

Self Evaluation

Contact, Referral and Assessment

London Borough of Southwark

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Sections:	Page
1. Introduction to R&A service	1
2. Contact and referral	3
3. Quality and timeliness of assessment	4
4. Management oversight and decision-making	4
5. Communication, liaison and joint working between agencies	6
6. User views and meetings the needs of particular groups	9
7. Analysis of CAF activity over past 12 months	10

1. Introduction to contact, referral and assessment service in Southwark

The main Contact, Referral, Assessment and Family Support service is delivered from Sumner House, Peckham. The 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
- Initial assessments of children in need referred
- 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
- Specialist AIM Assessments of children who have been engaged in Child on Child Abuse activity
- Specialist Trafficking Assessments

In addition, the family support and family resource teams are responsible for:

- Conducting Core Assessments of cases passed on from the Duty and Assessment Team
- Case management of cases including those with child protection plans
- Progressing care proceedings where a child or young person needs to be taken into the care of the authority

Overview of strengths and current areas for development

Key strengths for the service are as follows:

- Staff committed to improving safeguarding services to meet the needs of children, young people and families.
- Despite high rates of referrals, robust screening and action for contact and referrals
- Overall good quality of case recording, including case management supervision being routinely recorded and outstanding work clearly highlighted and monitored
- Children are routinely seen during home visits
- Good use of performance data in delivering and monitoring services
- Piloting mentoring support for team managers working towards improved quality in decision-making
- Improvements in the consistency of sharing information between EDT and Referral and Assessment team.

Areas for development

Key areas of development for the service are:

- Working with partners to reduce the higher than average levels of referrals to social care
- Further improve the number of initial assessments completed to timescales
- Improvements in the quality of some aspects of initial and core assessments
- Timeliness of strategy meetings and child protection conferences although supported by close management supervision in such circumstances and the issue is currently under senior management scrutiny
- Response times in regard to a minority of referrals regarding child protection issues
- Embedding changes to processes regarding Duty Desk Action
- Further improvements in the quality assurance of follow up by managers of case management actions
- Improvements in strategic practice development in regard to some community safeguarding issues such as around domestic violence. Although work to address this is planned

2. Contact and Referral

Southwark continues to receive higher than London average rates of contact and referral which have been rising steadily over the last three years. We can evidence good rates of contact from all partners ranging from 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 safeguarding concerns.

A key priority of our current Children and Young People's Plan has been to 'raise safeguarding awareness across the system' and has led to much work across the children's trust and safeguarding board partners ensuring the children's and other relevant workforce are aware the signs and symptoms of child abuse. There has also been significant investment in development of partnership protocols and agreements to ensure that in response to local risk factors such as adult mental health or domestic violence that agencies make referrals to social care. Our rate of contacts indicates we have now raised sufficient awareness and our next step is to support better understanding thresholds to support reduced levels of contacts and improvement in the quality of some referrals. These will be a key area of focus for our new CYPP.

Our current process ensures children most at risk are identified and prioritised with all contacts reviewed by a duty manager and given a priority rating.

Our analysis shows that contacts from the police in the form of Merlin reports constitute the highest proportion of any referrals received by the team. In 2007-8, the referral and assessment service received 3500 Merlin reports on children and this year this has increased again to 4000¹. 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. Other reports are about children who have come to the notice of the police because for instance they are reported missing, or were involved in anti social behaviour or criminal activity. This is the most significant contributing factor for our high contact levels, which are all entered on the CareFirst database, regardless if no action is required. This is so that should there be a repeat contact/ referral, a fuller assessment can be undertaken. Although, this approach is in scope for review.

We receive a relatively high number of contacts from members of the public and parents and carers; this has been one of the impacts of our successful work through our CYPP priority to raise awareness of child protection issues with local communities, particularly those from black and ethnic minorities including through joint work with the Multi Faith Forum and community organisation AFRUCA. In responding to service user views regarding accessibility, we relocated from Harper Road to Sumner Road in the heart of Peckham and as a result have seen a greater number of walk ins from the public.

A relatively large proportion of referrals stem from hospitals, which provide the highest number of referrals for children under five, and are important partners in our pre-birth work. As Southwark has no general hospital provision within the borough, we have established close liaison with Guys and St. Thomas' and Kings' hospitals, particularly around pre-birth assessments.

¹ Based on analysis of contacts, for period 1st April – 30th September 2009.

We recognise that the capacity to manage high levels of contact, prioritise activity, and sometimes delays in response times are service risk and will be a key area of management focus over the coming months. We are taking action to facilitate the effective redirection of information at an earlier stage. We are now part way through a service redesign to increase capacity and build in more management oversight of casework. We have also commissioned KPMG to do an end-to-end review of how we manage contacts, referrals and assessment. The purpose of this is to identify how we can enable improvements to current systems and processes. In order to address the issue of Merlins we are deploying a social worker to the police public protection desk, to deliver a triage function. We have also introduced a system to prioritise all Merlin reports. We are seeing some encouraging signs of increased use of CAF and TAC through virtual-based locality teams and receive good levels of appropriate referrals from both our main universal providers (schools and health visitors) - future development of this work area will focus on increasing the impact of this on the quality of contact and referrals.

3. Quality and timeliness of assessment

We have maintained steady performance in the timeliness of assessments in line with statutory timescales, with performance remaining above London and national averages. However, issues regarding recruitment and retention of staff in recent months have impacted on performance for this year, with falls in the proportion of initial assessments completed to timescale. This issue has now been addressed through the development of our recruitment and retention strategy, which includes recruiting overseas staff.

In general, the quality of practice regarding initial and core assessment is good, with evidence of good record keeping, that the child is being seen, the child, families and parents wishes and feelings are being taken into consideration, and that there is understanding regarding issues of ethnicity, disability and culture. Management audit has shown that improvements in the quality of some aspects of initial and core assessments are needed and we are working to improve these areas through staff training and greater management scrutiny. For example, in some cases initial assessments are not completed prior to core assessment. While this is permitted under the assessment framework, it is recognised that where this occurs the reason must be clearer and managers are now expected to record why they have proceeded straight to core assessment. In other cases, some initials are completed in more detail than necessary, which is impacting on timescales of completion. We have already undertaken training with social workers and managers to address this issue, and we are in the process of setting standards, which will be reviewed through management action. We are also working to improve the speediness of recording the outcomes of assessments through introduction of a more robust monitoring and intervention by the service manager.

4. Management oversight and decision making

In light of a recent review, we are increasing the number of practice and team managers in referral and assessment. All managers receive supervisory training and attend training on reflective practice. The quality of direct supervision and support is good, as demonstrated through our supervision audit.

Overall, staff report a good quality and frequency of supervision and audit of files show that case management and supervision is routinely recorded with work outstanding highlighted and monitored. In some cases case management actions need to be followed up better by managers, this area is now under regular management scrutiny until it improves. Performance data is widely and appropriately used to support case management and discussion with team members and managers around areas of priority and practice improvement.

Senior managers have a number of measures to assure themselves that processes are effective. These include: regular case file audits; walking the floor and listening to the views of workers; shadowing workers to get a first hand understanding of the quality of work. As part of our ongoing review of practice and procedures, we are working to strengthen the number of cases where there delays occur regarding strategy discussions and initial child protection conferences. As a result of practice review, managers are now responsible for strategy meetings and initial child protection conferences and there is now increased monitoring arrangements in place to oversee the progress of section 47 enquiries through performance meetings with individual managers and the management team as a whole.

We have developed a case allocation system, which takes into account the volume, experience of the worker and complexity of cases. We have not found it useful to be prescriptive on this issue as there are so many variables involved in determining workloads. However, caseloads are monitored closely by managers, and realistic judgements are made about how many cases a worker should have based on experience and the complexity of the case. Case allocation has seen some challenges in recent months due to higher than normal vacancy rates within the team earlier in the year. This is no longer an issue and teams are fully staffed and able to allocate work.

Our audit programme is supported by our Quality Assurance Unit and supports operational managers to audit case files in their service. Senior managers audit case files on a monthly basis, although will audit more frequently where there is a need to monitor practice more closely. Findings from audits are disseminated more widely with staff to share learning and help to embed and improve practice. Audit reports are analysed at the senior management team meeting, and action taken where weaknesses are identified.

We offer a comprehensive, structured training package to ensure all our staff are equipped with the necessary skills and knowledge to deliver effective services. Our four-tiered learning provision ensures the formalisation of continuous learning and development on the job. The first level of training, available to non-qualified staff, provides an induction into the service. This covers attainment of CWDC induction standards, including the six elements of safeguarding, child development, effective communication with children and young people, transitions, multi-agency working and information sharing. Training to meet the 'common core' of skills and knowledge for people working with children (using DCSF standards) is also included at this level. This training can be bolstered by the availability of core skills training, which includes wider development in areas such as court skills, assessment skills and working with victims of domestic violence etc. At the second level, we provide qualifying training, including the provision of NVQ for non-qualified social worker staff (e.g. Personal Advisers, Contact staff); Social Work qualifying, and post-qualifying training towards the achievement of specialist and higher specialist awards. At the third level, we offer

opportunities for Continuing Professional Development through ensuring funding from social work placements is reinvested back in the team at £400 per placement to enable access to learning and development opportunities. Complementing this, as members of Research in Practice and Making Research Count ensures staff are able to access and cultivate a continuous and up-to-date knowledge base. Finally, our provision of Practice Learning enables experienced and practiced social workers to share their knowledge and training with those less experienced. We currently operate around 35 placements PL placements a year.

We are developing formal evaluation mechanisms, to ensure our provision consistently addresses knowledge gaps and improves practice. We include 3 month post-training evaluation as part of our learning management to ensure we have effective oversight of how well training has improved practice and make changes to courses as necessary. In addition, we have also strengthened our Training Commissioning Group which monitors the Learning and Development Plan to ensure the impact evaluations of training are fed into this process. These are disseminated within the divisional management team members, along with the results of qualifications to spot the potential for further development, so that senior managers have regular oversight of staff development.

A current area for development is ensuring the completion of CWDC induction standards training (at the first level) by all unqualified staff. We have been able to address the issue of non-completion of this type of training in other areas (i.e. by foster carers) by offering a financial incentive on completion; we are currently exploring what sort of incentive schemes or links to further qualifications can be extended to staff to ensure voluntary take-up and completion.

5. Communication, liaison and joint working between agencies

There is a strong partnership approach to identifying and supporting children at risk of harm. Partnership arrangements for safeguarding are considered strong and well established as recognised by both our JAR and APA. Facilitated by strong strategic leadership around the expectations of agencies, the Southwark Safeguarding Children's Board (SSCB) ensures there is a consistent and well-coordinated approach across all partners in meeting and delivering safeguarding needs and requirements. Where issues are identified through audit or the SSCB, provision has been proactive and creative in addressing issues. For example, we have set up a pre-birth liaison meetings in response to a high number of pre-birth referrals and have fostered an improved joint working relationship with health partners, including evidence of improved joint decision making and risk management practices. Where we recognise that improvements in partners' practice need to occur, the SSCB and appropriate safeguarding services take a lead role in both challenging and supporting improved joint work. In response to improved joint working with the police the SSCB has taken a lead role in working with the agency's leadership around the issue of Merlin's, as well as the social care and the public protection desk looking at more effective ways of managing the information.

Operational partnership and joint working arrangements are also good, with routine collaboration and communication between agencies taking place. Most cases demonstrate strong multi agency and partnership working around safeguarding. The referral and assessment team works closely with the Education Welfare and Attendance

Service (EWAS) which undertakes CAF and acts as a screening service for many referrals from schools, and deals with concerns about children missing education. In addition to these joint assessments, there are meetings with designated persons and referral and assessment.

Regular strategic meetings with the service manager for the hospitals take place and there is full engagement with a South London and Maudsley NHS foundation trust (SLAM) peri-natal working group. The service manager for the referral and assessment team also sits on both hospital safeguarding boards. There are strong working relationships between specialist and generic maternity services (substance misuse and mental health) teams at our local hospitals (King's College and St. Thomas' Hospitals) and our referral and assessment teams. We have specialist hospital liaison senior workers in place. The increased vigilance and joint approach by all partners has led to earlier identification of babies at high risk and earlier intervention and planning to safeguard identified children. This has often led to care proceedings to test the viability of very vulnerable children remaining with their parents and earlier and speedier decisions about permanency. Evidence of the success of early intervention can be seen in the increasing numbers of children being placed for adoption or within their families on a special guardianship order. Once restructuring has taken place, a new pre-birth assessment team will be established in response to the high referral rates and levels of concern for this group. The team will be able to develop specialist skills and knowledge to assess risk and timely action to protect children at birth. Our SSCB has commissioned an extensive piece of work to review peri-natal services, which is being led by SLAM. This will explore the interface with the R&A service, draw up a revised protocol and look at service improvement particularly for King's College Hospital. The new hospital liaison manager for referral and assessment is part of this working group.

We work closely with the youth offending service to manage children and young people between the ages of 8-13 who are at risk of entering the criminal justice system. We support early intervention through Youth Inclusion and Support Panels (YISPs) and work with YOT around young people who are at risk of custody. The referral and assessment service has a designated senior practitioner who attends the YISP. We have developed a working protocol with the YOT service and have reviewed practice following a serious case review. As a result, there will now be further work with YOT to refine the working relationships particularly around working with gangs and young people at risk of criminal activity, such as a shared approach to working and managing the risk of gangs in regard to safeguarding. As a result of these measures, we are now getting better quality referrals from the youth offending service.

Southwark has had a multi-agency legal planning meeting in place for the past three years. This has led to better planning both for safeguarding children through legal routes and for avoiding proceedings by working more effectively with key partners in mental health, drug and alcohol services to identify appropriate support and assessment services for vulnerable adults and their children. This has been complemented by the implementation of the Public Law Outline (PLO) which has seen an increase in activity prior to initiating care proceedings. The PLO initially resulted in a small drop in the average number of care proceedings being undertaken, but it did not have the anticipated impact on the number of proceedings, or on the length of proceedings for those cases that do get to court. However, there has been a significant increase in the past year of children becoming subject to interim care orders from an average of 73 to an average of 92.

We have undertaken a number of developmental activities with partners to further improve joint working. Through the vulnerable children's sub group of the SSCB we have developed close working relationships with the adult mental health, substance misuse, physical and learning difficulty services. We continue to work closely alongside services to jointly assess families and will be working together to deliver improvements in line with future recommendations from *Working Together*. These include:

- The referral and assessment service manager periodically attends the designated persons meetings to discuss issues pertinent to the service and gets feedback from designated persons regarding issues
- A senior manager in SLAM has been seconded and is offering consultations sessions with staff in referral and assessment to support risk management and decision making
- Quarterly liaison meeting with senior housing managers and senior social care managers, including representation at the homelessness forum and links to the homeless persons unit through the housing worker.

Thresholds and out-of-hours provision

We have agreed inter agency thresholds for safeguarding outlined by our Vulnerability Matrix which is well publicised and understood by partners. This has been coupled by strong communication by the SSCB surrounding child protection awareness with both agencies and the wider community. We are satisfied that now the wider children's system are aware of signs and systems regarding risk of harm, we can introduce changes to the referral process by use of the common assessment framework for those children not at risk of immediate harm and pending the outcome of new Working Together guidance regarding this issue.

Our JAR process has recognised the strong working relationships between the referral and assessment service and the Emergency Duty team, our out-of-hours service. Good communication is maintained between these services to ensure all referrals are responded to promptly and social care duty arrangements are robust. In addition to this, we have ensured agencies share information at an early stage. Information sharing protocols are up-to-date, agreed and regularly reviewed. Following a management review of processes, we have recently made improvements in the consistency of sharing information between the emergency duty team and the referral and assessment team.

6. User views and meetings the needs of particular groups

We understand the importance of involving children and their families in both assessment and improving service delivery and developments. We involve families in assessment by enabling them to contribute to the process and sharing our findings with them. We ensure that all children are seen on their own and that their views taken into consideration when being assessed for services. Where age appropriate, the views of children and young people are always sought in the course of Section 47 investigations. The views of young people with a child protection plan are also sought by the chairs of child protection conferences. We continue to look at family-based approaches to managing children at risk. Over the past year, we have run 101 family group

conferences. and had good rates of parents attending child protection conferences. This is supported by a range of innovative intensive parenting support programmes for those at risk of coming into care or for those families where there are concerns around neglect. We have successfully undertaken work with families at risk and, through good partnership working for families with complex needs, we have reduced the length of time that children have remained with child protection plans.

In supporting the community to better understand issues of safeguarding, the SSCB sponsored a joint event with the Multi-Faith Forum where parents were present to debate issues of smacking and corporal punishment. The Board has also provided basic child protection awareness training to community and faith organisations for parents and members. Parents and young people have led the SSCB Annual Stakeholders' Conference and ensured a more service user focus for the event.

In supporting those missing education, a cross-service Children Missing Education (CME) team has been established. This is supported by casework and outreach to ensure that CME are placed in appropriate provision with a minimum of delay. Links have been developed with partners in housing and the community safety partnership to identify school-age children and young people who are apparently out of provision. Schools are given a clear message about off-rolling pupils and advice on the consistent use of Common Transfer forms and the national S2S system. This is reinforced by link Education Welfare Officers' (EWOs) inspection of attendance registers and follow-up of persistent unauthorised absence. As part of the wider community safety agenda, there are also targeted anti-truancy sweeps with Community Wardens through the Safer Schools Partnership.

Southwark applies the London Child Protection Procedures for managing concerns about missing children. Additional local procedures are in place in the referral and assessment team to assist staff in dealing with the issues locally. The referral and assessment team receives notifications about missing children through Merlin reports from the police. Checks are carried out with the Missing Persons Unit to ensure children have returned. The Quality Assurance Unit is responsible for the national system of notification of children and families missing from other local authorities. As details are received almost daily, these are entered onto to the ICS system so that local records are up to date.

We have established several specialist posts in the permanent duty team in order to meet the needs of particularly vulnerable groups. This includes a homeless person's liaison post (0.5 of social work post) who is responsible for undertaking 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 on sign posting, improving the quality of referrals pathways, and earlier identification of children who may be in need or at risk. The social worker undertakes initial assessments on cases where housing issues feature significantly. However, a recent House of Lords judgement may severely impact on the work we are undertaking in this area. We are also about to agree a protocol for the management of vulnerable tenants with housing which will guide the management of evictions for vulnerable families.

We have also established a No Recourse to Public Fund (NRPF) Social Worker. The remit of the post is to help social workers to complete assessments and review packages of support to families who have no recourse to public funds. These packages mainly

consist of bed and breakfast and/or financial assistance towards 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. There are currently 18 NRPF cases open to the worker in the referral and assessment service, although there are many more assessments and cases open in the wider social care system regarding this group.

7. Analysis of CAF activity over past 12 months

Local context

The borough does not require that a Common Assessment is used for referral to tier 3 services including children's social care, in line with national guidance. Rather, the borough promotes the role of CAF as a shared assessment and planning framework to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. As a result very few CAFs have been received by social care and analysis indicates that concerns about basic care and protection accounts for just 3 per cent of all CAFs.

An internal audit of a sample of randomly selected CAFs found that the assessment was being used appropriately by practitioners working in frontline services for children with additional needs at tier 2. This indicates that practitioners are clear in the distinction between use of the inter-agency referral form for children's social services and use of the CAF for children with a lower level of need.

A number of services are routinely using CAF forms to record engagement with children and families even where a multi-agency response is not required. Consequently, there are likely to be more CAFs in circulation than the number recorded on SCOUT (our local e-CAF system).

Activity

There are currently approximately 600 children with an active Common Assessment across Southwark, according to our local e-CAF system.

Analysis of CAF activity shows that children aged 3 are more likely to have a CAF than children of other ages. Between the ages of 5 and 11 the proportion of children issued with CAFs remained around 7-8% of the CAF cohort. Thirty-six per cent of CAFs in the borough are for children aged 0-5, in comparison to a London average of under 31 per cent, supporting an effective approach to early identification of need.

For children under the age of 3, CAFs are completed most commonly by health services and services commissioned by Southwark Council. For children aged 3 and 4, Southwark Services and Children's Centres are more likely to undertake CAFs as well as nursery schools. When reaching school age, primary schools become the biggest source of CAFs within the borough, with a steady number of CAFs undertaken for children from 5 through to 10 years of age. In their early teenage years, children were more likely to have a CAF completed by an Academy or other Southwark service, although from 15 years onwards Connexions was the main source of CAFs undertaken for young people.

The priority need children with a CAF in most cases relates to concerns around behavioural development (22%) followed by speech, language and communication (18%). Removing other barriers to learning accounted for 16 per cent of assessments whilst emotional and social development accounted for 15 per cent.

According to a snapshot report on CAF activity by the Pan-London Integrated Working Network, the average number of active CAFs in each borough is around 700 (based on responses from 21 boroughs). However, as most of our comparator local authorities are using CAFs as a referral tool whereas we use it solely as an assessment tool, we would expect our average number to be lower.

Future development

We are currently undertaking a restructure of children's services to embed our integrated working teams who have until now functioned as virtual teams. Integrated Child Support Services will be implemented in each area from the new financial year. A key function of these teams will be to support interventions at tiers 1 and 2 with the expectation that this will reduce the number of contacts to Children's Social Care. The teams will also provide support to practitioners to improve the quality of CAF assessments.

Furthermore, in order to improve the overall quality of referrals to social care and reduce the number of no further actions, the SSCB and Children's Trust have agreed to replace the inter-agency referral form with the Common Assessment. It is anticipated that this measure will support the referral and assessment team in improving further the timeliness of assessments, and increase the number of CAFs undertaken by universal children's services.