

<b>Item No</b> 7	<b>Classification:</b> Open	<b>Date:</b> April 2 2009	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Referral and Assessment Interim Annual Report 2008/09	
<b>Ward(s) or groups affected:</b>		None	
<b>From:</b>		Strategic Director of Children's Services	

## RECOMMENDATIONS

1. That the committee notes this report.

### Background

2. The Referral, Assessment and Family Support service in Children and Families is provided from Sumner House. The Duty Service moved to Sumner House in October 2008 and the whole service will be on one site from December 2008. Referral and Assessment Teams are responsible for the following areas of work:
  - Receiving and responding to all referrals from parents, public or other agencies about children in need or at risk
  - Undertaking initial assessments of children in need referred
  - Undertaking investigations of suspected or possible abuse of children and young people under Child Protection procedures
  - Taking short-term action to address vulnerability of children and young people and to pass on to long - term teams where a long - term intervention is required.
  - Liaison with Guy's and St. Thomas' Hospital Accident and Emergency and Specialist pre birth services (substance misuse and alcohol and Mental Health services for pregnant women).
  - Specialist housing liaison work (youth and family homelessness)
  - Assessments of Families presenting with No recourse to public funds
3. The Family Support and Family resource Teams receive that work from Referral and Assessment and are responsible for the following areas of work:
  - Conducting more in-depth Core Assessments of cases passed on from the Duty and Assessment Team
  - Case management of cases including child protection
  - Progressing care proceedings where a child or young person needs to be taken into the care of the authority
4. The majority of new referrals to Children's Services are made through the Referral and Assessment Teams and come from other professionals. Critical to the effective functioning of these teams is the capacity to take decisions on new referrals quickly, and determine what action is required within 24 hours
5. In his report into the death of Victoria Climbié, Lord Laming recognised the complexity of referral and assessment work, and stressed the importance of regular, high quality supervision of front line staff. Supervisors must meet regularly with social workers, sign off completed work, and read case files, to ensure that planned work has been undertaken and case plans are not allowed to drift. Supervision is also an important opportunity for the social worker to be helped to reflect critically on how the case is progressing and the judgments being made. To support this work, the teams must have

robust case tracking systems, which enable managers to monitor progress and ensure work is completed.

### **Team Structures**

6. The Referral and Assessment Teams comprise a Group Manager, 5 Team Managers, 5 Practice Managers, 14 Senior Practitioners, 23 social workers, a Social Work Assistant and a nurse specialist. The team is supported by an administrative team comprised of a service support manager 2 senior Executive Officers, 3 executive officers, and 5 duty information officers.
7. The team has been relatively stable since the reorganisation in 2006 but has seen a recent increase in turnover. The turnover rate in the referral and assessment service is relatively low 12-15% over the past two years. The team currently has 2 locum managers supporting maternity leave, 1 locum practice manager, and 4 locum social work staff. We are advertising and recruiting in February for all vacant posts and expect to be successful.
8. The referral and assessment service is one of the most critical aspects of children and families social work. How each new referral is handled will quite often determine subsequent work on a case. It is vital therefore that systems track cases and enable them to move quickly to other teams when required. Management of the teams must be clear, strong and decisive to ensure that children are safeguarded and delay is avoided.
9. The Referral and assessment team is divided into a smaller permanent duty team of one practice manager, 5 DIOs and 3 social workers. This team is responsible for managing:
  - Duty Desk Actions
  - Managing requests for information
  - Clarifying referral information
  - Unplanned walk-ins including completion of an Initial Assessment.
  - Allocation of complex Child Protection pre-birth assessments to Senior Practitioners
  - Specialist workers providing liaison and support on joint assessments
  - To provide a second worker to the allocated social worker when required on Section 47 duty visits.
  - Links with peri-natal hospital services and A&E.
10. Attached to the permanent duty team are a number of specialist posts that support assessment processes and strengthen liaison and referral pathways. These consist of the following:

### **Homeless Person's Liaison Post 0.5 of Social Work Post**

11. This post will be works across the Homeless Persons Unit and the Referral and Assessment Service. A manager in the permanent duty team supervises the work of the social worker. This worker undertakes joint assessments with a housing worker on homeless 16/17 year olds and vulnerable families. This has improved the quality of liaison and links between the two services. The worker also provides consultation to Housing colleagues with a view to: sign posting; improving the quality of referrals pathways; and earlier identification of children who may be in need or at risk. The social worker will undertake initial assessments on cases where housing issues feature significantly

## **No Recourse to Public Fund (NRPF) Social Worker**

12. This post currently works across the service. The remit is to help social workers complete assessments and review packages of support to families who have No Recourse to Public Funds. These packages comprise bed & breakfast or financial assistance for day-to-day living. The post holder also undertakes immigration checks and is available to provide consultations, joint visits and seeing walk-in service users (including initial advice on unaccompanied minors). The post is supervised by one of the permanent duty team managers. There are currently 14 NRPF cases open to the worker in R&A. There are many more assessments and cases open in the wider social care service.

## **Nurse Specialist**

13. The Nurse specialist is a qualified and experienced Health Visitor working with families with children under 5 or pre-birth work. The worker has been seconded by the Primary Care Trust. The nurse health specialist post is linked to the permanent duty team and managed by the Specialist Team Manager. She provides consultation, joint pre-birth assessments and a liaison with Midwifery and the universal health visiting service, linked to pre-birth assessment work.

## **Senior Practitioners - Permanent Duty Team**

14. The main role of the two senior practitioners in the permanent duty team is to provide and strengthen the liaison/networking function to St. Thomas' and Kings College Hospitals. This particularly promotes close networking in the area of peri-natal services and the early identification of women that are pregnant and require a pre birth assessment due to concerns about their ability to meet the needs of the baby once born. These senior practitioners also take allocated case responsibility for 3 complex cases that may have a component of Mental Health, Substance Misuse or Learning Disability.

## **Team Activity and Performance**

### **Contacts**

15. The referral and assessment service receives information from a wide range of agencies. See appendix 1. Contacts may be information requests from agencies needing to establish if a child is known to children's social care, reports from agencies about children who are giving cause for concern, or children about whom there are substantial concerns.
16. The highest number of contacts received as can be seen in the report in the appendix are Merlin Reports received from the Police.
17. In 2007-8 Children's Social care received 3,500 Merlin reports on children and this year this has increased again. Approximately 40% (1500-1800) of these reports are about children who may be part of a household where an incident of domestic violence has been reported, or may have been involved or witnessed an incident of domestic violence. Other reports are about children who have come to the notice of the Police because for instance they are reported missing, have engaged in anti social behaviour or criminal activity.

18. All contacts are reviewed by a manager to see if the information received warrants further investigation or assessments. Most of the contacts are reviewed by the Duty Manager and are determined and given a priority rating. Those requiring further action are passed on to the assessment teams.

19. We receive a high number of contacts from members of the public and parents and carers.

### **Referrals**

20. Many of the referrals received by the referral and assessment service will have been sent on an inter agency referral form. However, this is not exclusively the case. For instance while not all contacts will warrant further activity by the referral and assessment teams some will because we may have received limited information. Those cases that are reviewed by a manager and determined as requiring further action are recorded as referrals. In 2007-8 Southwark received 5,377 referrals. This is well above the Inner London average of 3,160 for 2007/8.

### **Assessments**

#### **Initial Assessments**

21. Initial assessments are completed to determine whether a child is in need of services or at risk. They should be completed within 7 working days and children should be seen (with some exceptions) during the course of the assessment. In 2007/8 the local authority completed 2,715 initial assessments. This is very similar to statistical neighbours. We completed 78% of these in time and this was above average performance. In 2008/9 the current rate of performance now stands at 88% for completion within 7 working days.

#### **S.47 Enquiries and Assessments**

22. Where there is reasonable cause to believe that a child may be at risk of harm Children's Social Care are charged with considering whether there is a need to complete an assessment of risk. This involves holding a strategy meeting and/or strategy discussion with the Police and other key agencies. A decision to consider a S.47 assessment takes place after an initial assessment has been completed or more immediately where there are grave concerns about a child's immediate safety. It is an expectation that an assessment of risk is completed as soon as possible and certainly within 35 working days. The purpose of this assessment is to determine whether a child is at risk of harm and/or in need. Where children are determined to be at risk a child protection conference should be held within 15 working days of the strategy meeting.

23. In 2007/8 the referral and assessment team completed 800 S.47 assessments (statistical neighbours are completing 650- 700 on average). At present 100% of S.47 Core assessments are being completed within 35 working days.

#### **Children In Need Core Assessments**

24. CIN Core Assessments are completed where the needs of a child are regarded as complex and more time is required to explore the child's needs. Currently 35 working days are allowed to complete a core assessment. In 2007/8 Southwark completed 1,450

CIN Core Assessments last year. This is significantly higher than our statistical neighbours.

25. Last year 83% of all Core assessments were completed within 35 working days, which is better performance than statistical neighbours.

### **Accommodation & Court**

26. The Referral and Assessment service is responsible for bringing children and young people into care for a variety of reasons. Young people may for instance be alienated from their families, committed or be at risk of committing crime; they may be vulnerable due to abuse they have suffered. The referral and assessment service will work alongside our Alternatives to Care service to prevent the need to accommodate young people aged 13-16 year olds where an alternative family solution can be found for.

27. Children may be accommodated on a temporary basis because of parental illness or familial problems. Children will become looked after as an attempt to afford protection in the short term and on occasion for the medium term. In all such situations we need to ensure that we work collaboratively with the parents and with other professionals.

28. The referral and assessment service will also initiate care proceedings where children are evidently at risk. This includes through use of emergency powers afforded by the Children Act (Emergency Protection Orders). The Referral and assessment team has predominantly commenced proceedings on babies and children under 5 at immediate risk of harm through prenatal substance misuse or mental health problems.

### **Other Activity**

29. In addition to the above the Referral and Assessment service will complete:

- S.7 and S.37 court reports for children in private proceedings
- Assessments for private adoptions,
- Complete joint private fostering service adoptions.
- Child on Child Abuse investigations and Assessments
- Investigations of allegations against professionals
- Assessments of homelessness

### **Current Issues Affecting the Service**

30. The Joint Area Review in 2008 undertook a detailed examination Southwark's referral and assessment service and judged it to be good. The service was restructured 2 years ago to ensure that it was well staffed and resourced to deal with the very high volume of referrals to the service. Performance data indicates a strong service, but managers are vigilant and also undertake regular audits of the quality of practice.

31. Following Haringey's Joint Area Review we assessed our service against the key findings in the review. Overall, we judged our standards to be good.

### **Case Audits**

32. Specialist Children's Services managers have met to address the most urgent and pressing issues now. An initial audit will be undertaken of all children under 5 with a child protection plan. 24 cases have already been identified, and will be audited by 20

December. This will be followed by an audit of open “children in need” cases aged 5 and under. We asked all social workers about any cases which are worrying them, and these will be reviewed by managers. On 14 January, we will be undertaking a full Laming Audit of cases. This will use the template first developed in response to the death of Victoria Climbié.

### **Responding to staff**

33. DCS and AD have met with front-line staff and heard their views about what could be changed and improved. An action plan has been developed and a number of quick wins have been identified. These include the following:

- Slowness of database, and problems of duplicating records. Further work with SERCO is needed to speed up the system and make it more user friendly
- Provision of mobile phones for lone workers. Social workers often visit on their own, and may need to contact a manager for an immediate debrief, or to reassure that everything is well.
- Training on risk assessment to be updated and provided on an ongoing basis.
- Review of caseloads and benchmark against other similar authorities
- Improve the contact service for cases held in Family Support Teams. Currently, the resource sits with the Children Looked After Service. This will be redeployed to reflect where the work is.
- We have already increased the number of early years places available for children under 5 known to social care
- Provide more opportunities for reflective practice. This is being commissioned
- Use WNF to build a family aide service which could recruit local people
- Undertake a review of administration support services to ensure systems work smoothly and efficiently.

34. Operational managers and social workers are understandably nervous about their cases, and feel under greater pressure because of the increased scrutiny both nationally and locally. Senior managers continue to communicate with staff to provide reassurance and rebuild confidence in their work. A quick response to the issues above will help to maintain the stability of the workforce, and help them to feel valued when the profession is under attack.

### **Performance**

35. Initial assessments within 7 working days of referral have improved in quarter 2 to 78.3%, compared to 74% the previous quarter. Performance is above our statistical neighbour's average of 73%, and England average of 71% in 2007/08. End of year CYPP target is 78%. Southwark Children's Services Referral and Assessment team continues to receive a high number of referrals of children in need (5,377 in the 12 months ending June). This is significantly higher rate than our comparators, but a slight decrease from 5,572.

36. Despite Southwark having a high number of core assessments in comparison to other boroughs, we continue to perform well at completing core assessments within timescale. At Quarter 2 performance increased to 87%, an improvement on quarter 1 and 2007/08 (85%). We are currently exceeding the 83% CYPP target and our Statistical Neighbour's 2007/08 average of 77%. (Indicator 8, CYPP 20, NI 60, old APA ref 2022SC).

37. Children subject to a child protection plan (Indicator 9, CYPP 21, old APA ref 2023SC): Numbers of children subject to CP plans showed a gradual increase since 260 at end of March, peaking at 313 in August, but has since fallen in September to 291. This is an increase of 31 children with CP plans from 260 at the end of March. Our rate in September of 53.4 remains higher than the 07/08 England average of 26.5, and Statistical neighbour average of 41.5. This means we are now above our CYPP target of 43.6 – however the extent to which this is actually a performance concern is open to debate and needs considering against other factors such as the reduction in looked after children.
38. Child Protection reviews (Indicator 11, CYPP 23, NI 67, old APA ref 2034SC): The target of 100% of child protection cases reviewed within timescale has been maintained.

### **Staffing**

39. Recruitment to the service is ongoing, and some of the posts are under offer. We have been working closely with a recruitment agency and have just launched a new microsite, designed to attract people to Southwark. Human Resources is currently undertaking a benchmarking exercise to ensure we remain competitive with remuneration packages paid by other London authorities.
40. Caseloads appear high in Southwark, but there is very little benchmarking data available to make an informed judgement. Work is currently underway to collect data from other authorities. On average social workers hold about 10/11 cases, but this could include over 20 children. The review of caseloads will bring forward recommendations on how to address current workloads.

### **Family Support Team Staffing**

41. 2 Social Worker vacancies both covered by agency and both currently under offer to perm workers.  
 0.5 FTE Social Worker post covered by locum  
 3 supernumerary Locum Social Workers - one in each team  
 1 Locum Practice Manager covering Maternity absence  
 1 Social Worker is seconded to Children's Mental Health for 6 months to end May 09 will be covered by locum shortly

Total Locums in FST - 6.5 FTE (if the supernumerary posts are included)  
 Total established post vacant - 2 FTE (both under offer)  
 7.6% of established posts are covered by locums in FST

Turnover rates for FST –  
 Nov 05 - Nov 06 = 24.09%  
 Nov 06 - Nov 07 = 27.90%  
 Nov 07 - Nov 08 = 11.23%

Reassuringly, the turnover rate has reduced, but we will need to maintain our efforts to recruit and retain staff. The turnover rate in the previous two years was alarmingly high.

### **R&A**

42. 2 TM Locums one covering Maternity Absence & one covering vacancy

9 Social Work vacancies: all covered by locums but 2 of the posts are currently under offer to perm appointments  
 4 Senior Practice manager vacancies 2 covered by locums and one under offer to perm appointment  
 1 Practice Manager vacant and not covered

Total Locums in R&A - 13 FTE  
 Total established post vacant - 15 FTE (not including TM as Maternity absence)

Turnover rates for R&A –  
 Nov 05 - Nov 06 = 19.44%  
 Nov 06 - Nov 07 = 11.90%  
 Nov 07 - Nov 08 = 23.37%

27.08% of posts covered by locums in R&A

43, Of the 14 staff recruited to both FST and R&A in last 12 months - 4 have been recruited directly from overseas (28%)  
 Whereas the previous year - Nov 06 to Nov 07 of 21 Social work practitioner's recruited 4 were directly from overseas (19%)

44. Turnover remains a concern, and a new recruitment strategy group has been established to address some of the challenges in both recruitment and retention. The market for social workers is very competitive, and the impact of the recent events in Haringey has yet to be fully evaluated.

**Resource implications**

45. There are no additional resource implications to this report.

**Consultation**

46.No consultation has been undertaken.

**AUDIT TRAIL**

<b>Lead Officer</b>	Rory Patterson, Assistant Director: Specialist Children’s Services and Safeguarding		
<b>Report Author</b>	Paul Angeli, Service Manager, Assessment, Safeguarding & Family Support		
<b>Version</b>	Final		
<b>Dated</b>	March 24 2009		
<b>Key Decision?</b>	No		
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER</b>			
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments included</b>	



Director of Legal and Democratic Services	No	No
Director of Finance	No	No
<b>Executive Member</b>	Yes	No
<b>Date final report sent to Constitutional/Community Council/Scrutiny Team</b>	March 24 2009	