representation on the Implementation and Delivery Boards;
 - Facilitating engagement with key delivery partners and stakeholders, supporting and representing Project Crewe at integrated boards (such as the LSCB) and joint events;
 - Ensuring the new CIN service remains integrated with existing provision for children and families through the support, guidance and oversight of the Principal Social Worker and the Lead Officer for the Troubled Families Programme (Cheshire East Family Focus);
 - Contributing 'in kind' funding in the form of estates resource, in addition to direct funding to extend the pilot by three months to a total of 12 months.

That Catch22 is the principal managing agent for the pilot is a critical element of our proposal. This will validate the belief, shared by Cheshire East, that non-statutory social businesses like Catch22, who are not motivated to achieve shareholder profits from the delivery of services to children and families, have the necessary skills and expertise required to support local authorities in the delivery of social care services, thereby challenging the current statutory framework and regulations.

5. Evidence of Progress

Outcomes and benefits

We believe that our pilot will prove the following outcomes and benefits can be achieved from our new model of CIN delivery:

- A reduction in the number of children escalating from CIN to CP and/or LAC status;
- A reduction in 'Start-again Syndrome' – the frequency with which cases escalate and de-escalate in and out of CIN, and between CP/LAC;
- A reduction in Social Worker caseloads, and the total caseloads of Children's Social Care teams generally;
- Significant financial savings to the local authority by increasing the cost-benefit of interventions – effective proactive interventions delivered by the new CIN teams will reduce the number of cases escalating to CP provision, which is delivered at a significantly higher unit cost. The new model will also reduce the frequency of re-escalations, thereby eliminating 'Start-again Syndrome' costs;
- A reduction in the use of agency practitioners, the costs for whom are higher than are for full time employees;
- Reduced Pressures on Social workers, leading to improved morale and a reduction in the turnover of social workers;
- An increased level of partner and stakeholder satisfaction as a consequence of the greater level of collaboration and engagement within our new Pod teams.

Evaluation

To in order to track our progress in achieving the outcomes identified during the pilot phase, and so that we may validate the effectiveness of our new model for CIN delivery, we will design a robust evaluation framework with an external evaluator during the implementation of our pilot.

We have discussed the evaluation of our pilot with Rees, the DfE Innovation Programme evaluation leads. In accordance with the outcomes we are aspiring to achieve and verify our evaluation framework will include a mixture of:

- Secondary data analysis – using data obtained from case management systems and other existing quantitative data systems already available to Cheshire East Council;
- Qualitative interviews – with children and families, key stakeholders and partners, our pod staff and with social workers in the existing Children’s Social Care teams;
- Documentary evidence – taken from a range of assessment, reports and audit materials produced during the pilot period;
- Value for Money analysis – based on existing unit costing research and supported by the secondary data analysis obtained during the pilot period.

We will also seek to establish a comparison group with which to compare the outcomes achieved by our pilot, and this may either be comprised of cohort within Crewe itself or from a comparable area within Cheshire East such as Macclesfield, which has a similar demographic and profile of need to Crewe.

6. Making it happen

Catch22 and Cheshire East will require a three month mobilisation and implementation period prior to the commencement of the 12 month pilot. In the main this is to allow sufficient time to recruit and screen the new Family Practitioners and provide them with the core training necessary to enable them to deliver our service. Catch22 is highly experienced in mobilising operational models of a similar nature and scale to that proposed by Project Crewe. Therefore, we understand the importance of making sure the following arrangements are in place to secure the smooth mobilisation and implementation of our proposal:

- **Executive support and buy-in:** Our executive teams are both committed to making this proposal work. Tony Crane, Director of Children’s Services for Cheshire East and Nicky Shaw, Operations Director for Catch22 have both been instrumental in the design of the proposal. They have liaised throughout with their executive leads and secured a commitment not only to the pilot, but to the vision for the new ways of working being implemented across the local authority as a new model for the delivery of CIN services, as is evidenced by the following quotes:

“Cheshire East is an improving Council in respect of our social care function, verified recently by Ofsted in our progress inspection. Over the last 18 months we have transformed our social care workforce and improved the quality of our front line practice, particularly to strengthen the “front door” arrangement and the quality and impact of our child protection service. We believe that to make the progress for our children in need we need a different approach. The potential therefore, that the innovation proposal offers us is not just to meet some of our current challenges, it will test the contribution that a more innovative approach can make in taking the Authority to where it aspires to be, which is good or outstanding.” -Tony Crane, Director of Children’s Services Cheshire East

“Cheshire East is committed to protecting the interests of our vulnerable residents. We are excited by this opportunity, both for the staff who work hard to deliver services to our residents and the service users through greater flexibility and fewer restrictions in the delivery of services and this proposal is therefore in keeping with the line of travel for Cheshire East Council” - Mike Suarez, Chief Executive Cheshire East Council

‘Catch22 has long held the view that success is determined largely by the way things are done and by creating the right kind of environment to deliver services. This can simply be expressed as a professional’s time being well spent when it’s focused on building trusting and strong connections, and then using these relationships to support the service user to identify for themselves the value of positive change and, in those teachable moments where the service user wants to make changes, help them navigate how to desist from engaging in negative behaviours and begin to engage in positive ones. I believe we have developed a model with Cheshire East that embodies these principles and which will realise a positive outcomes for service users’. - Chris Wright, Chief Executive Catch22

- Engagement with Local Partners:** Together Catch22 and Cheshire East Council have presented our proposal to the Cheshire East Local Safeguarding Board (LCSB), comprised of the key partner agencies involved in protecting vulnerable children in the area. We received a positive endorsement from LSCB partners, who have committed to engaging in the pilot through continued collaboration with our service and Family Practitioners. We have agreed to place the LCSB at the centre of the local governance arrangements for the implementation and onward management of this pilot, thereby securing their continued engagement. The LCSB is critical to our objective of harnessing the capacity of multi-agency working.
- Robust governance arrangements:** We will establish an Implementation Board, comprising of key *Executive Sponsors* who will provide oversight, assurance and guidance and will submit regular reports to the LCSB to ensure the pilot achieves its stated objectives. The Implementation Board will become the Delivery Board following successful implementation, and will continue to monitor and assure delivery during the pilot period. Our proposed governance arrangements are shown graphically as Figure 3 (for the implementation phase) and Figure 4 (for the pilot phase).

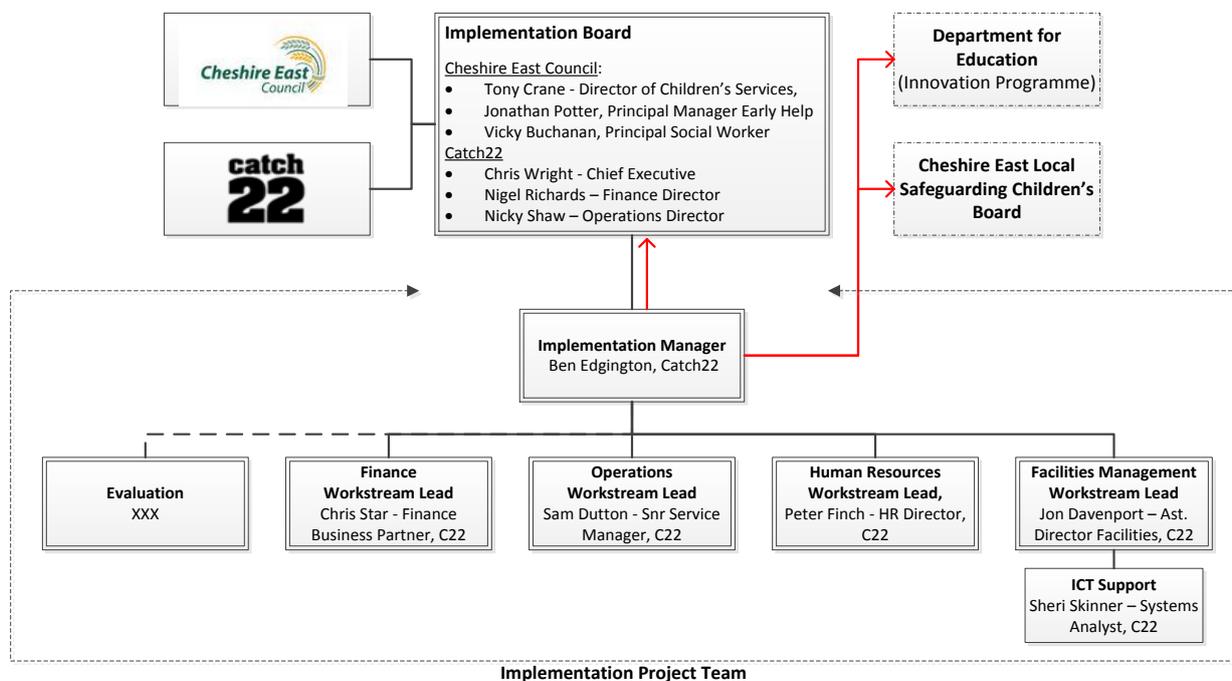


Figure 3: Implementation Project Structure – We have designed a robust governance structure to oversee and assure implementation and identified key personal with the right expertise and experience for each workstream within our project plan

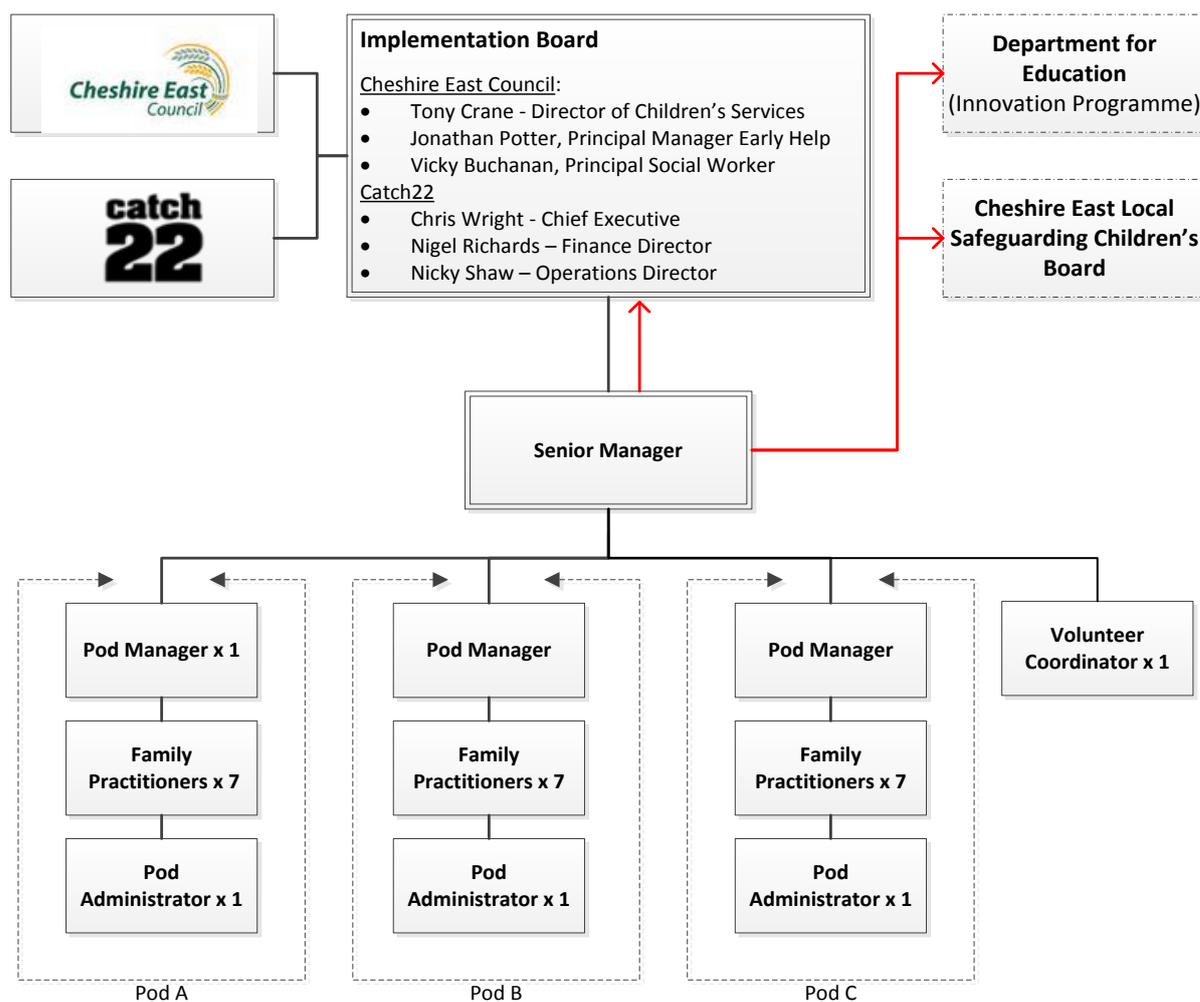


Figure 4: Pilot Delivery Structure – Our Transition Project Board will remain after service commencement as the Delivery Board providing the same oversight and assurance for the pilot period. Our Senior Manager will also report directly to the DfE and the LSCB.

- **Detailed Project Plan** – We have developed a detailed project plan outlining the timings for key activities, milestones and deliverables required to successfully manage the two phases of our proposal, these being:
 - **Phase 1: Implementation** - a three month period from 01 March 2015 to 01 June 2015 (service commencement) in which we will recruit and train the new teams and put in place the infrastructure required for delivery (i.e. ICT, estates, evaluation mechanisms, etc.)
 - **Phase 2: Pilot** - a 12 month period in which to test the effectiveness of or proposed new delivery model, and to refine the model with a view to scaling it up to new areas within Cheshire.
 - **Phase 3: Scale-up** – the plans for which we will fully establish during the pilot period.

Our Project Plan is provided as Annex D. At a high level, the key milestones within our plan are as shown as Figure 5:

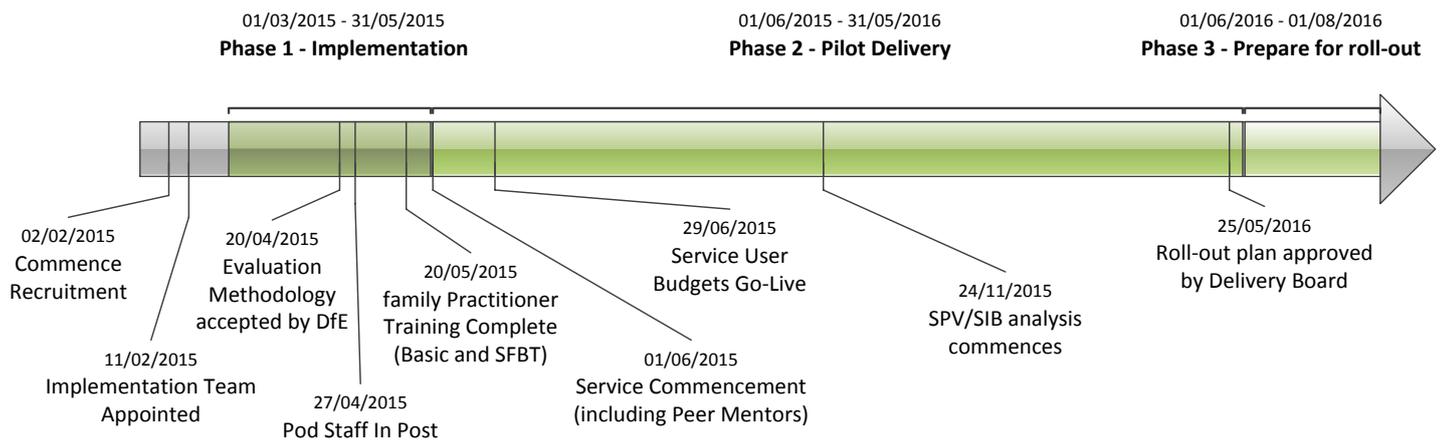


Figure 5 – Project Crewe Timeline detailing the key milestones during each phase

- **An experienced Project Team:** We have already identified key Project Team members from within Catch22 and Cheshire East with the necessary skills and experience required to undertake the packages of work detailed within the project plan (Annex D). Our Project Team is detailed in Figure 3, above. ‘Pen pictures’ for any of the project team members identified are available upon request.

Risk Management

In developing our proposal, we have been mindful for the various risks and issues associated with the introducing a new model of CIN delivery, in respect of both the initial implementation of the model and the effective delivery of that model through the pilot period. We have developed an initial risk log for our proposal and this is provided as Annex E.

- **Lack of stakeholder engagement and support for Project Crewe** – There is a risk that we fail to successfully integrate Project Crewe with the current support framework for children, young people and families within Cheshire East.

To mitigate this risk we have already taken steps to ensure that our partners understand our proposal and the role they must play in contributing to its success. As part of our proposal development process we presented our plans for Project Crewe to the Cheshire East LSCB. We made it clear that our proposal is about testing a new model of delivery for CIN which *enhances* the ability for inter-agency, and that it’s *not* simply about setting up another new service which sits alongside existing provision and which enables existing agencies to step away from CIN cases.

Following our presentation, the LSCB formally confirmed their approval of Project Crewe and their commitment to fully engaging with us during the implementation and pilot period. We have included the LSCB within our project governance structures in order to secure this continued engagement and support.

- **Continued statutory constraints to innovation** – There is a risk that our efforts to pilot our new model of CIN delivery are jeopardised by the continued application of the existing statutory framework by Ofsted. To mitigate this risk we would ask that the DfE facilitate early discussions with Ofsted during the implementation period to confirm that our intention, in line with the ambitions of the DfE Innovation Programme, so to ‘do things differently, and that this must be acknowledge in the scope of future assessments and inspections.

- **Failure to integrate with traditional Social Care teams, specifically in relation to managing escalating risk and/or complex cases** – We recognise that there may be instances where the risk and needs of a child or family escalate to such an extent that the involvement of a qualified and experienced Social Worker is necessary to ensure the safety of the child.

In part this risk will be mitigated by a key feature of our delivery model, specifically the concept that we do not simply refer escalating cases up to a Social Worker, but rather that we invite social workers down to agree a collaborative approach to dealing with the escalated risk and need. In this way we ensure that the child and family maintain their relationship with their Family Practitioner.

For this approach to work we will need to establish and maintain an extremely close link between our new CIN teams and traditional social work teams. With this in mind, Vicky Buchanan, Principal Social Worker for Cheshire East has been included as a key member of the Project Crewe implementation and delivery Board.

7. Finances

Funding request

We have calculated that the total cost for Project Crewe will be £1,809,311, which includes implementation costs over three months and operating costs for the 12 month pilot period. We are seeking £1,370,660 from the DfE to cover the implementation costs and first nine months operating costs.

As an indication of their commitment and belief in the new delivery model we have developed, Cheshire East have committed to providing an additional £438,651 in funding, including:

- **£356,361 in direct cash contributions** to finance the last three months of the pilot period;
- **£82,290 of ‘in-kind’ contributions** over the life of the Project Crewe.

A funding timeline is provided as Figure 6.

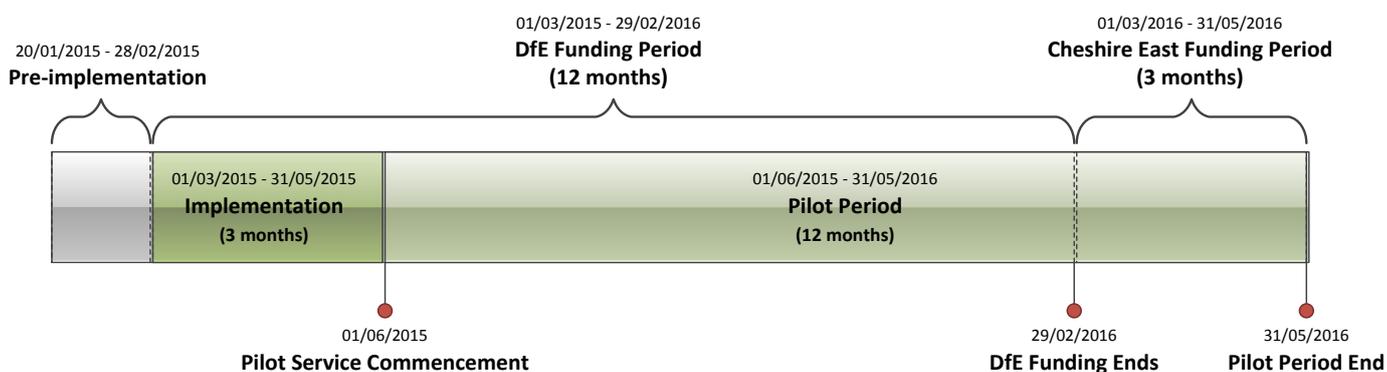


Figure 6: Funding timeline – Cheshire East Council believe in the new model we have developed for CIN delivery and will commit to funding a three month extension to the pilot period in addition to contributions in kind made for the whole pilot period.

We have provided a full budget and costs breakdown for Project Crewe as Annex F. In summary, our costs are as follows:

Table 1 – High level costs breakdown for Project Crewe

High Level Plan	Project Crewe			Delivery Year 1	Total
	Transition	Pilot	Project Crewe TOTAL		
Department of Education	300,676	1,069,985	1,370,660	-	1,370,660
In-Kind Contributions (Cheshire LA)	4,950	77,340	82,290	77,340	159,630
Cheshire LA Pilot	-	356,361	356,361	-	356,361
Cheshire LA On-going	-	-	-	1,425,147	1,425,147
Total Income	305,626	1,503,686	1,809,311	1,502,487	3,311,798
Staff Cost	125,761	944,870	1,070,631	944,870	2,015,501
Travel costs	-	36,700	36,700	36,700	73,400
Programme Cost	135,000	190,333	325,333	189,333	514,667
Office Cost	21,150	91,740	112,890	91,740	204,630
Other Infrastructure	3,690	45,000	48,690	45,000	93,690
Corporate Support	16,875	133,062	149,937	132,953	282,891
IT Cost	3,150	38,400	41,550	38,400	79,950
Cost In Kind	-	-	-	-	-
User Accommodation	-	-	-	-	-
Volunteer Cost	-	23,580	23,580	23,490	47,070
Directorate Overhead Recharge	-	-	-	-	-
Total Cost	305,626	1,503,686	1,809,311	1,502,487	3,311,798
Gross Margin/(Deficit)	-	-	-	-	-
<i>Gross Margin %</i>	<i>0.0%</i>	<i>0.0%</i>		<i>0.0%</i>	<i>0.0%</i>

Note: *Other Infrastructure & Corporate Support Costs* includes costs attributable to insurance, marketing, contingency, corporate support costs and mobile telephony as detailed in the *All Other Costs* tab.

Value for money

In addition to achieving improved outcomes for children and families, Catch22 and Cheshire East Council are confident that our new model of CIN delivery will also achieve significant savings to the local authority. We will ensure that robust value for money analysis is included within the evaluation framework for our pilot, which will be conducted by the external evaluation partners recommended by the DfE. We have conducted some initial analysis into the extent of the financial savings our new model can achieve, specifically with regards to two of the key outcomes identified in Section 5, these being:

1. A reduction in the number of cases that escalate to CP status, for which the unit costs are significantly higher

In order to calculate the savings achievable from this outcome we have used the PSSRU report *Unit Costs of Health and Social Care 2014*, a report commissioned annually by the Department for Health and the DfE. The report provides the following unit costs in respect of children's social care delivery:

- £337 – mean cost per child per week of a child supported under a Child Protection (CP) process
- £163 – mean cost per child per week of a child supported under a CIN process.

In 2013/14, there were a total of 449 children managed under a CP process for an average length of 12 months at a total cost of £7,868,276.

We believe that our new model will increase the quality of CIN planning and delivery, leading to a reduction over time in the number of referrals to CP by around 10 per cent, this being equal to the

number of children who escalate to CP for a second or subsequent times. For Cheshire East taken as a whole we calculate this as:

$$(44 \text{ cases} \times \text{£}337 \times 52 \text{ weeks}) = \text{£}771,056 - (44 \text{ cases} \times \text{£}163 \times 52 \text{ weeks}) = \text{£}372,944^2$$

Which, when scaled to our Project Crewe pilot equates to:

$$(32 \text{ cases} \times \text{£}337 \times 52 \text{ weeks}) = \text{£}560,768 - (32 \text{ cases} \times \text{£}163 \times 52 \text{ weeks}) = \text{£}271,232$$

2. Reduce the number of repeat referrals (re-escalation) to the CIN team (i.e. reducing 'Start-Again Syndrome'), thereby avoiding the cost of delivery

In 2013/14, there were a total of 4,352 children supported at CIN level. Approximately 957 of these were repeat (second time) referrals, and this is based on the rate of referrals and from analysis of Cheshire East Council's referral records. In accordance with the PSSRU we can calculate the cost associated with managing these repeat CIN at £36,887,552 a year.

We believe that our new model for and intensive, child-centred and family focused CIN approach will significantly reduce the number of repeat referrals. Applying a conservative approach, we can calculate the saving achievable from a 25 per cent reduction for Cheshire East taken as a whole as follows:

$$240 \text{ cases} \times \text{£}163 \times 52 \text{ weeks} = \text{£}2,034,240 \text{ per annum}^3$$

Which, when scaled to project Crewe, equates to:

$$168 \text{ cases} \times \text{£}163 \times 52 \text{ weeks} = \text{£}1,423,968 \text{ per annum.}$$

Our total savings calculations are provided in Table 2.

Table 2: Projected savings calculations We estimate that our new model for CIN delivery will achieve savings in excess of the annual operating costs of the model.

Delivery Type	Estimated Escalations avoided	Average Length (weeks)	Average Cost per week	TOTAL COST
Child Managed via Child Protection (CP) plan	449	52	£337	£7,868,276
Child managed via Children in Need Arrangements	4,352	52	£163	£36,887,552

New CIN model				Avoided Costs					TOTAL ANNUAL SAVING
New CIN Service Outcome	Average Length	Cost per week	TOTAL COST	Delivery Type	Estimated Escalations avoided	Average Length (weeks)	Average Cost per week	TOTAL COST	
Cheshire East									
1. Prevention in escalation to CP by 10%	52	£163	£372,944	Child managed via Child Protection (CP) Plan	44	52	£337	£771,056	£398,112
2. Prevention of repeat referrals to CIN by 25%	0	£0	£0	Repeat referral to CIN	240	52	£163	£2,034,240	£2,034,240
<i>Total annual saving:</i>									£2,432,352
Target Cohort (Crewe)									
1. Prevention in escalation to CP by 10%	52	£163	£271,232	Child managed via Child Protection Plan	32	52	£337	£560,768	£289,536
2. Prevention of repeat referrals to CIN by 25%	0	£0	£0	Repeat referral to CIN	168	52	£163	£1,423,968	£1,423,968
<i>Total annual saving:</i>									£1,713,504

² (Reduction in CP caseload x weekly cost of delivery x average length of delivery) - (reduction in CP caseload x cost of CIN delivery to affect the reduction x average length of delivery) = saving achieved

³ 25 per cent of repeat CIN cases x average cost of delivery x average length of delivery = saving achievable

Assumptions

The percentage reductions used in our cost saving calculations have been derived through discussion between Cheshire East’s Children’s Social Care team who have thorough understanding of levels of demand and capacity, and Catch22’s experience in the outcomes that can be achieved through alternative delivery models similar to that proposed by Project Crewe.

The units costs are derived from the information provided by a Local Authorities survey in a week in 2005 and then have had an annual uplift applied to 2013-14 rates. As Cheshire East pays higher than average agency rates for social care staff it is envisaged that the overall savings would be higher.

The intention throughout the pilot would be to compare the cost of sample cases within the new service against cases undertaken by traditional social care teams. This could be completed against the average cost per week or on the average hourly unit cost of the new Family Practitioner providing support as opposed to a traditional unit cost of a Family Support worker or Social Worker.

Financial sustainability

Catch22 and Cheshire East Council consider Project Crewe as the first stage in a long term partnership and strategy to reconfigure the way CIN services are delivered across the whole local authority area. In so doing we wish to ensure there is sufficient resource within teams to deliver effective interventions across the whole spectrum of risk and need, not simply for those at the point of crisis.

We have calculated that the annual operating costs for our Project Crewe Team will be £1.5 million, with this figure reducing over time as we look to: identify economies achievable from scaling up the service across the local authority; implement process efficiencies; and, eliminate waste. Within the context of our pilot, we’re clear that the annual operating costs are less than the savings achievable through our new delivery model.

Given the savings achievable, and providing the pilot provides firm evidence that these savings are on the way to being realised, Cheshire East Council will continue to fund the delivery of the new CIN model beyond the pilot period, as presented in Figure 7 (which is also included as a tab within Budget, Annex F). Catch22 and Cheshire East Council have already considered the commercial arrangements for this and are keen to explore the potential for establishing a joint venture in addition to adopting a Social Investment Bond and/or Payment by Results arrangement to further drive positive outcomes from delivery.

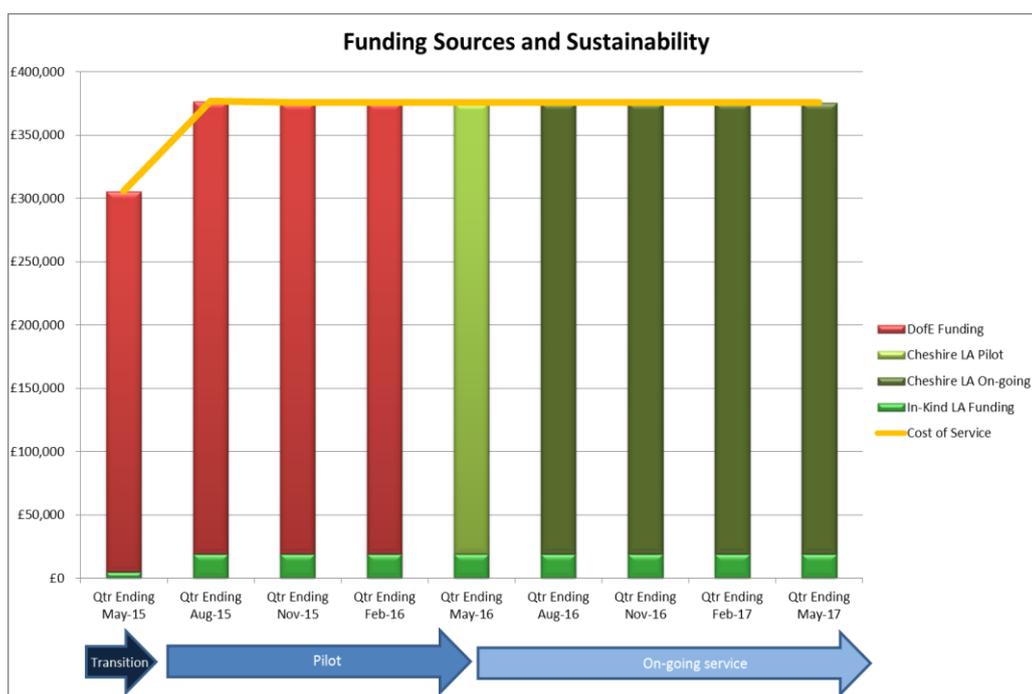


Figure 7: Funding Sustainability – Providing the model is successful in achieving the outcomes we predict, Cheshire East Council are committed to continuing to fund our new approach to CIN delivery.

8. Scale and Spread.

Catch22 is currently managing a £25 million *Realising Ambition* programme on behalf of the Big Lottery Fund which is specifically designed to promote the replication of interventions proven to achieve positive outcomes for young people. We will apply the learning and experience we have gained in managing *Realising Ambition* to design a robust plan for scaling up our model across Cheshire East and for sharing our model with other local authorities across England and Wales. We will follow the same replication logic used within the *Realising Ambition* programme (presented as Figure 8), and this is as follows:

1. **Testing** – Our intention is that the evaluation framework we will design with our evaluation partners for Project Crewe will validate the success of our new CIN model in achieving quality and financial savings. We will seek to prove that not only should the model be scaled up locally in Cheshire East, but also that our model can be adopted by other local authorities nationally.
2. **Refine and Improve** – We will ensure that we capture all of the learning arising during the Project Crewe pilot and we will use this learning to improve and refine our model. Our focus will be on securing even better outcomes for children and families. In particular, we will take every opportunity to engage with our service users to make sure that the model constantly evolves to best match their needs and expectations. In this way, we can be sure that we have developed the best possible model in advance of scaling locally and sharing with other local authorities.
3. **Codify the Model** – By developing our new model for CIN delivery, we are essentially developing a new practice framework for how non-Social Work qualified practitioners can best engage with children and families to address the route causes of need. Having refined the model following the pilot period, we will look to formally document our model thereby providing an invaluable resource to be shared with other local authorities and delivery partners. This will include details on the delivery structure and partnership arrangements, training and practice components, and advice and guidance on how to successfully implement the new ways of working.
4. **Share and Scale** – Catch22 will actively seek to engage with other Local Authorities to share our experiences and successes in CIN delivery. In particular, Catch22 will engage with Local Authorities through the *National Care Advisory Service (NCAS)*, a leading national body managed by Catch22. NCAS is committed to promoting peer to peer support, networking and coordination between local authorities and partner organisations and actively provides opportunities to share positive practice, discuss challenges and opportunities and develop shared learning. Catch22 and Cheshire East Council are committed to openly engaging with any Local Authorities who wish to consider the implementation of our new model of CIN delivery, and with no conditions attached to that engagement.
5. **Continually improve** – We will always work to continually improve our model of CIN delivery, and to continue engaging with our key partners, service users and with other Local Authorities to enhance the quality of the service we provide. In turn will also improve the quality of the outcomes we can help children and families to achieve.

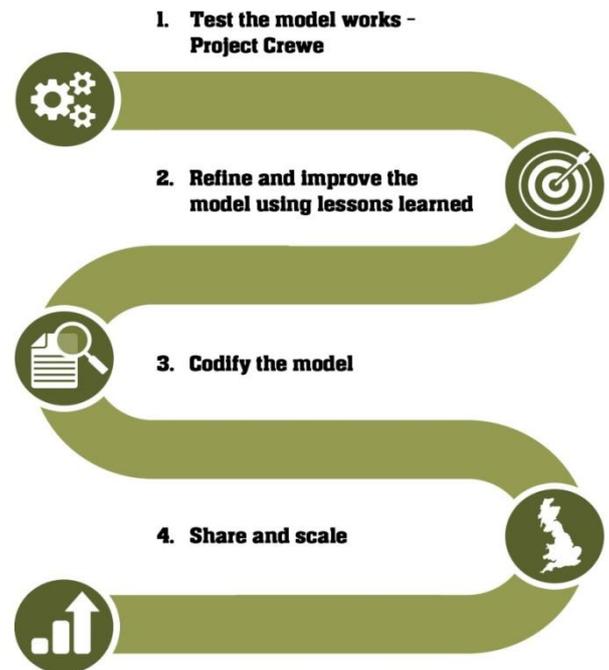
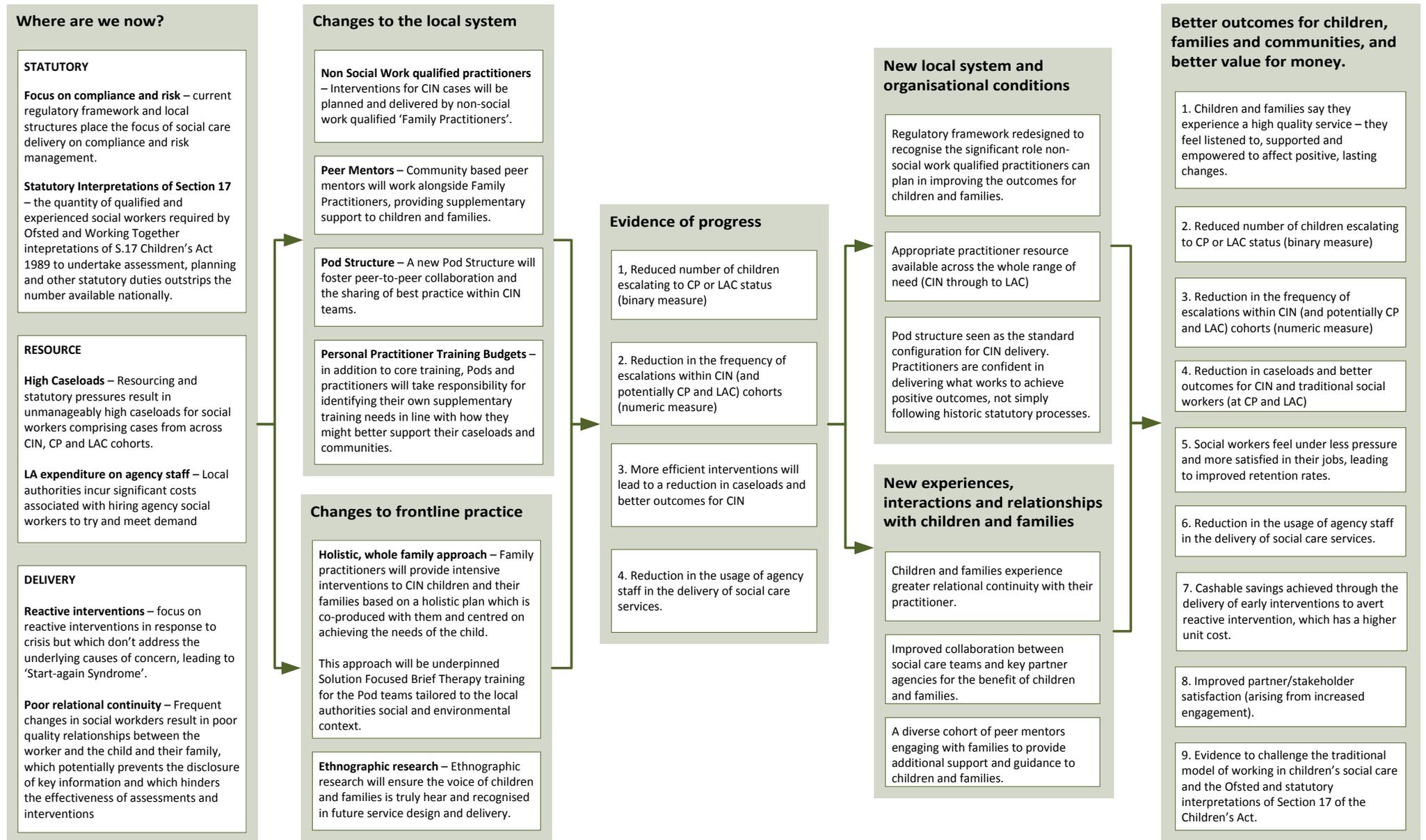


Figure 8: Scaling Methodology– We will use the lesson learned from our *Realising Ambition* programme to scale and replicate our model

Annex A Project Cheshire Theory of Change Model



Annex B

Case Studies

Thurrock

Our Family Intervention Project in [Thurrock](#), Essex, supports families in complex and chaotic situations. There are often many problems which can lead to negative outcomes including, but not limited to, children entering care, household evictions or family members in prison. We work assertively and positively with families on a planned programme to support and enable them to make lasting changes for the better. Of those with whom the service worked in 2012 45 per cent of families known to Social Care had their cases closed, and the 25 per cent who were on the threshold of care reduced to 0 per cent.

Wirral

At the Intensive Family Support service in the Wirral, Catch22 helps families in need of extra support, including families affected by substance dependency, domestic violence or who have been involved in antisocial behaviour. The family is allocated a dedicated Catch22 support worker who starts by assessing what they need help with. Based on this assessment, a plan is made to which the whole family agrees. The Catch22 worker then co-ordinates with other agencies to ensure the family receives support for everything they need help with. The plan is reviewed every six weeks, by Catch22, the family and the other agencies involved. We support the families for six to 12 months and follow up with each family six months after closure.

Catch22's core offer to families includes:

- Assigning a key worker to the family;
- Identifying the needs of the family;
- Working with a full range of needs, both practical and emotional;
- Agreeing a clear plan with the family and ensuring that all members stick to it;
- Identifying and working with partners, drawing in a range of expertise and referring families to other agencies where necessary;
- A flexible approach, including early morning and late night visits, responding to the needs of the family but ensuring that challenges are made.

Families have seen a 91 per cent reduction in the number of incidents of domestic violence, an 83 per cent reduction in antisocial behaviour and offending, a 67 per cent reduction in alcohol, drug and volatile substance abuse by children, and an 83 per cent improvement in children and young people's attendance and behaviour at school (Catch22, 2012).

Using the Family Savings Calculator (FSC), developed by the Department for Education, Catch22's Wirral Intensive Family Service can evidence a total saving per family of £62,003; totalling £3,038,140 across all cases, highlighting the effectiveness of utilising a robust intensive family support model.⁴

⁴ It measures the numbers of arrests, social care visits, housing enforcements, school exclusions, orders etc. prior to the intervention and compares the number to those after the intervention. It then calculates possible savings made due to the fact the family are much less likely to cause ASB or need a social care intervention for example.

Annex C**Family Practitioner Job Description and Person Specification - Draft****Family Practitioner****Summary of Job**

To deliver targeted and intensive engagement to families with children who are identified with unmet developmental needs, through sustained intervention using whole family assessment and professional methods to effect and sustain positive change. The primary objective of this job role is promoting and protecting the welfare of children and young people to prevent an increase in unmet needs and escalation to acute and crises intervention services.

Main duties and accountabilities

- To lead the delivery of the partnerships' Children in Need service across the town of Crewe in order to prevent the escalation of prove children identified with developmental needs into Children's Social Care and to support the de-escalation of children with outstanding developmental needs exiting Children's Social Care.
- To practice within a dedicated Pod, working closely with other team members to appropriately pool resources, skills and ensure continuous case file management procedures, professional development and performance in line with the partnerships' target for achievement.
- To lead in the delivery of cases, taking on responsibility of dedicated key worker and undertaking all associated work with allocated children and their families. To assess family situations and plan, deliver and review individual programmes of support; ensuring that children and families especially those who are harder to reach, are prioritised in terms of receipt of services.
- To practice with children and families using the principle approach of Solution Focused Brief Therapy, working with children and families through group or individual solution focussed methodology to enable them to repair, and move on in their lives towards improved and sustainable outcomes.
- To record all service user information and intervention on the Liquid Logic data management system to ensure work is timely and completed to the partnerships' case management standards.
- In addition to using the principle evidence based programme of Solution Focused Brief Therapy, to draw on other forms of evidence based training and expertise to develop parents' skills and promote effective parenting.
- To work in partnership with other local agencies and services, supporting families in order to maximise resources to support them at a universal level.
- To work in partnership with children and their siblings and parents/carers, promoting their involvement and ownership in planning service delivery which meets identified needs.
- To maintain appropriate case management records and to assist in the provision of regular written case studies/reports to evidence outcomes and progress to funders and management.
- To ensure that protocols regarding child protection, confidentiality, equality of opportunity and risk management are maintained at all times;
- Where safeguarding concerns are identified, to respond appropriately by supporting the child and their family and referring the information to Children's Social Care in accordance with the requirements of the partnership's safeguarding policy and guidance, and working in collaboration with the Children's Social Care team thereafter to de-escalate the risk and need;
- To carry out a holistic family assessment of need and to agree with the family a series of outcomes to be achieved and the means by which this will be done. To track the progress of children and families against the prescribed outcomes using the outcomes star self assessment tool supported by professional assessment recorded within the case file.
- To keep personal development needs under review, keep informed of current issues and be alert to

the partnership's training programme and policies.

- To safeguard the Health and Safety of all persons and premises under your control and in accordance with the guidance and provisions of Health and Safety Legislation, and Authority and Departmental Codes of Practice and Procedures.
- To work flexibly to meet the needs of children and their families. This will include a regular pattern of working in the evenings and at weekends.
- To undertake on-call duties as required by the service.

Corporate accountabilities

- To make sure that you read, are familiar with, and follow all policies and procedures.
- To act as an ambassador for the partnership, upholding and promoting our corporate values.
- To undertake any other duties, which can be reasonably expected of you, within the level of your job.

Specific requirement for the job

- This post may involve occasional travel around the UK.
- This post will involve evening and weekend work as part of a regular pattern of working to meet identified needs of children and families.

Family Practitioner – Person Specification

Criteria	Assessment
<p>Essential Qualification:</p> <ul style="list-style-type: none"> • There is no essential qualification for the role. Candidates who demonstrate strong motivation, a willingness to be innovative and try a new approach to working with children and families and those who are clearly solution focused, tenacious and persistent in their work will be scored most highly. 	Application form/ Suitability Assessment/ Interview
<p>Essential Experience:</p> <ul style="list-style-type: none"> • A proven track record of working creatively with children and families identified at level 2-4 on the continuum of need. • Experience of assessing family situations using a holistic family assessment tool, and develop individual packages of support and translating them into effective support plans aimed at supporting children and families. • Experience of working with a range of issues affecting children and their families, such as substance misuse, domestic violence, school exclusions, offending behaviour. • An understanding of key local and national policy frameworks relating to children with unmet developmental needs; • Experience and understanding of effective engagement methods and techniques • Experience and understanding of safeguarding • Experience of leading and delivering group work with families • Ability to use information technology and software programmes 	Application form/ Suitability Assessment/ Interview

<p>Desirable Experience:</p> <ul style="list-style-type: none"> • Experience of delivering effective services to children and their families using a solution focussed therapeutic approach. • Experience of delivering evidence based programmes • Experience of working in a small dedicated team 	Application form/ Interview
<p>Essential Knowledge and Skills</p> <ul style="list-style-type: none"> • An understanding of the risk factors, which may prevent children and families from achieving outcomes. • Knowledge and understanding of safeguarding legislation and guidance. • Able to maintain confidentiality and to share information appropriately and professionally. • A knowledge and understanding of influences on parenting and parent-child relationships • Ability to represent and justify a professional viewpoint based on the assessed needs of a child/young person in challenging circumstances. 	Application form/ Interview
<p>Desirable Knowledge and Skills</p> <ul style="list-style-type: none"> • Knowledge of the Crewe area and local provision within Crewe 	Application form/ Interview
<p>Personal Qualities</p> <ul style="list-style-type: none"> • Ability to work independently as well as part of a small dedicated team to achieve shared performance targets. • Creativity, and willingness to work in new and different ways to engage, support and enable improved outcomes for children. • Strong implementation skills and the ability to drive changes. • Ability to form positive professional relationships with children families, using language that is appropriate to the development of children, family culture and background. • Effective written and verbal skills of communication to a range of audiences including children, parents and professionals. • A confident individual with the ability to advocate on behalf of service users and staff including appropriately challenging others. • Ability to respect the contribution of others, working with children and families, establishing positive working relationships and promoting participation in the development of programmes and services. • Ability to share information in an appropriate, timely and accurate way. • Able to recognise and to demonstrate an awareness of the need to ensure equality in opportunity and outcome 	Application form/ Interview
<p>Specific Requirements for the post</p> <ul style="list-style-type: none"> • A flexible and creative approach to service delivery and development. • Able to work regular evenings and weekends as required by the children and families needs. • Willingness to undertake new training and professional development, as necessary, in order to deliver an innovative service which operates differently to traditional statutory provision. 	Application form/ Suitability Assessment/ Interview

Annex D

Project Plan

A detailed plan for Project Crewe is provided as a separate PDF document.

Annex E**Project Cheshire Risk Log**

id	Risk Description	Impact Description	P	I	Mitigation Strategy	RR
1	Operational – Failure to secure the support and engagement of key stakeholders and partners	Project Crewe teams unable to deliver a service integrated with the current support framework for children and young people in Cheshire East	H	H	Reduction – We have already secured the endorsement of the Cheshire East Local Safeguarding Children’s Board, in addition to their commitment to fully support and engage in Project Crewe for the benefit of CIN children and families.	M/L
2	Operational – Failure to integrate with traditional Children’s Social Care teams	Failure to engage with qualified social workers in instances of escalated risk, meaning that the risk to the child is not managed appropriately	M	H	Avoidance – The inclusion of Vicky Buchanan, Principal Social Worker on the Project Implementation and Project Delivery Boards will ensure the new CIN teams and traditional Children’s Social Care teams are integrated, and that they remain so throughout the project.	M/L
3	Operational – Continued statutory restraints to innovation	The continued application of the existing statutory framework by Ofsted means that we are unable to meaningfully test our new model of CIN delivery.	H	H	Avoidance/Transference – We ask that the DfE facilitate early discussion with Ofsted during implementation to confirm to acknowledgement that we are ‘doing things differently’ (in line with the objectives of the DfE Innovation Programme) and that this must be acknowledged in the scope of future assessments and inspections	M
4	Operational – Family Practitioner’s failing to meet expected quality standards	Delivery doesn’t meet the quality expectations of service users, and/or the quality standards expected by Cheshire East Council.	M	H	Reduction – Catch22 is experienced in recruiting, training and managing family practitioner type personnel Reduction – We will implement a robust quality management framework for delivery which will include regular staff supervision, inspection and audit, and continued performance oversight by the delivery board.	L
5	Cultural – failure to prevent the new CIN teams adopting the existing culture of delivery during the pilot period	The new CIN model does not achieve a new and sufficiently independent identity as a result of the specific leadership, training or organisation of its structures and processes. As a result, the issues appertaining to over-bureaucratic management, problem associated practice and inefficient resourcing prevails, resulting in a failure to achieve quality outcomes.	M	H	Avoidance – Catch22 will assume full responsibility for delivering the new CIN services on behalf of Cheshire East, thereby securing a sufficient independence from existing structures and processes. Avoidance – Careful consideration given to the design of the case referral process during the pilot period to maintain the integrity of the test environment for the pilot in respect of resourcing Reduction – Project Board to support the project team and delivery manager in making clear to all staff and key partners (via LSCB) that the defined leadership, methodology, programme integrity and reliability of the project is key to its success in achieving better outcomes for children and families.	L

6	Implementation – Delay in recruiting managers and practitioners to new roles.	Results in a delay in commencing the service, which reduces the length of the pilot and the time available to evidence improved outcomes in delivery.	M	M	<p>Reduction – We have developed a clear implementation plan which includes timelines for the recruitment and vetting of staff and which sees these activities commencing during a pre-mobilisation period to maximise the lead time available.</p> <p>Reduction – Catch22’s existing presence in the Cheshire area will enable us to fill many of the positions through internal recruitment and redeployment to fill any gaps following direct recruitment.</p>	L
7	Implementation – DBS check delays	Staff unable to start delivering work	L	M	<p>Avoidance – As above, practitioners will be able to commence in post with a DBS less than 12 months old whilst a new DBS is completed.</p>	L
8	ICT – Failure to secure an appropriate ICT system managing and recording service user engagement	New CIN teams unable to effectively record and track interactions with service users and to evidence progress in achieving positive outcomes	L	H	<p>Avoidance – Catch22 will use Liquid Logic to manage and record casework. Catch22 already uses Liquid Logic to manage several existing contracts and is familiar with the system which is also already used by Cheshire East’s Children’s Social Care teams</p>	L
9	Operations – Interventions do not effectively engage or impact upon the de-escalation of adolescents	Positive and sustained outcomes are not achieved for children and families which help to reduce risk and increase protective factors.	L	H	<p>Avoidance – Service Manager will have overall responsibility for interventions offered including the methods by which the social work unit initially engages with and form and develop effective working relationships with young people and their families. Catch22 will insist that, where appropriate, initial introductory appointments are facilitated by the referrers to facilitate transition in service and relationship. We will use peer mentors in the process of engagement, sharing previous case studies, programme benefits and offering practical support which runs alongside the programmes. The CIN team will operate from 8am to 8pm across the designated delivery area ensuring that the service is accessible, flexible and open when young people need it most. Methodology will be informed by family systemic therapy, and solution focussed methods which promote ownership and engagement by young people. Supervision and group case management meetings will track progress and developments ensuring programme fidelity and support.</p>	L
10	Operations – Service draws capacity from current teams	Consequential attrition within the Children’s Social Care Teams impacts on Cheshire East’s improvement progress	M	H	<p>Avoidance – practitioner roles have been benchmarked against existing CEC roles to minimise financial incentive for change</p> <p>Reduction – Secondments from Cheshire East will be considered on a risk managed basis. See risk 6.</p>	L

Annex F

Budget Plan

A detailed budget and costs breakdown for Project Crewe is provided as a separate excel document.