CHILDREN & YOUNG PEOPLE'S COMMITTEE

Agenda Item 22

Brighton & Hove City Council

Subject:		New Referral Process for C Children's Social Work	hildre	n in Need to
Date of Meeting:		15 th October 2012		
Report of:		Strategic Director, People		
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Key Decision:	Yes			
Ward(s) affected:		All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This paper outlines proposals to change the process of professional referral to ACAS- the Front door Social Work service in Brighton & Hove. The proposal is that all professional referrals for Children in Need should in future require a Family CAF process in place prior to the referral being accepted. NB This will NOT apply to Child Protection referrals

2. **RECOMMENDATIONS:**

2.1 That CYP Committee accept the proposal that, if Family CAF numbers do not reach target levels by the end of October 2012, all professional referrals for Children in Need to Children's Social Work from 1st January 2013 would require a Family CAF process in place prior to the referral being accepted. The timescale has been extended from the original one of 1st November to enable maximum consultation and discussion with partner agencies over the next three months.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1.1 National Context: Munro review & Early Help

The Munro Review states that child protection systems can be viewed as being a reactive system, of responding to identified incidents of abuse and maltreatment and preventing their recurrence. Munro points out that the United Nations Convention on the Rights of the Child (CRC) clearly states that: "the child's right to protection from maltreatment places a duty on the State not just to react to incidents of maltreatment but to provide support to children and families to reduce the incidence".

Munro states that preventative services will do more to reduce abuse and neglect than reactive services; she draws on research on child development to

demonstrate that preventative services to support families should be a central strategy for local authorities.

Munro highlights how difficult it is to reverse damage to children and young people's development once this has begun and that early help is more cost effective when compared with costs incurred if more serious problems develop at a later stage(s) in the child's life. Brighton & Hove are required to respond to the Munro review.

3.3 National context: Working Together to Safeguard Children

The Working Together to Safeguard Children new guidance, out for consultation until September 2012, outlines the framework for safeguarding children and young people across the whole pathway- including early help services.

Agencies in a local area have a legal duty under **Section 10 of the Children Act 2004** to cooperate with the local authority to improve the wellbeing of children and protect them from harm.

Serious Case Reviews demonstrate that one of the reasons why the system has failed children in the past is because key people and agencies coming into contact with children on a regular basis often fail to give enough of a priority to safeguarding and promoting the welfare of children.

Working Together outlines the requirements of agencies in relation to the common assessment framework:

'Where it is the case that the needs of a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing) there should be an inter-agency assessment. This will identify the help needed for families to prevent such needs escalating to a point where statutory intervention would be needed.

The local authority should have a common and shared framework for assessment that is agreed and understood by all local partners.

The purpose of the common and shared assessment is to:

- identify children and families who have unmet needs which require help from more than one agency;
- support integrated working and share relevant information between professionals;
- identify the kinds of services to be provided by which agencies and within what timescales; and
- deliver a coordinated, multi-agency service response to children and their families based on the findings from the assessment.

This assessment should be undertaken by a lead professional who should provide support to the child and family, advocate on their behalf and coordinate the delivery of support services. The lead professional role can be undertaken by a variety of professionals such as family support workers, teachers, health visitors and special educational needs coordinators. Decisions about who should be the lead professional should be taken on a case by case basis.'

'This common and shared assessment must be undertaken with the agreement of the child and their parents or carers. It must involve the child and family as well as all the professionals who are working with them.' The sections taken from Working Together 2012, quoted above, describe the overarching framework for interagency working to safeguard and improve the welfare and wellbeing of children, young people and their families.

3.1.2 Local Context: Family CAF & Supporting Families

Brighton and Hove have signed up to and committed to a whole family process of supporting families, recognising that this approach is likely to be most effective, time efficient and ultimately result in better outcomes for both children and families. The Family CAF process has been developed as a robust strength based assessment, planning and review process for supporting families whose needs fall below the threshold for statutory social work intervention. The Family CAF process is supported by a Team around the Family (TAF), co-ordinated by a Lead Professional (LP) and facilitates joint working between adult and children services. This approach requires further support if it is to work in the best interests of the children, young people and families in our city

Brighton & Hove has outlined the thresholds for services in the Supporting Families document published in November 2010. Supporting Families describes a continuum of need model that describes the level of need and risk triggers that would require a referral to either Family CAF or to the social work service and also corresponding services for children, young people and families that can offer support.

3.1.3 Support & Training

Considerable training, mentoring and practice development is offered in Brighton & Hove on an ongoing basis to support, promote and develop Family CAF work. This includes quarterly multi agency Family CAF training covering all aspects of Family CAF practice & activity. Between May 2011 and June 2012, over 400 practitioners have completed Family CAF training. Shorter practice development sessions and bespoke agency specific Family CAF training are also offered. In addition, a Family CAF mentoring service is offered both from the Family CAF support team and from ACAS where an additional 2 Family CAF mentors are based.

3.4 Advice Contact & Assessment Team

In September 2011, Brighton & Hove brought together the three area social work teams to create one single front door for Social Work. This was to create a consistent service to enable Social Work practitioners to deliver the right help to the right children and young people at the right time and maintain the development and implementation of integrated working arrangements across Brighton & Hove and partner agencies. This is the Supporting Families Pathway. As well as dealing with concerns about a child or young person at risk of significant harm the team also deal with concerns about a child or a young person who is vulnerable. This included a new multi agency Advice team to increase early help and mentoring support to staff in relation to Family CAF. So children's services practitioners can use the new 'front door' to:

- Receive advice and information about level 2 (as outlined in Supporting Families document) preventative services that might assist;
- Receive advice and support with making best use of local integrated working arrangements, including the use of the Family Common Assessment Framework (CAF) and undertaking the Lead Practitioner role;

- Discuss concerns about a child or young person and work out which service might be best placed to address those concerns in a timely and proportionate way;
- Assist with brokering help and support for vulnerable children at level 2.

In support of the model we have adopted in Brighton & Hove the 2012 version of Working Together to Safeguard Children.

3.5 Risk management

The new Risk management statement outlines the risk management process in Brighton & Hove. Risk management does not mean risk taking, which exposes children to avoidable injury and harm, nor does it mean risk aversion which can lead to an overly interventionist role in the lives of children and their families. Risk management means understanding and analysing the risks children face and actively managing them to reduce their impact. It means balancing the risk of non-intervention with the risks associated with intervention.

The statement takes as its underlying principle that it is the role of everyone in all agencies to enable children to live safely at home in their families wherever possible. Therefore, input into families has to focus on identifying, reducing and managing risk to ensure children's safety at home. Where that is not possible, or cannot be made possible in a timeframe consistent with the needs of the child, then intervention needs to be purposeful and focussed.

It also restates that child protection work is essentially an inter-agency function – children can only be kept safe through agencies working together effectively and efficiently. The Police, Schools, various aspects of health provision and other community services share that responsibility with children's social work. At the moment Brighton & Hove have more Children in Care than most local authorities in the country. This is out of proportion to the level of need and deprivation in the city.

To address this it is essential that children and young people receive the early help they need. This is not happening at the moment.

3.6 Current position in Brighton & Hove

The changes listed above have not resulted in the expected reduction in referrals to the Social work service, expected due to clear thresholds and appropriate early help provision delivered through the Family CAF process to resolve issues early. In addition, ACAS still receive a high proportion of inappropriate referrals that do not meet the threshold for social work intervention. The percentage of inappropriate referrals made between May and July 2012 was between 44-47%. Compared to other Local Authorities in the country Brighton & Hove shows a high referral rate to Social Work and only 15% of these referrals currently have a Family CAF. This is an unsustainable position. Recent work with schools has shown that schools who have initiated higher numbers of Family CAFs have made fewer referrals to social work and vice versa, indicating that Family CAF can be effective in resolving family issues and preventing the need for referral to social work.

Family CAF activity is monitored on a monthly basis in Brighton & Hove as part of the performance framework for Children and Families. It has been calculated on the basis of the number of new families entering the social work pathway that the appropriate target for numbers of Family CAFs initiated each month is 60. The current level of activity is an average of 40 Family CAF's initiated per month- considerably below target.

Despite the investment in training, CAF mentoring and the establishment of a CAF redirect pathway from Social work this rate of CAF activity is not increasing. The current system is not working so we need as a city to use a different approach. It is essential that robust early help is provided in the community through a coordinated interagency process. Those professional agencies that have a role to play in provision of early help will be expected to complete a Family CAF, setting up a Team around the Family in order to bring together agencies to meet families' needs. These include children's services, such as schools, early years providers, health visitors, and also include adult services such housing and adult substance misuse and mental health services, community and voluntary and faith sectors. Services such as the Police and GP's would not usually initiate a Family CAF but should contribute to Team around the Family Meetings if appropriate.

3.7 Proposed Changes

To ensure this early help is in place in future ACAS will require a Family CAF assessment and a Team around the Family plan or evidence that team around the family work has taken place before professional referrals will be accepted by ACAS for a Child in Need.

It is important to state that for Child Protection referrals there will be no such criteria. The process if you have concerns that a child or young person is at risk of significant harm remains the same.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Appropriate consultation with stakeholders is taking place from September to December prior to implementation as part of the process. This includes presentations and discussions with the Local Safeguarding Children's Board, the Police, Primary and Secondary Headteachers, Special Educational Needs Coordinators, Designated Teachers, School Governors, Senior Managers in Children & Families Delivery Unit, CAMHS Partnership Board, SEN Partnership Board, Stronger Families, Stronger Communities Programme Management and Partnership Board, Community & Voluntary Sector Children & Young People's Network.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 As stated in the report, this initiative forms a part of the overall children's services Value For Money programme. The programme has a likely savings target of between £1m - £2m in 2013/14 and all initiatives are robustly monitored and reported through the VFM methodology to ensure effectiveness.

Finance Officer Consulted: David Ellis 17.09.12

Legal Implications:

Working Together (2010) describes the CAF as "a tool to enable early and effective assessment of children and young people who need additional services or support from more than one agency. It is a holistic consent-based needs assessment framework which records, in a single place and in a structured and consistent way, every aspect of a child's life, family and environment". The consultation draft of the revised Working Together just out does not mention 'CAF' by name, but does describe the function - a 'common and shared assessment', to be undertaken by a 'lead professional' who can be from any agency that will determine what are the child's needs and whether they can be met without referral to children's social care.

Agencies in a local area have a legal duty under Section 10 of the Children Act 2004 to cooperate with the local authority to improve the wellbeing of children and protect them from harm.

The local authority is under a legal duty to assess children in need under S17 Children Act 1989. Under Section 17: (1) It shall be the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need. For the purposes of this Part a child shall be taken to be in need if:-

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled,

There is increasing case law which suggests that where agencies fail to offer appropriate services to children in need it is potentially actionable. In case of W *v* Leeds [2005] EWCA Civ 988 at [75]) the judge commented: "Such a child's special ... needs simply cannot be viewed in isolation; nor can his s 17 needs; nor, for that matter, can his need for services provided by the health authority and CAMHS. A holistic approach is necessary, and inter-agency co-operation essential..."

Nothing in these proposals should be interpreted as meaning that there are any barriers to child protection referrals, about which the authority has a clear unequivocal legal obligation to respond.

Lawyer Consulted: Natasha Watson 21 September 2012

Equalities Implications:

5.3 Better early help will be beneficial to vulnerable children and families, supporting the council and other services in their equalities duties.

Sustainability Implications:

5.4 The high number of inappropriate referrals to the social work service is costly in terms of time and resources. Making sure early help is in place will lead to

improved outcomes for children and families and a more efficient and sustainable use of resources.

Crime & Disorder Implications:

5.5 Better early help and interagency assessment, planning and intervention will be beneficial in identifying and responding to young people who are at risk of crime or anti social behaviour at an earlier stage and providing appropriate help and diversion.

Risk and Opportunity Management Implications:

5.6 There are significant risks to continuation of high numbers of inappropriate referrals to social work and high social work activity in terms of children and families not accessing the help they need at an early enough stage and consequent inefficient use of resources.

Public Health Implications:

5.7 There are no public health implications.

Corporate / Citywide Implications:

5.8.1 There are implications for a number of council and city wide services who work with families in embedding Family CAF in their systems and processes, but these are consistent with good practice and a joined up interagency approach.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The current policy in relation to Family CAF has not produced the expected increase in Family CAF activity. This is the reason for this proposed change in policy.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 To improve outcomes for children, young people and families through provision of effective early help coordinated through the Family CAF process, resolving issues early and preventing the need for referral to social work.

SUPPORTING DOCUMENTATION

Appendices:

1. None

Documents in Members' Rooms

1. None

Background Documents

1. None