

| Briefing for: | Children's Safeguarding Policy and Performance Panel |
|---------------|--|
|               | T  |
| Title:        | First Response Processes and Planning                |
|               |  |
| Lead Officer: | Sylvia Chew, Head of Service, First Response         |
|               |  |
| Date:         | 24 <sup>th</sup> January 2011                        |

#### 1. Introduction

This report is produced to advise the panel about the service provided by First Response and the process by which referrals relating to Children and Young People living in Haringey and believed to either be in need of support or at risk of harm are managed and appropriate action taken.

### 2. Team Structure

2.1 First response consists of 6 social work teams:

The screening team is a multi agency triage service consisting of a core team of Metropolitan Police, Health Visitors and Social Work staff. Aligned with this is an extended team including part time support from Child and Adolescent Mental Health, the Youth offending Service, Education Welfare and the police Child Abuse and Investigation Team The role of the team is to screen all contacts and ensure that appropriate action is taken in a timely manner.

- 2.1 **The 4 duty Teams** work on a rota basis to provide social work assessment and support to the 60 cases per week which meet the threshold for children's social care. Should families require long term social work intervention transfer occurs to the long term social work teams
- 2.3 The No Recourse to Public Funds Team (NRPF) is a bespoke service for families with children who are destitute and unable to access public funding support. Many of these are single parent families with a history of domestic violence. The team works closely with the Home Office and Boarder Agency.



## **Haringey Council**

- **2.4 The Emergency Duty Team (EDT)** provides an out of hours service to both adults and children outside office hours including weekends and Bank Holidays.
- **2.5** The Local Authority designated officer (LADO) This specialist post coordinates the assessment and management of cases where an allegation is made against a professional.

#### 3 Process

- 3.1 In keeping with the current computerised data system (FWI) information, queries and referrals into the service are all designated as a 'contact' This typically includes notifications from the Police Public Protection Unit that a child has come to their notice (known as PACS. Police), information from the out of hours Emergency Duty Team (EDT), requests for information from other agencies and expressions of concern from members of the public or other professional bodies inside and outside the service, typically schools, health and adult social services.
  - 3.2 Contacts come into the service either electronically, by post or by fax. All contacts are considered by a manager and are logged onto FWI. The latter process includes ensuring all personal details are recorded and family records are linked together to give an accurate picture. The number of contacts per week varies enormously but currently stands at between 100 150 per week. This is a significant reduction on 2009/2010 level and relates to increased work undertaken by the Public Protection Desk and increased confidence in partner agencies about their ability to manage risk through the Common Assessment Framework and universal services.
  - 2.1 Consideration of each contact will lead to a variety of outcomes. These are made in keeping with Haringey's Threshold guidance. Some contacts will designated for No Further Action. These would include police notifications relating to older Young People reported missing but who have returned home at a reasonable hour or Young People victims to petty crime.
  - 2.2 At times the information received on the contact is insufficient to enable decision making. In this case the dedicated screening officers, all social workers, will ring the referrer for more information and to offer information and advice. Currently 60 70% of contacts into the service are managed in this way. This again demonstrates the ability of the multi agency screening service to advise and support families and professionals without the need for social worker intervention. Examples of work undertaken at this stage are requests for information from other agencies such as the courts, work with mothers who have acute post natal depression who can be supported by their health visitor and GP or parents who need to talk though issues around parenting an adolescent



who is challenging boundaries but who can be supported by community resources.

- 2.3 In addition there is close liaison with the manager of the CAF Team. Some referrers will be offered a consultation with her to enable support to be provided via the Common Assessment Framework (CAF).
- 2.4 Contacts which require further action are designated as a '**referral**' on the FWI system. Currently this constitutes an average of 25.3% of all contacts. A key indicator in the ability of the screening team to manage this process is the conversion rate from referral to assessment. Currently our conversion rate is 92%, some 20% above national Averages.
- 2.5 Referrals of an urgent nature, such as those relating to Child protection concerns (between 10 -12 referrals per week) are dealt with immediately via a referral to the police Child Abuse and Investigation team (CAIT) and a strategy meeting. These referrals are actioned as part of our statutory responsibilities under S47 1989 Children Act. This relates to children and Young People at risk of significant harm.
- 2.6 Referrals of a less urgent nature are designated as Child In Need cases and will be actioned for Initial assessments and should be completed in 10 working days. Work on these cases is undertaken under S17 1989 Children Act which relates children and YP who may not reach their developmental potential without service provided by the Local Authority.
- 2.7 Subject to parental consent being given other agencies including GP, health and schools and other agencies as appropriate are contacted. The family home is visited, parents interviewed and the child seen alone if age appropriate. Parental consent will be dispensed with if the child if information collection is required to ascertain if the child is at risk of significant harm.
- 2.8 In the rare circumstances where parents do not agree to an initial assessment being completed the case is reviewed by a manager and the referrer contacted again. At this stage a decision is made whether the concerns are such that the matter needs to be escalated to a Child Protection Investigation, in which case other agencies can be contacted without parental consent in order to safeguard the child or whether no further action will be taken. In the latter instance the referrer will be advised and asked to contact the service if they have any further concerns.
- 2.9 Complex cases are subject to a core assessment, a more detailed piece of work taking 35 days.



2.10 Contacts regarding children or Young People known to other parts of the service such as Children in Care or Safeguarding and Support are passed to the named service. Information about children known to other Local Authorities is passed to their allocated social worker.

# 3. Current referral rates and workload

- 3.1 The Service continues to assess the needs of large number of Children and Young People with 1555 families being the subject of an Initial Assessment and 926 children requiring a Core Assessment.
- 3.2 Following Assessment there are a variety of outcomes. Where it is safely possible families are supported to care for their children through the use of universal services or through a multi Agency Team around the Child following a CAF Assessment.
- 3.3 Some children's needs will be discussed at a Child Protection Case Conference. This is a multi agency forum where parents and professionals in the child's life meet to discuss and develop and plan to safeguard the child. It is chaired by an independent chair. Between April 2010 and December 2010 226 children and Young People were made the subject of a Child Protection Plan. Following the development of the plan case responsibility transfers to the Safeguarding and Support Services.
- 3.4 In a minority of cases children and Young People will come into Haringey's care. This occurs in a variety of ways and for some children may only be for a short period. Some children may come into our care as the result of Police Protection. This is an emergency measure and the result of police officers assessing that the child cannot safely be cared for at home. This could be because young children have been left home alone or in uninhabitable home conditions. Police Protection lasts 72 hours after which the child must either return home, remain in Haringey's care on a voluntary arrangement often referred to as s20 or via a court order
- 3.5 Some children remain in our care as part of a voluntary arrangement with parents. This is referred to as s20 after the section of Children Act relating to this. This arrangement is used primarily for older children or for short term arrangements, for example if a child or young person has no one to care for them.
- 3.6 Where it is assessed that a child cannot safely remain at home a court order will be sought. This can be on an emergency basis and called an Emergency Protection Order. This order lasts 7 days and can be extended for a further 8 days. It allows for the child to remain in a safe place such as a foster placement or hospital whilst assessment and investigation to take place



## **Haringey Council**

- 3.7 Where it is assessed that Haringey may need to be the key partner in planning for the child' future needs including where they live an Interim care order may be sought. This gives Haringey shared parental responsibility with parents and the power to make plans for children and to keep them safe.
- 3.8 Once this piece of work has commenced and it is clear that the child or Young person will remain in Haringey's care, for example for the duration of court proceedings, then social work responsibility passes to the Long term Children in Care Team for planning for the child's permanency.