

Feedback	Comments / actions on the feedback
<p>1. Temporary post assessing social worker (12mths) – this post is due to end in July 2017 and as such will likely affect our capacity to recruit new carers and to be able to complete the volume of viabilities/assessments that we are currently able to in house, thus increasing the need for external assessors and associated costs</p>	<p>This will be reviewed following the outcomes of the projects implemented under Work-stream 3 of the Delivering Excellence Plan</p>
<p>2. Recruiting new foster carers – should our recruitment strategy be successful and we substantially increase the numbers of foster carers in the county, then we are likely to need an increase of SW staff to cover statutory requirements of supervision & support to foster carers</p>	<p>As above</p>
<p>3. Intensive fostering scheme – should we be successful in developing a small intensive fostering scheme to reduce the expenditure on tier 4 provision in the county, this will involve a cost to provide sufficient staff and support services to set this up and sustain it</p>	<p>As above</p>
<p>4. I have previously made a request for an additional senior practitioner post in the placement team. Given the workload, staff numbers and the fact that we are supporting a group of foster carers who still need managerial support, another 0.5ft post would enable the service to deliver more effectively on its responsibilities</p>	<p>As above</p>
<p>5. Contact Service – This is a service where there is a potential spend to save opportunity, which could be explored.</p>	<p>Agreed as part of the work being undertaken within work-stream 3</p>
<p>6. It is not clear who ultimately has responsibility for the decision making at the front door. A very hands on Manager, a good senior and a good admin can do it but needs very clear remits/role out line and strong processes. If due to the pressures of bringing on line a new structure and remit at the front end, the manager is otherwise engaged this ends up with one SP making decisions this is neither long term sustainable, or safe.</p>	<p>Agreed that this remains service critical and subject to review with additional resource allocated on an interim basis during the implementation period of the delivery model.</p>
<p>7. It has always been difficult to recruit and retain SW's to posts when the primary work is short term, investigations and assessments then pass it on. This role also can have a high absence and sickness rate.....it's also</p>	<p>Agreed and will be progressed as part of work-stream 2</p>

<p>good to think of what about that role would make it attractive and sustainable. Within budgets of course!!</p>	
<p>8. I think that the plans are the best in moving the service forward and a clear definition of teams is needed.</p>	
<p>9. Re: Front end the roles of the senior practitioners is going to be very important and I am of the view that two senior practitioners will need to be responsible for the managing of what comes into the service. I'm not clear as to whether the proposed plans will be for the senior pracs to have clear roles in that one would be working with TAF and the other specifically for intake work MARFS, strats, and supervising SW's within the duty team. My view is that it would work best with 2 senior pracs both managing duty as this is in my view is a very difficult role to manage with/for one senior prac.</p>	<p>Agreed see comments point 6</p>
<p>10. Allocation of cases: Is there going to be a clear transfer protocol of cases moving from the front door through to the care and support team? I have a view on this in that in order for the early intervention and front door hub to be at its most effective it has to be confident in the transfer process and clear identification of work that fits in its service area. Many authorities have difficulty with this in that the pressures and demands on services areas creates a culture of gate keeping which invariably impacts on front door services. I would suggest that any transfer protocol would clearly identify a transfer point of CP, Care and Support, LAC, Transfer In Conferences, 16+ and private law (s.7's/37's). as an example any transfer protocol could look at any case going to an ICPC, that case would be at that meeting be transferred immediately at that point. The receiving Team would have a SW/Snr or TM attend. Should there not be worker available to attend the case would still move through to the care and support team who would have to allocate from that date.</p>	<p>Valid points and is being progressed through work-stream 1</p>
<p>10a The benefit of this I think is that the right work is sitting within the right team which would allow the respective teams to do the work that they are set up to do.</p>	<p>Agreed</p>

<p>11 Overall I think the consultation document is good, and the restructure makes perfect sense. It's clear, concise and an easy read (it really gets the message across).</p>	
<p>12. It looks good – it would be good to mention the support staff that don't sit within Children's - With greater emphasis on performance ,projects, transition etc. and the transition team sitting Adult's. A dotted line to additional Support may make it clearer.</p>	<p>Agreed and added into the structure (appendix b)</p>
<p>13. Just looking briefly at the proposed structure . From a very personal view, I feel we are better sat under the CP Co-ordinator as we are now, not the Business Manager ... so much of our 1:1 is taken up with talking about individual cases that I think discussions may be lost somewhat. I do, however, acknowledge that Business Support needs to be provided for all the service, so there are cases when we may be asked to cover colleagues, which in fact we are already doing.</p>	<p>Agreed and amended</p>
<p>14. Concern that TAF will be within the Early Help Team and that this will result in a loss of autonomy for the project with an increased emphasis on working with higher levels of risk and a lack of critical challenge between the two service areas. Concern that engagement with families and the wider partnerships will be affected.</p>	<p>Concerns noted and transition plan to be agreed which does not lose sight of the currents strengths, remit and identity of TAF. The TAF project will transfer across as it is currently and report to the service manager for Well-being and Safeguarding for a transition period prior to any further decisions being made.</p>
<p>15. Right-sizing is dependent on role profiles and models of family support</p>	<p>Comments noted and will be addressed further in family support review and the work around role profiles – acknowledgement that we are currently operating a mixed model.</p>
<p>16.</p>	