

Contact, Advice and Assessment Service (CAAS)

Early Response Hub

Early Response Hub Annual Report

April 2023-March 2024

"To quote Bishop Desmond Tutu, 'There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in. '



Steph Coomber, Team Manager, Early Response Hub, June 2024

CONTENTS

- Introduction
- ERH service delivery
- Delivery of service in the previous 12 months
- Risk factors identified within ERH
- Digital forms for ERH
- Family First Assessments
- ERH intervention
- Missing and Exploitation
- Young Carers
- RPC
- My Family Plan
- Family Group Conference
- Additional support for families
- Conclusion
- Recommendation

Introduction

The Early Response Hub (ERH) was launched in November 2019 within the front door at Children's Services in response to data and feedback highlighting that some children and their families were being repeatedly referred into Children's Services and did not require a statutory intervention.

Focused auditing found that onward referrals to community services for these families, placed expectations on families to connect with services and re tell their story. The families' 'reachable moment' which in many seen examples was facilitated at the point of contact with our front door service, was lost when children and their families were subsequently signposted to community services.

The Early Response Hub provides support and intervention to families at the point that they need it, with the aim of preventing worries from escalating to a point where the family do require statutory intervention.

Additional focused auditing also identified that a high proportion of families progressed for longer term statutory intervention under a child in need plan but then closed to the service within six weeks, suggesting that a child in need plan was not the most suitable plan of support for the family. As a result, in April 2023 the ERH re-launched the level2b intervention offer to families, promoting early help and intervention as an alternative to statutory child in need planning. The ERH also launched a new assessment of need for families under level 2 of West Berkshire Threshold Documents. These assessments are called Family First Assessments.

There is evidence from the Early Intervention Foundation that avoiding statutory intervention and intervening earlier has better outcomes of children and can also represent a cost saving for the Local Authority as statutory intervention is more costly.

The ethos of the ERH is based on a strengths based approach that highly values partnerships with families alongside co-located and virtual partnerships with a wide variety of agencies who have different skills, expertise and specialisms who can work together with children and families as equal partners to identify realistic and achievable support plans informed by what is important to the child and family that in turn will enable, empower and facilitate solutions to identified challenges. A key focus of the ERH is to remove barriers for families who require access to services and ERH place an emphasis on the removal of referral paperwork being required to enable direct access to services which removes the need for children and families to retell their story.

ERH service delivery

The ERH has eight different elements of responsibility –

- ERH Triage (responding to families within three days or five days with a home visit),
- ERH Assessment (completing Family First level2b assessments),
- ERH Intervention (six weeks of intervention focused on a particular worry or issue),
- Missing young people and those at risk of exploitation,
- Young Carers,
- Reducing Parental Conflict (for co-parenting parent and training for professionals)
- My Family Plan consultation service,
- Family Group Conferences (and Restorative Conferences)

The ERH is a multi-agency co-located hub made up of eighteen different agencies (as shown in the ERH logo), ensuring that support plans identified for children and their families are holistic and address different areas of concern.

The ERH is comprised of 2 managers, 0.6 Early Help and Prevention Lead, 1 senior Intervention Worker, 5.6 Intervention Workers, 1 Young Carers project worker, 2 FGC coordinators, 1 Missing and Exploitation Coordinator, 3 MFP Facilitators (funded by Supporting Families grant funding), 0.6 Reducing Parental Conflict Coordinator (government funded until March 25) and 1 apprentice (time limited government funding until March 25). ERH FTE resource minus government funding is therefore 13.2 members of staff.

Family First level2b assessments mirror the format of a statutory s17 single assessment in terms of what the assessment is looking at (assessment of need) but the concerns are at level 2 of West Berkshire Threshold Document rather than level 3 or 4 (statutory threshold). If level 3 (or 4) concerns are identified within the course of completing a Family First Assessment, the Family First Assessment acts as a foundation to the s17 single assessment/ Family First Assessments are completed within twenty-five working days and if a statutory assessment is required from a Family First Assessment, the resulting s17 assessment is completed within the remaining twenty day period, meaning a total assessment period of forty-five working days.

Delivery of service of the last 12 months

ERH Triage

ERH Triage responds to families who require a community support plan to respond to their presenting worries/concerns.

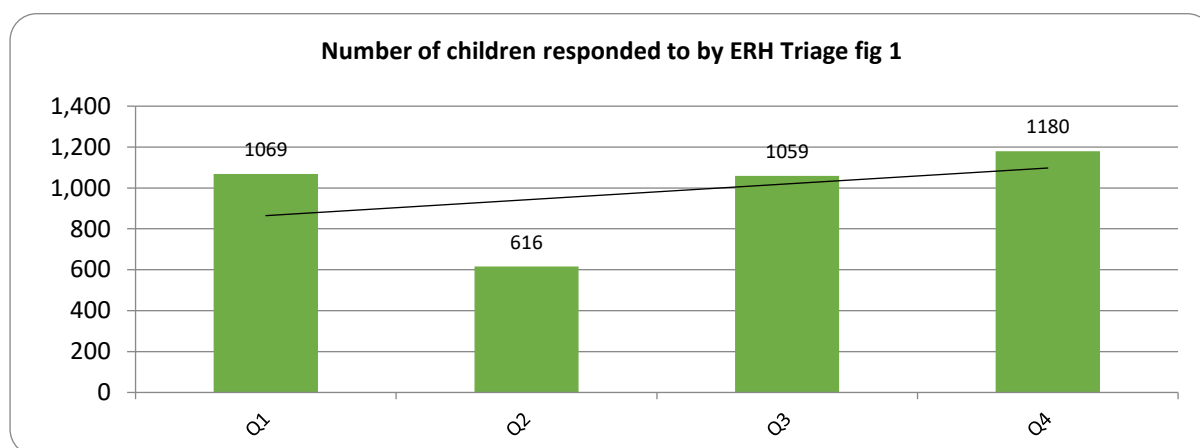


Fig 1 shows that there has been an increase in children who are responded to within ERH Triage across the previous 12 months with quarter 4 being the highest quarter. One hypothesis around this could be that CFS are seeing greater need amongst families in relation to issues such as parental acrimony and difficult parental separations, the impact of poverty on factors such as parental mental health, families needing support through charity grants and food parcels. Children’s emotional wellbeing and mental health is also a significant factor of concern within ERH. Another hypothesis for this increase could be that as awareness of ERH and the service offer increases, more referrers/professionals are making use of this resource.

Risk factors identified for families referred in ERH

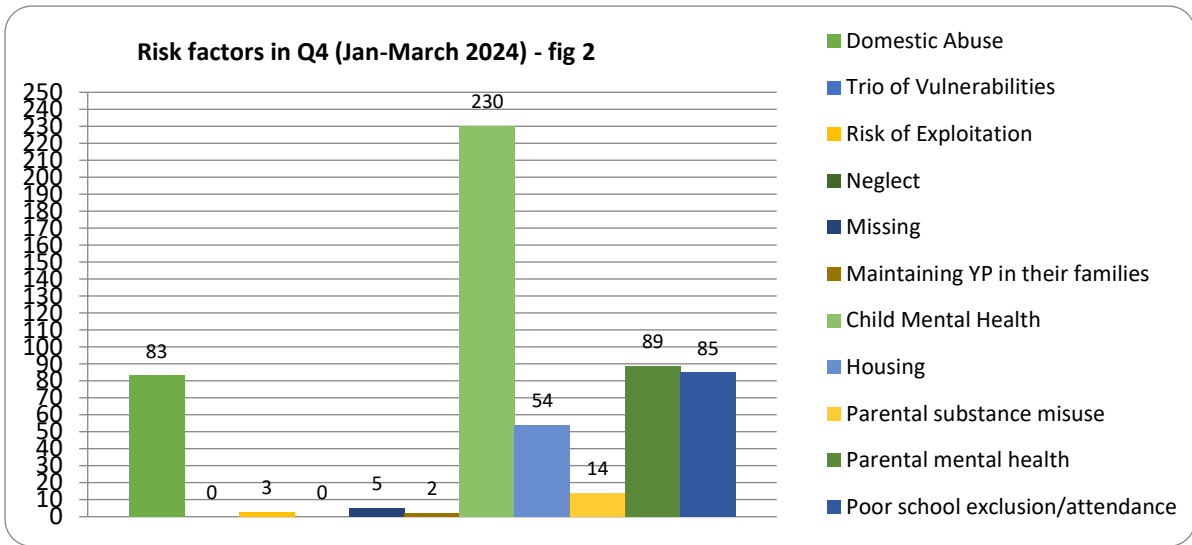


Fig 2 evidences that the highest risk factor of concern into ERH in quarter 4 was child mental health, followed by parental mental health, poor school attendance/exclusion and domestic abuse. Child mental health is consistently the highest risk factor of concern within ERH across the previous twelve months. Of note, in relation to all enquiries into CAAS triage (the front door of CFS which responds to all enquiries), one of the highest risk factors of concern is domestic abuse (recorded as such on police reports). One hypothesis could therefore be that new enquiries about children with a risk factor of domestic abuse are presenting at a higher threshold of need (statutory threshold). However, it is also noted that a high proportion of police reports identify a risk factor of domestic abuse, which when explored further, is identified to be parental conflict rather than domestic abuse. Within ERH, we are part of a government funded project for three years and have recruited a Reducing Parental Conflict Coordinator as part of the project, in order to train professionals in identifying parental conflict (and distinguishing it from domestic abuse), in addition to delivering a programme directly to parent/carers to support them in communicating more effectively. Some police colleagues have attended the professionals training however there would need to be a much larger scale piece of work completed in order to address the issue of parental conflict being incorrectly identified as domestic abuse.

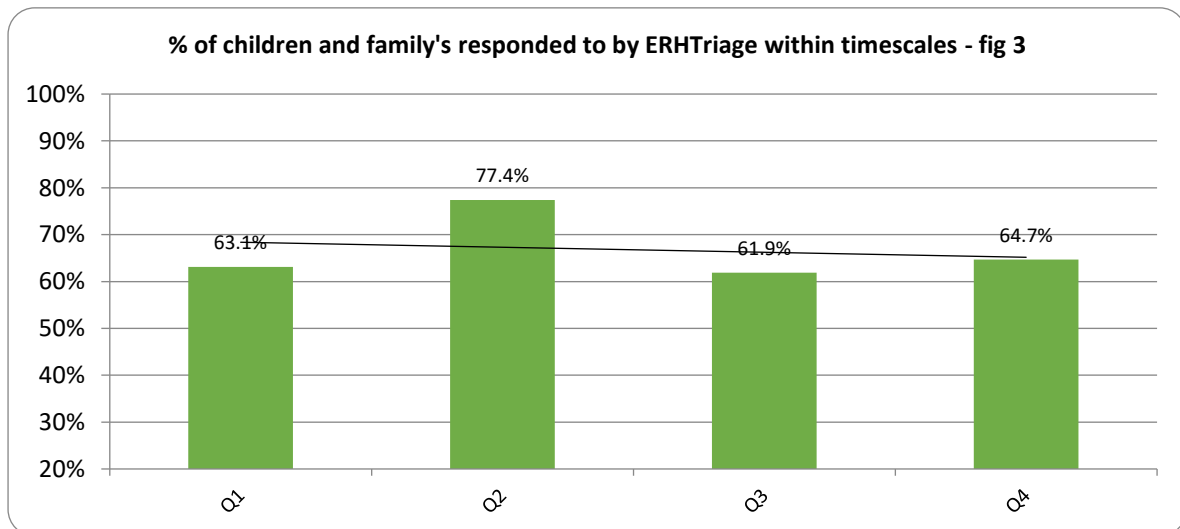


Fig 3 shows that there has been a slight reduction in the percentage of children and families responded to within timescales in ERH Triage (3 working days or 5 working days with a home visit). However, it is important to note that following the launch of the new ERH digital referral form in Oct 2023, referrers are given up to two weeks to complete the digital form which does impact on ERH timescales as this fortnight period for referrers is outside of stipulated timescales.

Also, of note which is interesting, some of the referrers who have telephoned wishing to make a referral about a child and their family and were subsequently advised to complete an ERH digital referral form, when ERH followed up due to non-receipt of the digital referral form, some referrers advised that they wished to 'retract' their referral as they had communicated with the family and resolved/addressed the referred concern. It appears that the nature of having a digital referral form in place, requiring referrers to speak to parent with parental responsibility about their concerns, has sufficiently reduced the concerns for some referrers. In other examples we have seen that from the conversation with parents, they have identified other support agencies in place which also reduced concerns for example if there is an active early help plan in place via a My Family Plan (MFP), the referrer has then been able to speak to the lead professional in the MFP which subsequently then reduced their concerns to not requiring input from CFS. A hypothesis from this could be that the digital referral form for ERH encourages communication and encourages earlier intervention.

Digital referral forms for ERH

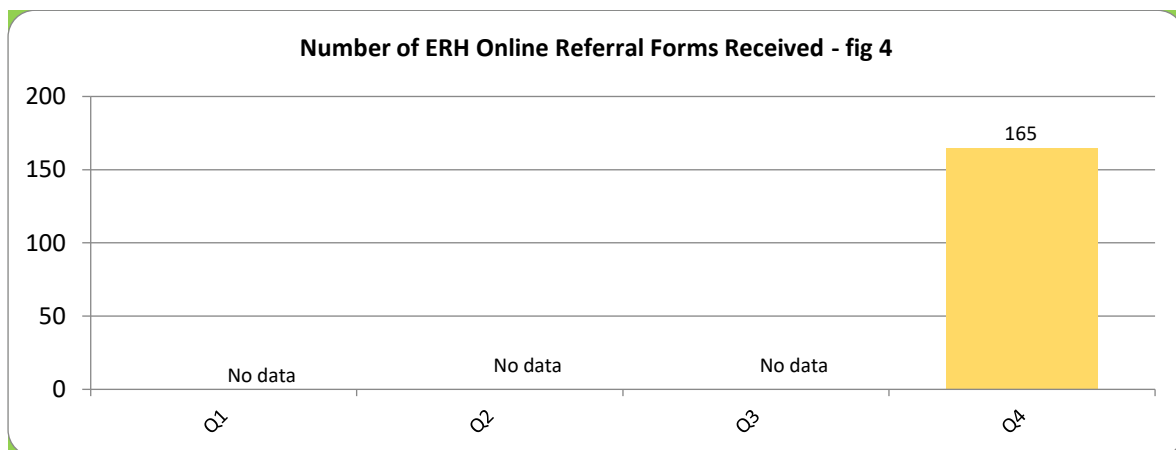
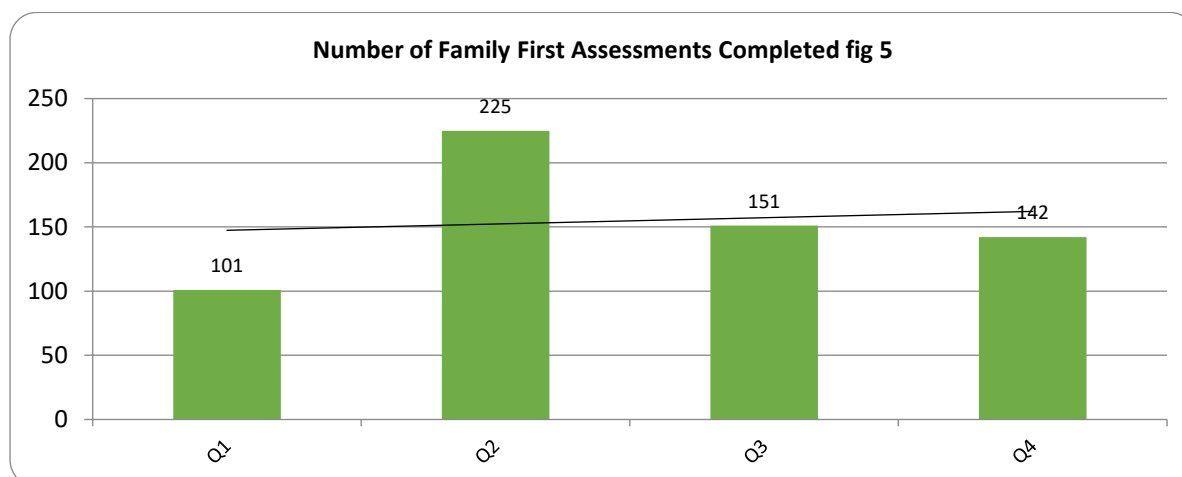


Fig 4 evidences that there were 165 children referred to ERH via the digital form in quarter 4. It is hoped that continued promotion of the use of the digital form as a direct pathway into ERH via rather raising a safeguarding concern via CAAS Triage.

Family First Assessments



Family First Assessments launched in April 23 and therefore are a new type of assessment which consider children and family's needs. Further data analysis development work is required and it is hoped that this will be available in the new electronic system however it is possible to evidence how many Family First Assessments have been completed per quarter. The data evidences that there are numerous children who have a Family First Assessment and prior to the creation of these assessments, these children may have been recommended to have a s17 statutory assessment instead. Whilst there is a lack of data analysis available currently, anecdotal evidence tells us that very few of the children who have a Family First Assessment, go on to require a statutory s17 single assessment and even fewer then require longer term statutory intervention under CIN or CP planning via the Family Safeguarding Teams. Therefore, CAAS can positively report that ERH are successfully reducing the number of children requiring statutory intervention. This is further evidenced within the Datazone which shows a significant reduction in referrals by month in 24/25 compared with referrals in 23/24.

ERH Intervention

ERH offers intervention for families who require targeted support in order to address concerns about a specific issue following statutory assessment. The intervention is typically between 6-8 weeks in duration and if required, can include a multi-agency meeting (MAM) at the commencement and conclusion of the intervention, if this is required/if there is a concern that the family are on the cusp of requiring level 3 statutory intervention. The purpose of intervention is to offer an alternative offer of service delivery rather than requiring a child in need plan, in order to maintain and then reduce the concerns within level 2 of West Berkshire Threshold Document.

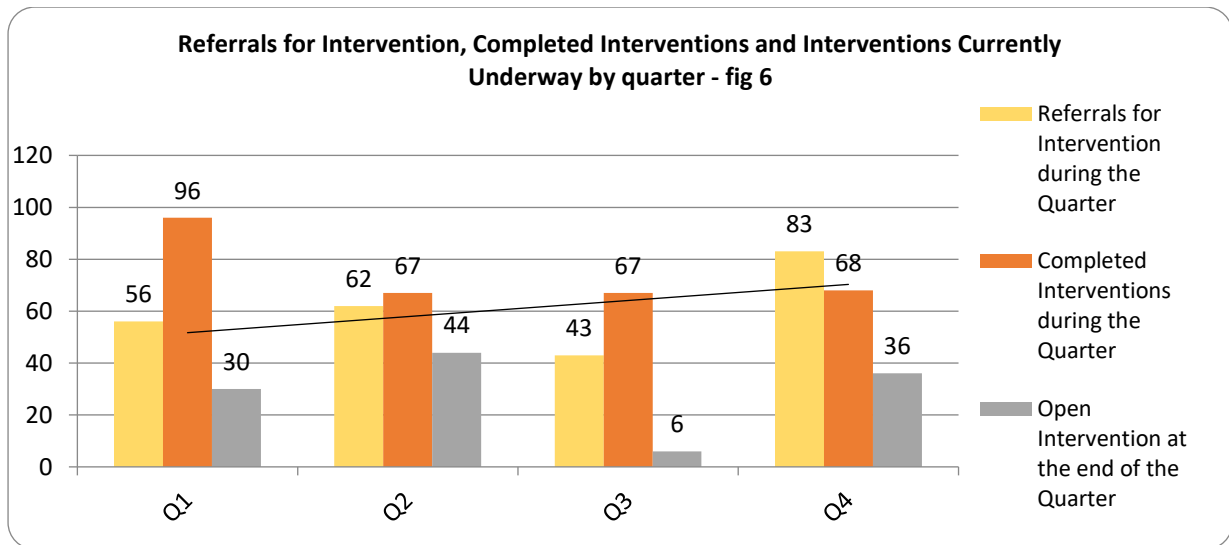


Fig 6 evidences that there has been an increase in referrals for ERH intervention across the previous twelve months from around 60 children a month to 83 children in q4. Whilst this number can appear quite low in comparison to children open to child in need planning, the staffing resource to deliver intervention is the same staffing resource as those undertaking Family First Assessments (4 intervention workers).

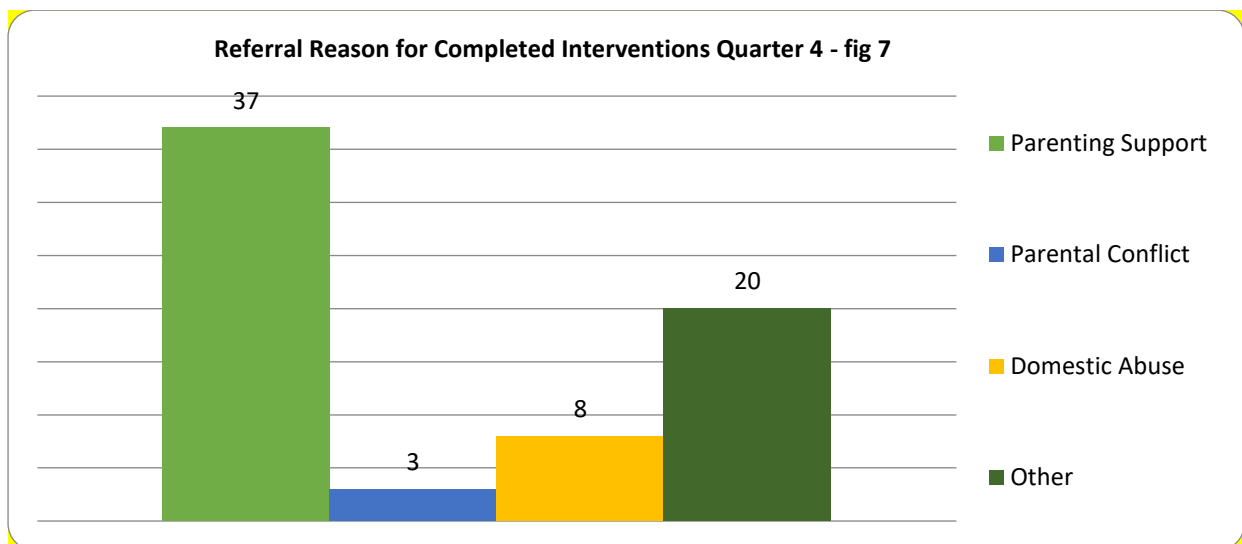
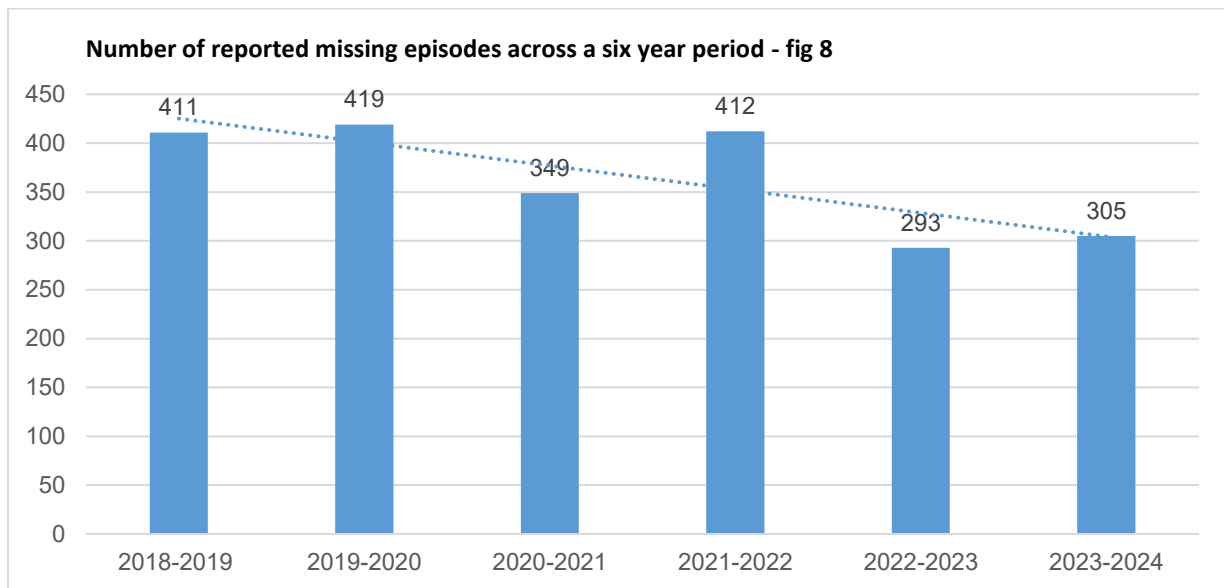


Fig 7 evidences that the most frequent referral reason for ERH intervention in Quarter 4 is for parenting support, followed by 'Other' which is anything that isn't parenting support, parental conflict or domestic abuse.

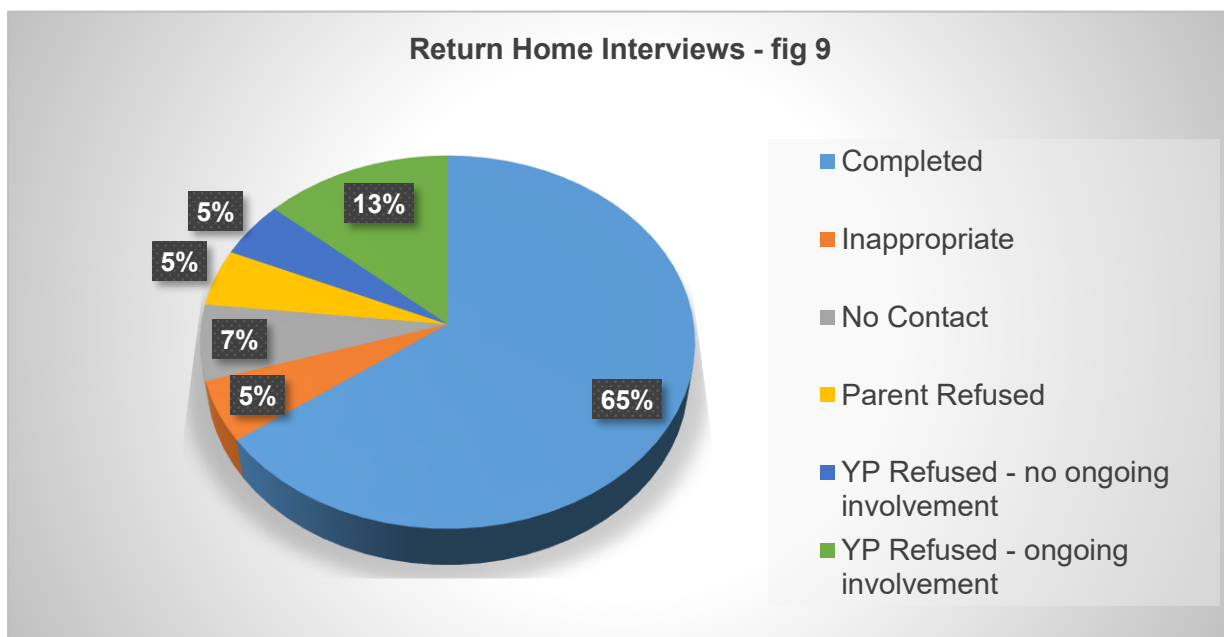
Missing and Exploitation



As shown in Fig 8, between April 2023 and March 2024 there were 305 reported missing episodes in West Berkshire. In comparison to 2022-23 data, this is an increase of 12 reported missing episodes.

Across a six year period since 2018-2019, there is a downward trajectory of reported missing episodes which appears to be a positive downward trajectory in terms of a reduction in young people going missing. However, there is a concern that some missing episodes go unreported and therefore the reliability of this data in relation to measuring positive outcomes for children and young people is limited.

The 305 reported missing episodes in 23-24 relate to 132 young people which is an increase of 18 young people from the previous year 2022-23. Across a three year period since 2021-2022, the number of young people experiencing missing episodes has decreased from 170 in 2021-22 to 119 in 2022-23 and then has risen again to 132 in 2023-24.



198 (65%) of return home interviews were successfully conducted with young people.
 16 (5%) were inappropriate for various reasons (a young person may be in hospital for example)

20 (7%) were closed with no contact being able to be made with the family

15 (5%) were closed as the parent declined

15 (5%) were closed when the young person declined and there was no ongoing involvement with CFS

41 (13%) were closed when the young person declined and there was ongoing involvement with CFS.

23 of the 305 missing episodes related to 13 children in care placed in West Berkshire by other Local Authorities.

28 missing episodes related to 12 children in care living in West Berkshire, with the home Local Authority also being West Berkshire.

73 missing episodes related to 12 children in care living in other Local Authorities with the home Local Authority being West Berkshire. One of West Berkshire’s children in care living in another local authority went missing 37 times which is very significant. This specific young person is considered to be at very significant risk of harm, so much so that deprivation of liberty arrangements were being explored in an effort to keep her safe. One hypothesis from this data could be that children in care placed outside of their home local authority are at greater risk of having missing episodes. However equally, another hypothesis could be that children who require placements outside of their local authority are placed there due to increasing concerns and risks related to their wellbeing and safety and by that nature, may be more at risk of having missing episodes.

For additional information about Missing and Exploitation please read Missing and Exploitation Annual Report

Young carers

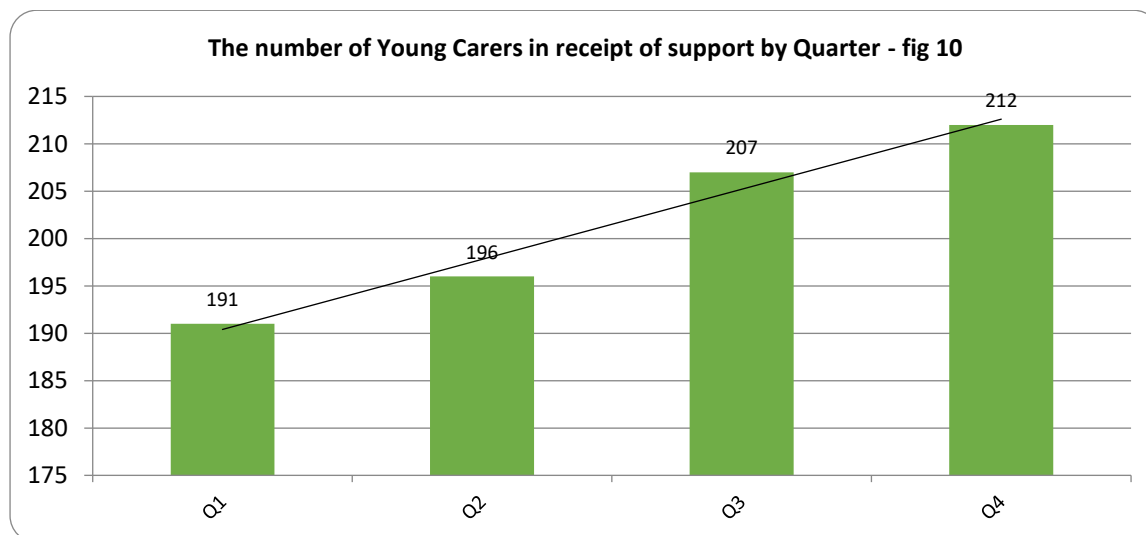


Fig 10 tells us that the number of children who are open to the young carers service has increased from 191 in q1 to 212 by q4.

As of today’s date (7th June 2024) there are 222 children open to the Young Carer’s Service. Of those 222, 32 children are also open to the FSM service (CIN, CP, PLO, court).

It is positive that more young carers within West Berkshire are being identified. One hypothesis could be that greater awareness and a relatively new referral system (digital referral form) has increased the number of young carers being identified.

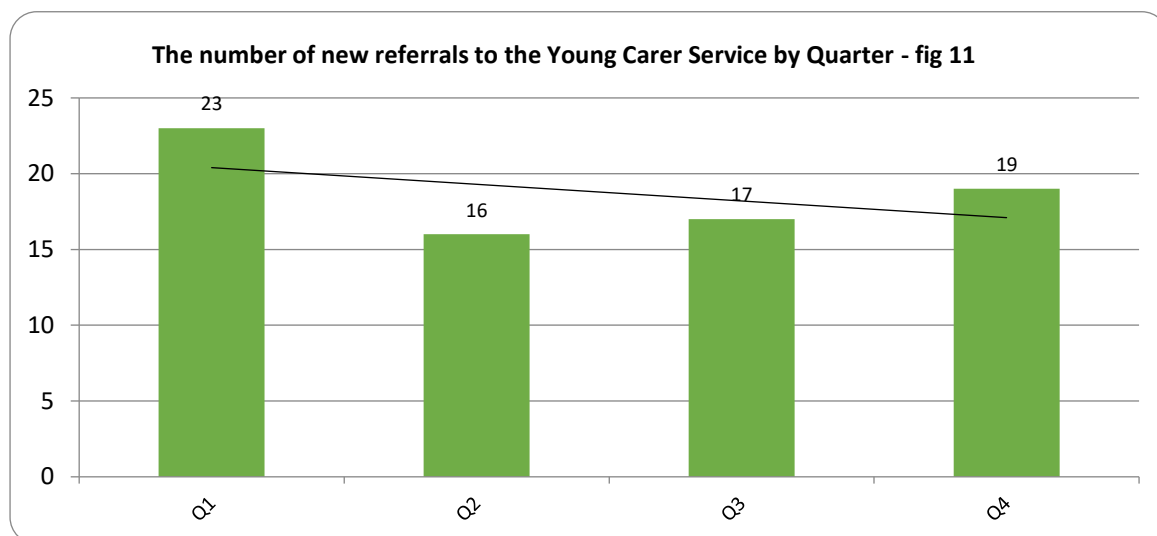


Fig 11 tells us that there has been a small downward trend in the number of new referrals being made to the service across each quarter however in the last three quarters, this has increased from 16 to 19 in q4.

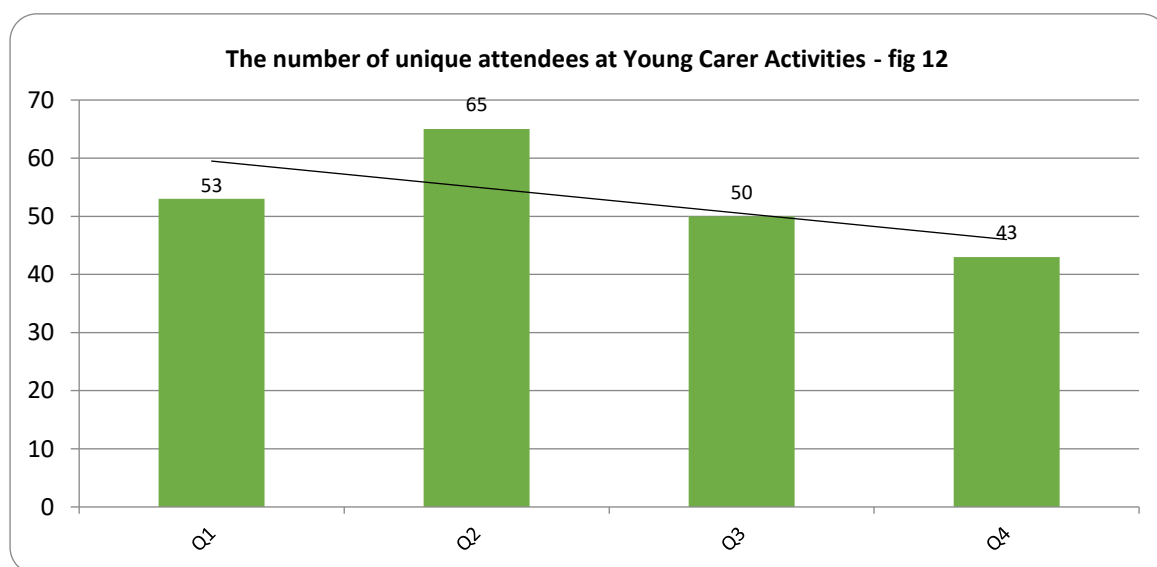


Fig 12 shows the unique attendees at young carers activities (rather than the number of attendances as one young carer may attend multiple times). Requests for spaces on holiday activities are reviewed by the service and attempts made to include as many different young carers as possible.

Whilst it is accepted that the number of unique attendees is much lower than we would hope for, this is significantly impacted by transport issues affecting young carers. Often families are unable to transport their young carers themselves due to the nature of having a parent/carer or sibling requiring care. The weekly youth clubs for young carers are only located at Greenham Youth Centre in Newbury as this is a free venue. There is a very

limited transport budget of charity funding that was secured until March 2025 which pays for the Handybus which can collect up to 8 children within a limited geographical location.

Reducing Parental Conflict

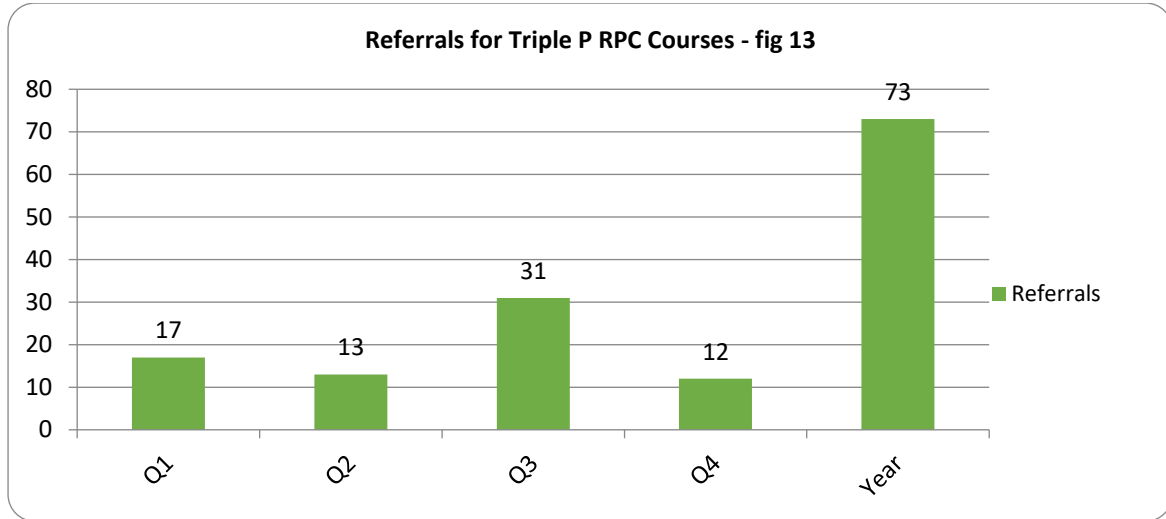
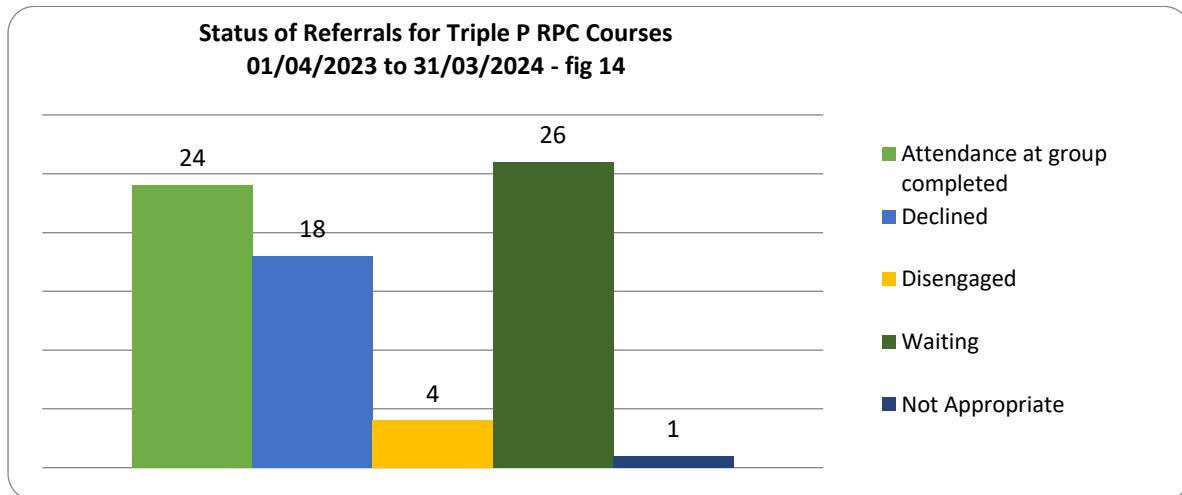
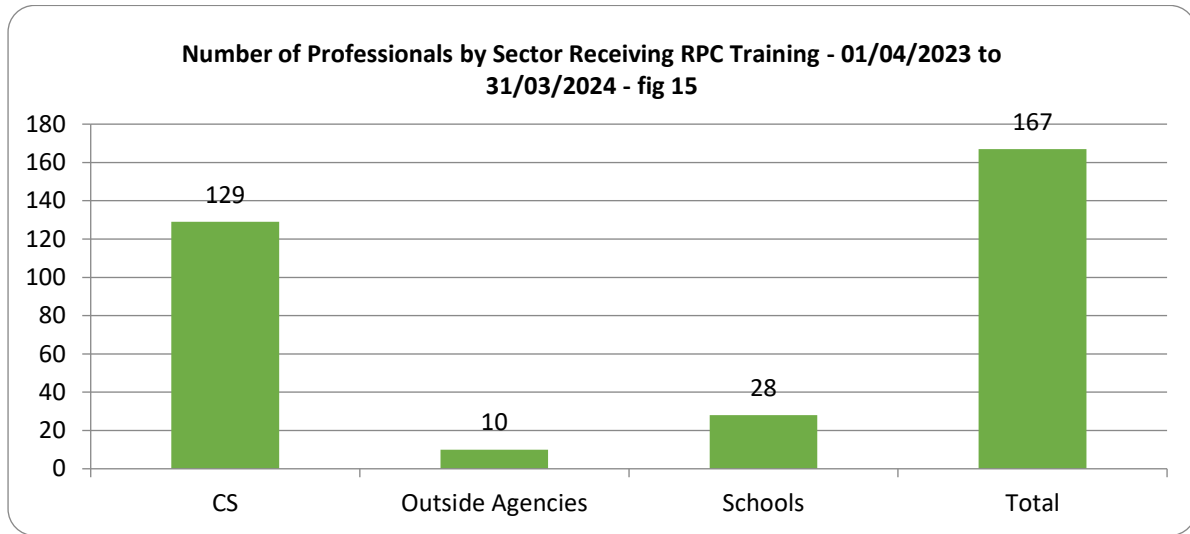


Fig 13 shows the referrals for parents to the RPC course. All quarters have been quite low, apart from q3. Further work is required in the next year to promote awareness of the course and to encourage parents to be referred as it is really important to address issues of parental conflict as research tells us that if parental conflict is present and not addressed, other interventions that are attempted will be less successful.



N/B those waiting as at 31.3.24 were all booked onto future courses. A referral would be considered to not be appropriate if there was confirmed current domestic abuse as parental conflict work is not appropriate in domestically abusive relationships due to the power and control present meaning that parental conflict cannot be successful.

Professionals trained in Reducing Parental Conflict:



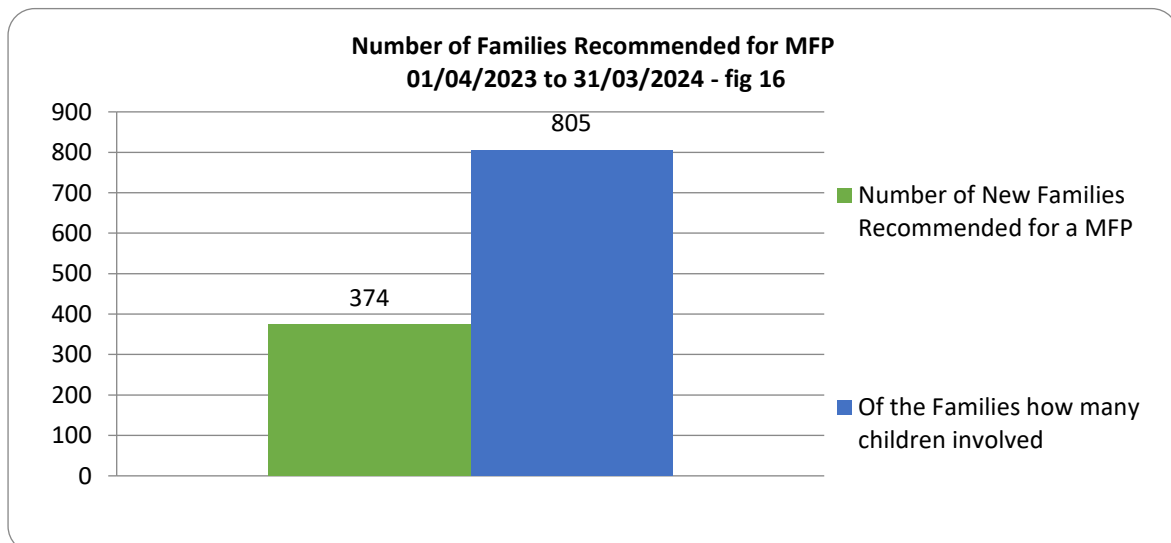
This data tells us that over the previous 12 months, 167 professionals have been trained in parental conflict. This also includes some police staff members. This is particularly useful in trying to encourage the correct identification of parental conflict rather than labelling all matters as domestic abuse. Consideration for the upcoming year will be around how to continue to positive trend of training professionals, including after the project ends in March 2025.

More information about Reducing Parental Conflict can be found here:

[Parental Conflict: Information for Professionals - West Berkshire Council](#)

My Family Plan (MFP)

A MFP is the earliest opportunity for professionals to support families with a presenting need, prior to those worries/concerns from escalating to requiring statutory intervention. Community based professionals can start a MFP without any contact with Children and Families Services (CFS) however the majority of MFP’s are started following a worry or concern being shared with CFS. Lead Professionals can request support with ‘stuck’ MFP’s via ERH’s MFP consultation service.



N/B MFP's are whole family plans and not counted on individual children.

Fig 16 evidences that across the year 374 families were recommended for a MFP. My Family Plan Facilitators came into post with their current remit and responsibility in Sept 2023 so this data is the first year we have tracked MFP recommendations.

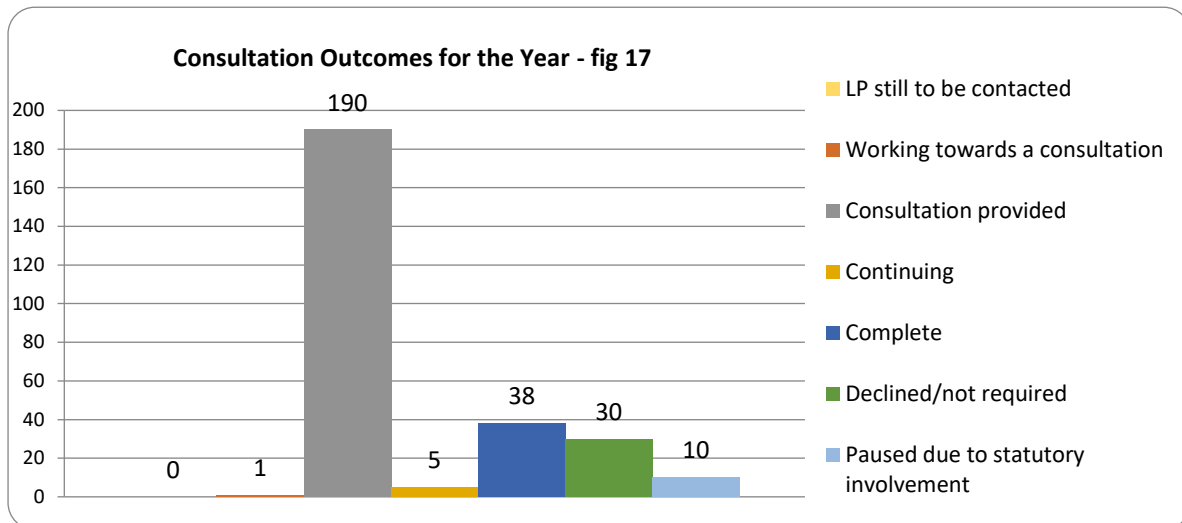
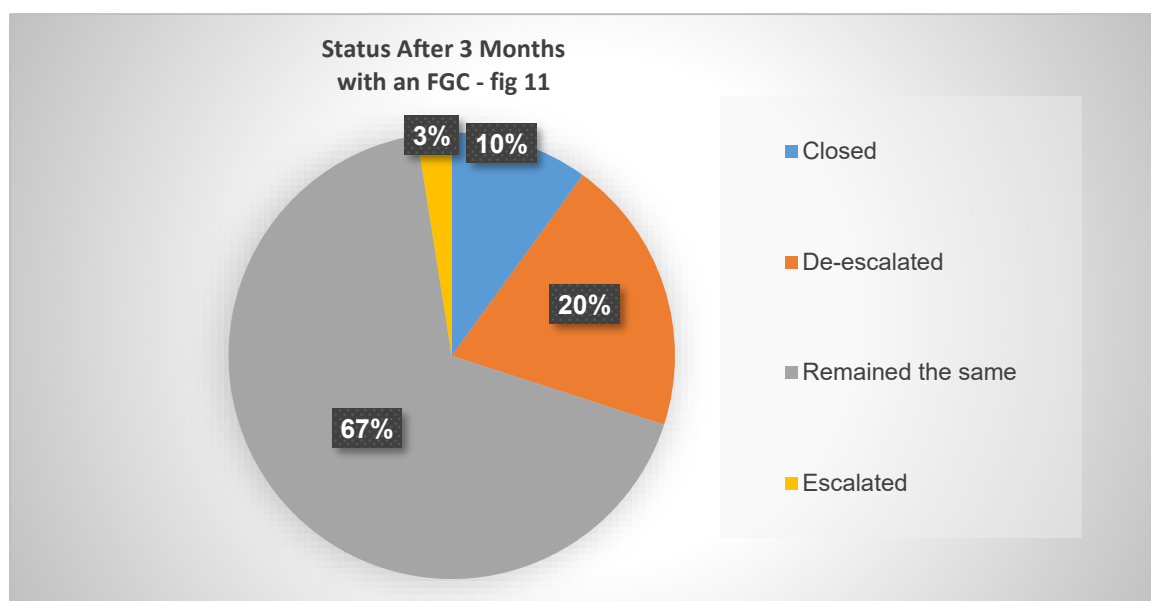
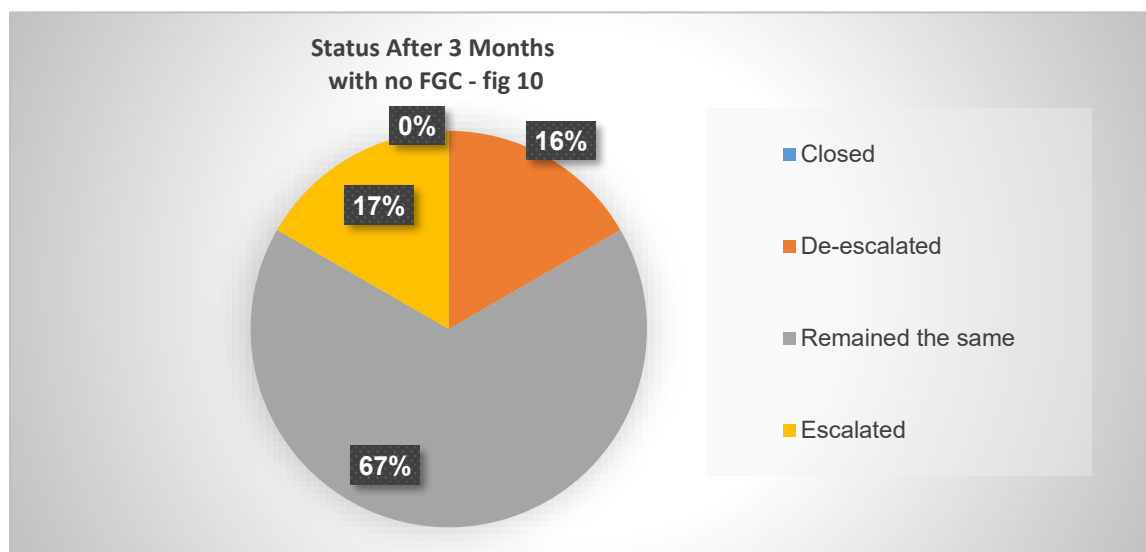


Fig 17 shows that across the year, 190 MFP consultations have been completed which are consultations offered to lead professionals in MFP's if a MFP has become stuck or is not progressing as was hoped. The aim of the consultation is progress the MFP and to prevent the worries and concerns from escalating to requiring a higher threshold of intervention. 38 MFP's are recorded as successfully completed. 30 MFP's are recorded as having been declined or not required. It would be useful to know, of those where the MFP was declined or deemed to not be required, was that determination by the family or by the recommended lead professional? And of those, which, if any, returned to CFS for further intervention within the subsequent 6 month period. This will require data analysis which is a recommendation for the next year's ERH activity as it will require the capability of the new electronic system, Mosaic. 10 MFP's were paused due to subsequent statutory intervention.

Family Group Conferencing Service (FGC)

Between April 2023 – March 2024, the FGC service received a total of 82 referrals equating to 176 children. Total of 72 referrals for Family Group Conferences and a total of 10 referrals for Restorative Conferences. The service also worked with 12 families who were already open to the from the previous year. Therefore, this year the service has worked with a total of 94 families comprising of 202 children. Of those 94 families, 44 conferences (FGC and restorative) were successfully held.

Out of the 44 families who took part in an FGC or Restorative Conference, below are the statuses of the children 3 months following the conference from the status at the time of the referral.



Out of the 44 families who had a conference:

- In 20% of families the concerns/worries had de-escalated.
- 67% of families remained the same which means the concerns for the children didn't get worse.
- 10% of families escalated compared to 17% which escalated with no FGC.

This data suggests that that an FGC helps to support families move from a higher threshold of worry/concern to a lower threshold and also helps to prevent existing worries and concerns from escalating to a higher threshold of need.

For further analysis of the FGC service please see FGC Annual Report.

Additional support for families

In June 2023 the ERH identified that we were seeing a high demand need for food bank parcels from our families. There are local food banks that accept referrals but through discussion with the food bank we were able to get direct access to their voucher issuing system, to be able to issue vouchers to families directly and without delay.

Between June 2023 and April 2024 we have directly issued 24 families with food vouchers.

ERH also have a direct referral pathway into the Household Support Fund. Applications made for households where there is a young carer present can be issued with an additional grant of £100 in addition to the standard £200 grant.

Conclusion

The Early Response Hub is a team with many different roles and responsibilities but is well regarded within both the service and externally amongst our partner agencies.

The Early Response Hub plays an important role in supporting children and families and the wider CFS service data evidences that since the launch of Family First Assessments in April 2023, the statutory referral rate has significantly reduced.

The Early Response Hub is a well functioning service but is very stretched in terms of staffing and resources as no additional staffing or resource was given at the point of launching the ERH in 2019, it was built on the existing resource within CAAS, in addition to grant funding, the majority of which is either ending or due to be reviewed in March 2025 (My Family Plan Facilitators, Apprentice in Young Carers and Reducing Parental Conflict Coordinator).

Further analysis and auditing is required to consider the longer term impact of the Early Response Hub to better understand if the ERH is reducing the worries and concerns for children over a longer period of time or if children do return for a higher threshold of intervention at a later point. If the data suggests that children are returning at the higher threshold at a later period of time, consideration could be given to extending the duration of time that ERH works with families. For example, the time limited ERH interventions of 6 weeks, if the intervention was over a longer period (with a greater staffing resource), would the children who are returning at a higher threshold of need (if they are returning), be reduced?

The Early Response Hub is already modelling and working in the way that is recommended by the new Working Together, as well as the Independent Review of Social Care by Josh McAllister. This new model of working is both beneficial to our children and families who are receiving earlier help and intervention but also beneficial to our workforce as we have supported Intervention Workers from ERH to train and qualify as social workers to then be able to join our statutory workforce.

We need to encourage improved 'self-service' of families who are able to access the community support that they require without needing a pathway to that support via CFS.

We need to increase our partner agencies awareness and use of community services, if the presenting need of a family is best met via community services. We also need to continue to increase awareness of and use of the earlier help tool, My Family Plan.

Recommendations

- This recommendation relates to process and the impact of opening all children at the first point of enquiry, including those recommended for early help via ERH:

If the concerns identified for children are stated by the referrer to be early help threshold concerns, I recommend that consideration is given to only opening children to ERH once an ERH digital referral has been received rather than at the first point of new enquiry into CAAS triage. This would reduce the current difficulty of children being opened to ERH but without the detail of the concerns and without parent's being aware of the referred concerns, making it very difficult for ERH to progress families. Whilst I appreciate the need to ensure that children are not 'missed', the narrative received from professionals who do not subsequently complete the ERH form is because the issues that they thought were present, had been resolved/addressed via the conversation they had with parents or via a conversation they had with a different professional working with the family. We should support and encourage those conversations to be taking place prior to enquiries being made with CFS as it is creating unnecessary demand at the very front door of CFS.

For those referrers who are uncertain about the threshold, I agree that those children should still be opened at the first point of enquiry in CAAS to ensure that possible safeguarding concerns are not missed. This would bring the practice of West Berkshire CFS in line with other LA's who only consider a referral to have been made upon receipt of the referral. This practice may naturally occur anyway as CAAS Triage are moving to a practice of the new enquiry pathway being primarily digital referrals and a telephone referral pathway only being available for level 4 child protection concerns.

The above considerations may naturally resolve themselves by Sept 2024 following a proposed launch of safeguarding digital referral forms as this will dramatically reduce the volume of telephone calls into the front door.

- Consideration needs to be given to how ERH can ensure the value of the RPC programme can be utilised beyond the end of the government funding of the project in March 2025.
- Consideration to be given to how our Young Carers Project can increase the number of unique attendees. This can only really be addressed either via virtual attendance at groups, the current transport issues being resolved or more groups being run at different venues across West Berkshire.
- Following the implementation of the new electronic system Mosaic in Oct 2025, it is hoped that better quality data analysis will be available in relation to work being completed in the early help space/threshold and therefore greater analysis and exploration of data could be completed in relation to the question of whether or not children and families are returning at a higher threshold of need later on in their lives, post ERH intervention.