

Tees Early Help Review

Report of the observation of Stockton BC First Contact

The observation was undertaken on Thursday 17th September by Sarah Newman and Sophie Wales.

Context:

In looking at First Contact the context is set by Working Together 2015. This describes the statutory guidance for children's social care and partners in making and receiving referrals. It also sets expectations for early Help services and how children are identified who may benefit from early help services.

The guidance is explicit about what is required when a referral is received by children's social care. Paragraph 58 says:

"58. Within one working day of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer."

It does not set out expectations about "contacts". This means it is for local systems to agree what the process and standards should be for contacts. The clarity of the guidance about referrals means it is critical that local processes reflect this clarity in their management of contacts and referrals.

Observations:

1. Consent:

Consent is checked with care and well-articulated.

2. Thresholds:

The manager demonstrated a good understanding of thresholds but isn't routinely referencing them to support the decision making process.

3. Child's Journey:

The distinction between a Contact and a Referral was not well understood (neither the Service Manager nor the Team Managers were clear) i.e. 70% of all work coming in to the Front Door goes beyond 24 hours before a decision is made on an outcome. This issue is compounded by the IT system which labels the initial pro-forma 'contact/ referral'.

It was estimated by the team manager that 20% progresses to the assessment team, but only 65% get a completed assessment. This appears low, especially following the learning from the recent SCR - Child H. Furthermore the First Contact Team are keeping work for up to 5 working days in order to determine whether it should be progressed to the assessment team.

One hypothesis could be that too many referrals are coming in that do not meet the threshold for a social work intervention alternatively another hypothesis could be that whilst the First Contact manager deems these meet the threshold for a social work intervention the Assessment Team managers do not, either meaning

that thresholds within CSC are not agreed / understood or capacity in the assessment teams means that managers are taking the decision to not proceed with an assessment.

We didn't test this in any way which is why this remains a hypothesis only

"Welfare visits" are being undertaken during the contact/referral stage to assist the decision making process about whether to progress the case to the assessment team. This appears to be confirmed in the referral workflow report for April to June 2015 where from 576 first contacts passed for information gathering or assigned to team 113 or 19.7% are yet to proceed to a single assessment or be closed down as a NFA referral.

There is guidance to staff which says:

"Where more information is needed about how to proceed, the First Contact Team will make further enquiries with other agencies or may allocated the referral to a SW within the team to gather more information or speak to the family. A decision about how to progress the referral will be made as soon as enough information is known and in any event, within a maximum of 5 working days from the date of referral.

All decisions in First Contact about how to progress a referral are made by the team manager, deputy team manager or service manager.

If the First Contact Team decides not to progress a referral for assessment they may request intervention from another agency under CAF".

We are concerned whether this guidance is compliant with Working Together and may contribute to a lack of clarity about what is Early Help and what needs assessment as a Child in Need.

We were uncertain how referrers were being advised of First Contact decision making and what process there was to inform referrers if the decision made in First Contact was changed by an Assessment Team Manager. Are these changes by the Assessment Team Managers being overseen or audited by senior managers?

It also appeared there were a relatively high number of NFAs following single assessments – of 237 single assessments completed during the April to June 2015 period, 105 (44%) were closed as no further action was required. Are the reasons for this understood within the service?

4. Link of CAF, Early Help and First Contact:

The CAF team and First Contact appear well resourced. The CAF team understand their role in Early Help and were supporting those not meeting the threshold for statutory intervention. In turn there was a substantial team (14 posts) of family supporter workers helping deliver Early Help interventions.

5. Quality Assurance:

There is an Integrated Quality Assurance Group which oversees CAF activity which has good data available. This data has been used to support the LSCB's

role in having an overview of Early Help activity and holding partners to account for their contribution.

The quality of useable data was good. The management of performance was acceptable but the interpretation of the contact and referral process that leads to delay in decision making did not appear to be picked up in the performance management overall. The understanding of workflow could be improved to help ensure families are directed to the right services at the right time.

Areas for consideration:

1. Being clear about the status of work held within First Contact so that the process for contact, referral and single assessment complies with Working Together guidance.
2. Whether the high numbers of NFA following assessment is of concern and may reflect problems in practice i.e. poor quality referrals

Colin Green
Review Team Leader
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