

# Development of the Cumbria Safeguarding Hub and focus on Early Help

Briefing Note: October 2014

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**The County Triage service is changing and from 3 November 2014 will be known as the Cumbria Safeguarding Hub. This note explains the reasons for that change and the implications for practitioners in Cumbria.**

## 1. The context for change

The LSCB vision is to ensure that “we are working together to keep children and young people safe in Cumbria”. We deliver this by ensuring that vulnerable children and their families live safe lives, free from abuse and neglect or the risk of abuse and neglect through an integrated approach to sharing of information and collaborative decision making. Interventions are put in place at the earliest opportunity across the multi-agency partnership.

The long term intention is to support the shift of resources, through effective information sharing, commissioning and partnership working, from high cost specialist services to universal provision, early help and early intervention.

## 2. Why is Triage changing?

Cumbria LSCB has been operating a multi-agency County Triage Team since November 2012. Our statistics show that the number of contacts made to the Triage team is too high. This has also been a finding of several external inspections. The high level of demand, in tandem with current internal systems and processes, has meant the Triage team have not always been able to respond to contacts in a timely way.

In parallel with the changes to Triage, work is underway to boost the use of Early Help which advocates a multi-agency response or ‘Team around the Family’ at lower levels of vulnerability. This is less intrusive on families and research shows can prevent the escalation of concerns.

## 3. What will change?

The Cumbria Safeguarding Hub will be a co-located team of professionals from Police, Health and Children’s Services Social Care who will deliver an integrated service to ensure that children who meet the threshold for targeted support led by a social worker are directed to the most appropriate team in a timely way.

A screening team will answer all calls and read all single contact forms. They will make a decision based on the Thresholds Guidance as to whether the concern should be managed through the Early Help process or quickly escalated to a social work team for investigation. Where this decision is not obvious information about the child will be subject to further sharing in the multi-agency hub (see Cumbria Safeguarding Hub process diagram at the end of this note).

#### **4. What difference will I see if I submit a Single Contact Form or telephone?**

You may not see anything different. However, if you have not given sufficient information/evidence to enable the staff to understand why you think that the threshold for targeted support is met, you will be asked to provide this. The Team will seek to be helpful and if in their view the threshold is not met they will advise you on undertaking an Early Help Assessment and can put you in touch with someone who can support you in undertaking this

#### **5. Why will it be better than the current Triage system?**

The hub will work better because:

- A new electronic database will be introduced so that we can track all contacts made with the service. This will mean that if the threshold is met we can quickly pass it through to the Hub. If the threshold is not met, we will keep a record of our response so that should a further contact be made we can put the information together, that may change the level of risk. Information about the agency/person making contacts can also be helpful in identifying where support in understanding the thresholds could be beneficial.
- A screening team will ensure children who do not meet the threshold for targeted intervention led by Children's Social Care will receive an Early Help response.
- There will be tighter, more appropriate, criteria to decide which families are subject to information sharing at the Hub.
- Contacts will be processed within one working day unless there is an exceptional circumstance.
- There will be less cross over, or repeat of activity, between agencies.
- All Hub staff will work on the same contact information to quickly make a decision.

#### **6. How does Early Help fit in?**

All practitioners and managers across the partnership should have a good understanding of the Thresholds Guidance and work within Early Help processes. Using the Thresholds Guidance more effectively will result in:

- Better understanding of how to respond to lower levels of need.
- Early identification of vulnerability and better support to prevent escalation.
- Better understanding of when to refer to the Safeguarding Hub.
- Improved decision making based on multi-agency information sharing and Early Help knowledge of family strengths and vulnerabilities.

The Cumbria Safeguarding Hub will contribute by ensuring a speedy and appropriate response to those children meeting the criteria for specialist social work intervention.

*Please refer to the case studies below, which illustrate application of Thresholds using Early Help (Early Help Assessment) and Targeted support (Cumbria Safeguarding Hub) examples.*

**7. How will we know if these changes are having the right impact?**

- The contact to referral rate should improve, showing we are receiving more appropriate contacts.
- The number of Early Help Assessments should increase as the screening team diverts work to a more appropriate response.

**8. What do you need to do differently as a result of the Safeguarding Hub?**

<p>Before you contact the hub, please consider:</p> <ul style="list-style-type: none"> <li>• Do you have significant concerns for a child or young person? Does the child need an immediate child protection response?</li> </ul> <p>If so continue to report your concern to the hub on <b>0333 2401727</b></p> <p><u>If not, ask yourself:</u></p> <ul style="list-style-type: none"> <li>• Could this child be helped by an Early Help Assessment?</li> <li>• Can I identify other professionals to contribute to an Early Help Assessment?</li> </ul> <p>For further support, ask your agency service advisors or contact the Early Help Team.</p> <p>Contacts to the Emergency Duty Team (Out of hours) will remain an emergency only service (the Emergency Duty Team is one social worker covering the whole county).</p>	<p><b>REMEMBER:</b> <b>Early Help can be put in place without contact with the Cumbria Safeguarding Hub</b></p> <ul style="list-style-type: none"> <li>• Early identification of children's needs provides the best outcomes for children.</li> <li>• Early identification of risk has the best impact as it allows agencies to respond quickly with the most effective interventions.</li> </ul>
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## **Early Help Case Study**

Sophie is 22 years old and she lives with Billy, her partner who is 23 years old, and their three children: Bethany, three years old, Lucas, two years old and Jack, who is four months old.

Sophie has told her Health Visitor that she has little support from her family in helping her care for the children. Sophie's days are filled with meeting the needs of her children throughout the day. She says she feels isolated and she struggles to go out with the children on her own as she worries that one of the older children may run off and she won't be able to run after them without leaving the other two alone. Her third pregnancy was unplanned. Sophie is struggling to manage Bethany's behaviour, as she constantly demands attention, especially when she is trying to feed Jack.

Billy works shifts in a low paid job and he is often out of the house for 12 hour periods and sometimes he needs to sleep during the day. Billy says this can prove difficult for him if the children are 'playing up'. Billy does his share of household tasks and has offered to care for the children if Sophie wants to go out and meet with friends but she has not taken him up on this offer.

Bethany attends pre-school in the mornings. Over the past few months Bethany has been late once or twice a week. The Health Visitor is concerned that Bethany's speech is noticeably delayed. Sophie says Lucas has always been a placid child, however, over the past few weeks he has had several temper tantrums. She is uncertain if this is because Lucas may now be going through the "terrible twos", or whether it is because of the home situation.

Jack currently sleeps in his parents room in a cot and there is damp in the room which Sophie and Billy are worried may affect his health. Parents have contacted the Housing Association due to their concerns about the damp in the property and a Housing Officer is due to visit next week to assess whether any remedial work needs to be undertaken.

## **Plans/Actions**

The Health Visitor and parents agree that she will make a referral for Bethany to the Speech and Language Therapy Service for support with her speech. From discussions with Sophie, the Health Visitor is aware that a number of agencies are working with the family and she is concerned that mum is beginning to feel a little overwhelmed. The Health Visitor discusses an Early Help Assessment (EHA) and parents agree to the assessment.

The Health Visitor reports to the Early Help Team that an EHA needs to be registered.

The Health Visitor completes the EHA with parents and they jointly agree outcomes to meet the needs of the family.

A Team around the Family meeting (TAF) is arranged for two weeks time and parents and the Health Visitor identify which professionals should attend. They agree that the Speech Therapist and the Housing Officer will attend along with Health Visitor and parents. The Health Visitor is aware that Sophie has attended toddler groups at the Children's Centre and has a good relationship with the workers there. She suggests that it would be helpful to invite a worker from the Centre to attend the meeting and parents agree. The meeting is planned at a time which fits with Billy's work pattern and to take place at the Children's Centre where there is a crèche the children can attend whilst parents attend the meeting.

At the TAF meeting, a range of actions were agreed by both professionals and parents to achieve the outcomes identified in the EHA. For example:

- The Health Visitor to apply for two year old nursery funding for a nursery place for Lucas.

- Children's Centre worker to work with mum and dad to: a) identify strategies to manage children's behaviour, b) establish routines which enable Billy to sleep, c) build Sophie's confidence so that she feels able to attend some of the groups taking place at the Centre.
- The Speech Therapist and Health Visitor to work with both parents in respect of Bethany's speech.
- Housing Officer agrees that work was required on the outside of the home to stop the damp. A timescale of two months was set for completion.

At the meeting, it was also agreed that it was beneficial for the EHA to continue so that the plan could be reviewed. Both parents felt that the Health Visitor was the best person to take the role of co-ordinator. This was agreed and she agreed to organise the next meeting to take place in a month. The Housing Officer would report back on the progress of the house repairs at this meeting. The Speech Therapist agreed to feedback information about Bethany's progress to the Health Visitor. If Bethany's speech had not improved then she would also attend the meeting. Staff from Lucas's Nursery would also be invited to attend the next meeting.

## **Targeted Support Case Study**

Gemma, 14 years old, is cared for by her maternal grandparents following the recent death of her mother in a road accident. Gemma is refusing to attend school; she has a poor sleeping pattern and is not eating well. Gemma is also going out at night and doesn't come home at the agreed times. Gemma has two younger half-sisters who have gone to live with their father and Gemma now has little contact with them. Gemma does not have any contact with her own birth father and her mother never identified him.

When Gemma was younger and lived with her mother, Children's Services Social Care were involved with her family. This was due to concerns in respect of her mother's ability to provide for her needs. At this time Gemma was subject to a Child Protection Plan under the category of 'risk of physical injury.' This was later changed to 'neglect'.

Some of the time Gemma feels very angry. When Gemma gets angry she has been hitting out at her grandparents. Grandparents do not have a lot of external family support. Gemma's grandparents are providing good physical care for Gemma and their home is clean and tidy and she has her own room. They have tried to talk to Gemma about her feelings. However, Gemma has said her feelings are private and she does not want to talk to anyone. Grandparents are worried about Gemma who they say "has seen too much for her age".

Gemma does have a strong friendship group at school and her Grandmother says they are all "lovely girls." However, since Gemma's attendance at school has dropped she sees them less and they have stopped visiting her at home.

An Early Help Assessment has been completed by Gemma's Head of Year and TAF meetings have been held. However, both grandparents and professionals are worried that the situation is deteriorating and Gemma is becoming increasingly vulnerable. The Head of Year talks to family and they agree that a referral will be made to Children's Services Social Care.

After discussion with the Cumbria Safeguarding Hub, the Head of Year then submits a Single Contact Form. The Hub accepts the referral and Gemma's case is transferred to the District Child and Family Support team. A social worker completes an assessment of needs with the family and other professionals.

## **Plans/Actions**

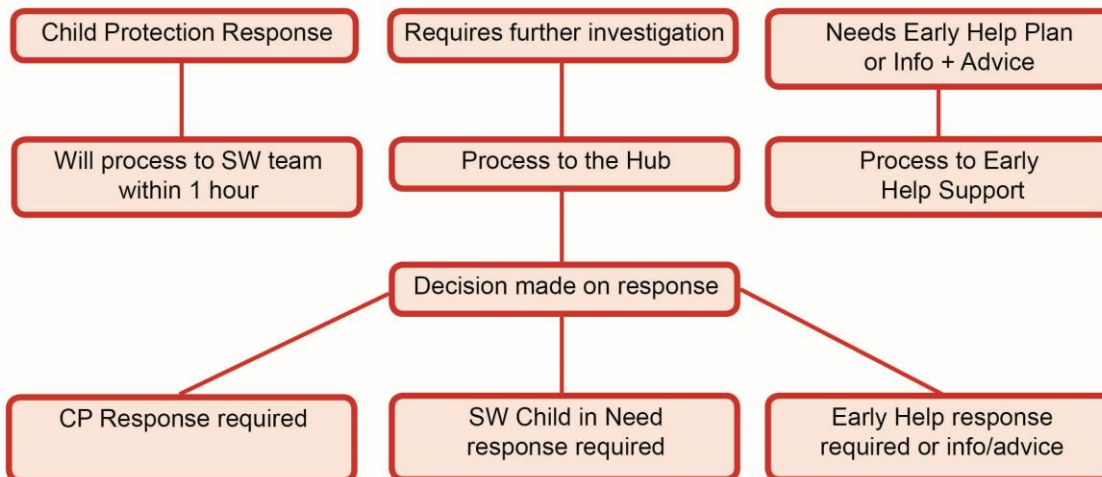
Following the social worker's assessment, Children's Services identified a Child and Family Worker to support the family and to develop a SMART plan based on the needs and outcomes identified. It was agreed with Gemma, her grandparents and other professionals involved with the family that the Child and Family Worker would act as co-ordinator and co-ordinate the Team around the Family (TAF) meetings. Professionals invited to attend the meeting include Gemma's Head of Year and the School Nurse.

## Contacting Cumbria Safeguarding Hub

### Consider

- Does this child need an immediate child protection response if so continue to report your concern to the Hub.  
**IF NOT**
- Could this child be helped by an Early Help Plan ?
- Can I identify other professionals to contribute to an Early Help Plan ?
- If so please seek support from your own service advisor or the Early Help Team to work with the family to prevent escalation of need.

Unless your contact requires an urgent child protection response the Hub will ask you about the recent Early Help Plan and Team around the child meetings and will make a decision about the level of vulnerability. This will be either :



We hope you will be part of an agreed outcome in line with the Cumbria Threshold Guidance. Where decision have been made following the Hub episode we will provide feedback on the destination of your contact via email or letter. However you are also responsible for knowing what has happened to your concern, so if you have not had any feedback within 72hrs you **MUST** contact the Hub and ask.