

Scrutiny Report

The relationship between the Family Front Door and Schools

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Foreword

Our Children's Services has undergone considerable change and improvement since the Ofsted Report in 2017 and the Task Group feel that it is important that the hard work and commitment involved is recognised.

However, when speaking to a number of schools about the service I and a number of colleagues have found that schools had some concerns about their relationship with the Service. It was with this in mind that we wanted to investigate what issues schools were experiencing and how they perceived the current service so that recommendations could be made to improve our service even more.

We sent a simple questionnaire to all schools and offered to visit those schools who responded in order to gain more detailed information. From a total of 242 Worcestershire schools, the Task Group received 30 questionnaires and visited 15 schools, including all tiers and a further education college. We also met with officers at all levels and we thank them for their time and the detailed information provided.

There were a number of areas which were mentioned by schools including the need for parental consent before they can make a referral, follow up of referrals and the actual referral process.

We have made a number of recommendations, which we hope will be acted upon by the Cabinet Member with Responsibility for Children and Families.

I would like to thank the members of the Family Front Door Task Group namely, Charlie Hotham, Tom Baker-Price and Matt Jenkins for their help, support and enthusiasm, as well as Tracey Onslow and Pattie Hill who were unable for various reasons to play their full part in the Task Group. I must also thank Samantha Morris and Alison Spall, Overview and Scrutiny Officers, who have worked hard to help us establish the facts and liaise with schools and Children's Services.

Councillor Jane Potter

Lead Member of the Family Front Door Scrutiny Task Group

Family Front Door

Background and Purpose of the Scrutiny

1. The Family Front Door (FFD), Initial Contact and Referral Team is the central point for all referrals for children and young people aged 0 to 18 years and living in Worcestershire where there are safeguarding or child protection concerns for them.
2. Launched in July 2016, the FFD brings together functions that were previously provided by the Children's Social Care Access Centre, Early Help Hub and partner services such as Police and Health. The Family Front Door identifies and makes decisions around the levels of need for children and young people to ensure that the right services and intervention are provided to meet their needs at the right time.
3. On 24 January 2017, Ofsted published their report entitled '[Inspection](#) of services for children in need of help and protection, children looked after and care leavers; and Review of the effectiveness of the Local Safeguarding Children Board'.
4. The overall judgement for Worcestershire was 'inadequate'. Following the Ofsted judgement, an eight-point Service Improvement Plan (SIP) was developed by Children, Families and Communities Directorate to cover all of the recommendations made by Ofsted.
5. The Children and Families Overview and Scrutiny Panel identified as part of its work programming process that it wished to look at how the relationship between the Family Front Door and Schools was working.
6. The Overview and Scrutiny Performance Board (OSPB) agreed at its meeting on 26 September 2018 that a Scrutiny Task Group led by Councillor Jane Potter (Vice-Chairman of the Children and Families Overview and Scrutiny Panel) would be set up to scrutinise this issue. Initially, the Task Group planned to look at how the relationship between the Family Front Door and Partners was working. It was however decided on reflection, that the focus of Task Group should be narrower, and the Scrutiny would concentrate on the relationship between the FFD and Schools. The revision to the Scope was agreed by OSPB at its meeting on 5 December 2018.
7. The **terms of reference** for the Scrutiny exercise were '*to investigate how the Service is currently working, taking into account the relationship between the County Council and School partners, and the progress made since the Ofsted Inspection and subsequent monitoring visits*'.

The Task Group's approach

8. Evidence has been gathered from a variety of sources including Officers of Worcestershire County Council (the Council), the Independent Chairman of the Worcestershire Safeguarding Children Board (now Worcestershire Safeguarding Children Partnership (WSCP) and the Cabinet Member with Responsibility (CMR) for Children and Families. The Task Group also visited the Family Front Door and invited all schools to provide feedback on how things were working from their perspective. Members of the Task Group then went on to visit a variety of the schools that responded in order to further enhance their understanding of the situation, in particular those schools which had referred to the FFD since late November 2018. A Schedule of the Task Group's Activity is listed in Appendix 1.
9. A copy of the questions that the Task Group asked schools is attached at Appendix 2. *(NB Due to the changes which had been introduced to the FFD at the end of November 2018, schools were specifically asked to provide feedback on their experience with the FFD after that time.)*
10. The Task Group has also reviewed a wide range of background information about the role of the FFD, the staffing structure, referral procedures, guidance provided to schools and current issues. A list of documents reviewed by the Task Group is attached at Appendix 3.
11. Members of the Task Group acknowledge that they were only able to speak to a small number of schools as part of the Scrutiny process and the report reflects the views expressed from the individual schools that participated in this process.
12. The Task Group is also very mindful that there have been ongoing changes to Children's Social Care whilst this scrutiny exercise has been completed and some aspects of the service may have significantly improved during this time.
13. From a total of 242 schools in Worcestershire, 30 questionnaires were received from a range of schools and colleges and academies including first, primary, middle, high, short stay and independent schools, and a further education college. Following receipt of the questionnaires Task Group members visited 15 of the schools which had indicated that they would welcome a visit. Those visits proved to be very helpful in gaining a greater depth of detail and understanding of the issues which schools had raised in their questionnaires.
14. The Task Group has carefully considered all the feedback which has been received, both from the questionnaires and the follow up visits. Members were pleased that the feedback was generally detailed and constructive.

Recommendations

15. The Task Group has identified a number of areas which it believes require further consideration, and they have set out their recommendations in respect of these issues.
16. In drawing up the recommendations, the Task Group has been mindful of what the Council can and cannot influence and recognises that some of the points raised in this report may be answered in the Cabinet Member's response. The Task Group is also mindful that the service may have moved on since the Task Group contacted schools. However, at the time of writing, these recommendations made were based on what the Task Group was advised during its Scrutiny.

Consent

Recommendation 1: The Task Group urges the CMR and Director to clarify and reiterate to the Designated Safeguarding Leads (DSLs), the source(s) of professional advice and support that are available to them to enable them to complete appropriate referrals to the Family Front Door or Early Help. This should include guidance about parental consent and what to do in the exceptional instances where this cannot be obtained. It is suggested that the ongoing training of DSLs should continue to be strengthened to further improve the confidence of DSLs to achieve more accurate and appropriate referrals.

17. Obtaining parental consent prior to making a referral to the FFD seemed to be a key issue troubling schools. Schools need somewhere they can go to discuss issues of concern with another professional which may help them determine the most appropriate course of action to follow in the best interests of the child. Some schools 'found ways' around the consent issue, but others were deterred at the first page of the referral form, which does not allow continuation, without confirmation that consent has been obtained. A few staff were left very concerned about children for whom they hadn't been able to obtain consent and yet because they didn't quite meet the level 4 threshold, their situation could not be referred.
18. The Task Group has been advised by the Director of Children, Families and Communities that unless there were immediate significant concerns that a child was at risk of serious harm, parental consent is required in order to make a referral to the FFD. Ofsted have recently stated in their ILACS report that the Council was appropriately seeking and gaining consent. The Task Group recognised the problems experienced by Schools when they were trying to receive some professional advice before they submitted referrals. It considers that it would be helpful to reiterate to schools what support was available to them in such instances and what the scope and limits of this support were.

Communication Issues

Recommendation 2: The CMR and Director should seek to ensure that there is consistency around communication with schools, with agreed standards being reiterated to schools, setting out the expected timescales for updates on the progress of referrals, which schools can expect to be adhered to.

19. Whilst recognising that a few schools have seen an improved service in recent months, a range of communication issues have been raised by some of the schools concerning feedback, which warrants a review of working procedures to ensure communication issues are improved. The lack of communication from the FFD regularly cropped up in feedback. Schools generally receive an acknowledgment that a referral has been submitted, but they then can face a lack of any follow up contact or feedback. School staff often have to chase up the FFD to find out what's going on with a referral and that can involve lengthy telephone calls trying to get through. Some schools avoid having to contact the FFD directly by seeking updates indirectly through another staff member instead e.g. CSW, FSW etc. Other schools find out information through their school nurse and the alternative access they have to data.
20. A number of schools highlighted the difficulty of getting through to the FFD on the telephone, particularly at the start and end of the school day. A couple of schools also reported that when messages were left on answerphones for social workers, the calls were not being returned.
21. Concerns were raised regarding instances where crucial phone calls had been made and yet were not being recorded on the system, despite the serious nature of the information conveyed. This causes school staff to lose faith with the accuracy of the system and be very concerned as to how and why this could take place.
22. Planned transitions were important when Social Workers were leaving their job. Good communications with families and professionals involved in the case was important for all involved.
23. Sometimes when the level of support for a family is 'stepped up' from a Family Support Worker to a Social Worker, there is a gap in provision during the transition period from one level of support to the other. From the family's point of view this is perceived as reduction in support. The Task Group suggest that consideration should be given to this being a seamless transition, so that the family still received the support from the FSW until the Social Worker took over.
24. Not all schools are aware of the scope of Early Help support that is available to schools in the County and the specific list of localised support for each District.
25. The Task Group also discovered ways in which schools were acting which were unnecessarily adding to the demand on the FFD telephone line. Whether these actions were a result of a lack of knowledge, or through frustration, the Task Group felt that further advice and training would help this situation.

Referral Process

Recommendation 3: The Task Group identified that there were differing and conflicting perceptions of the FFD Service between CSC and schools and therefore asks the CMR and Director to continue to work with schools to ensure a greater mutual understanding of each other's roles.

26. The Task Group recognised that there had been some improvement since the changes to the referral process in November 2018 and the increased number of permanent staff was seen to be making a difference providing stability and consistency. There were, however, many practical issues identified by schools as causing inconvenience and

frustration. These included issues with the referral form, the hours of operation of the FFD and the telephone service:

- FFD referral form – some technical issues raised which adds to the frustration. Examples included being timed out, not enough space to complete full details, not having an answer, but having to put something anyway.
 - FFD hours of operation – schools would find extended hours from 8.00am to 6.00pm helpful, to fit with wrap around care. Also, additional staffing could be targeted for peak times on Friday afternoon and the start and end of terms.
 - FFD telephone service – there could be a quicker option for DSLs to take, when they have an immediate concern, to avoid delay. A link to the CSW advice line could also be added.
27. The Task Group felt that some of these issues would be relatively straightforward to address to enhance the users' experience when making referrals.
28. The Task Group recognised that there has already been much excellent work carried out with DSLs by the Safeguarding Advisor – Education in training and network events. From the data provided to the Task Group and feedback received, it was evident that there is still further work to be done to complete the embedding of the process consistently across schools.
29. Schools feel that they know the families best, and their opinions and knowledge should be taken on board when referrals are being dealt with. A lack of interaction with schools and feedback, leaves staff frustrated, feeling out of the loop and sometimes quite concerned as to what action is taking place.

Community Social Workers (CSWs)

Recommendation 4: The Task Group recommends that the CMR and Director should review the role of the Community Social Worker to ensure its best value to schools. The Task Group suggest that schools are provided with a named Community Social Worker to facilitate the development of the role and develop a personal relationship with the schools they are assigned to.

30. The Task Group has discovered that the use of Community Social Workers varies considerably. Members felt that it was a vital role that could be used far more effectively and alleviate some of the pressure on the FFD. The Task Group would suggest an investigation be carried out as to why the CSW service is so under-used. At the same time, the service could be promoted more effectively with schools being actively directed to make better use of their services. The Task Group suggests that there may be scope for some schools having a social worker based on site in schools where there was a high demand for social care services.

Safeguarding Advisor – Education

Recommendation 5: That the CMR and Director consider the viability of providing additional support to the Safeguarding Advisor – Education

31. The role of the Safeguarding Advisor – Education was seen as a valuable conduit between schools and partners. Schools welcomed the introduction of the Safeguarding

Advisor - Education role and many commented on the significant impact of her work and that she was a valuable source of support and guidance and Network meetings were very well attended.

32. The Task Group felt that if there is scope for additional support to build on this role, it could reduce pressure elsewhere, particularly if DSLs gained greater confidence and support for their referrals.
33. The Task Group also thought that the role of the Safeguarding Champions could be developed further to enable them to have a coaching role or act as a sounding board for the less experienced DSLs.

Training

Recommendation 6: The CMR and Director assess the viability and merit of arranging for DSLs and Social Workers to spend some time in each other's work environment as part of their training

34. The Task Group thought that a mechanism to improve DSL and Social Workers' understanding of each other's roles could be provided through a training opportunity for DSLs and social workers to spend some time in each other's environments to provide a mutual insight into each other's roles.

Encompass system

Recommendation 7: That the feedback given from schools as part of this Scrutiny be considered as part of discussions with the Police about the Encompass system.

35. Operation Encompass is a police and education early information sharing partnership enabling schools to offer immediate support for children and young people experiencing domestic abuse. Information is shared by the police with a school's trained key Adult (DSL) prior to the start of the next school day after officers have attended a domestic abuse incident thus enabling appropriate support to be given, dependent on the needs and wishes of the child.
36. Encompass is an issue which cropped up when the Task Group was talking to schools. Schools appreciated being informed about the occurrence of a domestic violence incident but were frustrated at the lack of detail supplied and the timing of the communication which was always 11.59pm. Additionally, some schools highlighted that where there were siblings in other schools, those schools were not always informed of incidents. The Task Group was aware that some discussions were ongoing with the Police on this area, and they were hopeful that this would result in more effective communication going forward.

Training for Members

Recommendation 8: That specific training on the FFD be offered to all Members to increase their understanding and awareness of the FFD and EH functions.

37. The Task Group felt that they had gained significantly from having an enhanced understanding of the role of the FFD and its relationship with Early Help. They felt that all Members could benefit from an opportunity to enhance their knowledge base.

The Family Front Door

Ofsted

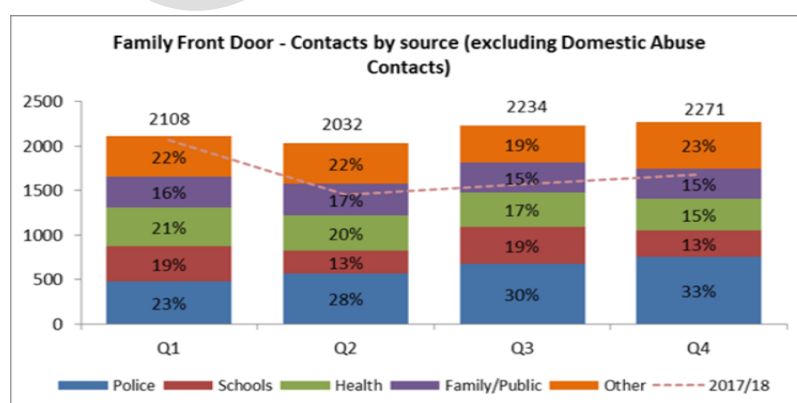
38. As a result of the Ofsted 'inadequate' judgement, Ofsted put in place a series of Monitoring Visits to track the Council's progress. To date there have been seven such visits with three of these visits having had a specific focus on the Family Front Door service, culminating at the time of writing in a full Ofsted Inspection, the results of which were published on 29 July 2019.
39. Following Ofsted's second monitoring visit on 12 and 13 September 2017, the headline feedback received was that 'the local authority has taken steps to tackle the serious weaknesses and is now beginning to make progress to improve services for children and young people'. Ofsted also acknowledged within the outcome letter that a number of the improvements seen during the September 2017 monitoring visit were relatively embryonic and so agreed with the Director of Children's Services to do a final monitoring visit inspection at the Family Front Door in January 2018 to ensure the changes they'd witnessed were embedded over time and that further improvements had been made.
40. Ofsted conducted their third monitoring visit on 30 and 31 January 2018. The headline statement following this visit was that 'while services for children in Worcestershire continue to require much work to be of a good standard, progress has been made since the last monitoring visit'. Ofsted also reported that 'Leaders recognise that a strong infrastructure needs to be in place to support effective social work practice and while practice overall needs to improve, positive progress is starting to be made.'
41. Ofsted were clear that whilst significant investment into the service has supported improvement and positive progress was being made, there were still a number of challenges that needed to be tackled in order for services for children to be of a good standard.
42. During June 2019 a full Ofsted Inspection was completed, the results of which were published on 29 July. The judgement from Ofsted was that all service areas required improvement to be good. Inspectors found that 'effective work by senior management and staff, together with commitment and investment by political leaders, has led to improved responses to the needs of children and families. As a result, outcomes for many children and their families are better, and there is evidence of a sustained trajectory of improvement.' The Council acknowledged that services still needed to improve but Inspectors recognised that considerable progress had been made in many areas in improving the quality of services for children and families since the last full inspection.

Referrals from Schools

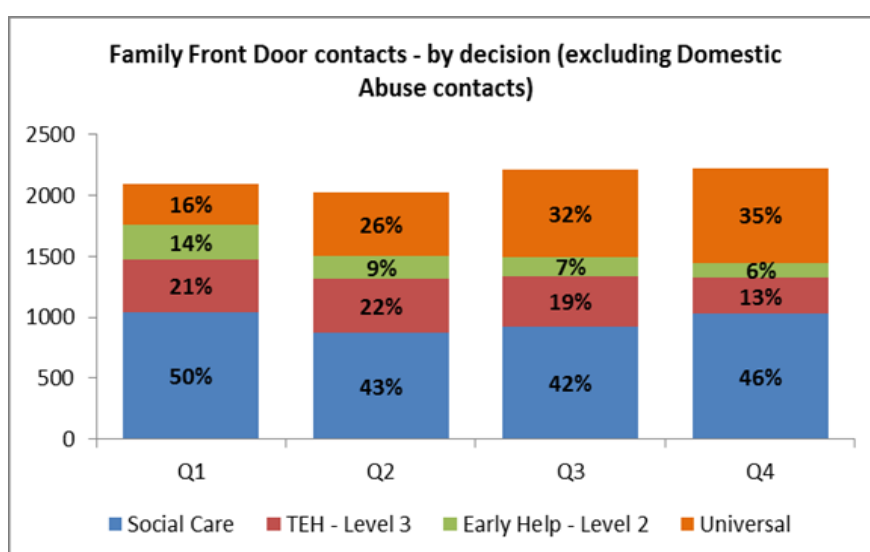
43. Schools are the second highest referring agency to the FFD and the working relationships between Children's Social Care (CSC) and Schools in identifying the levels of need (as per Worcestershire Safeguarding Children Board (WSCB) Levels of

Need Guidance) and ensuring children are referred to the right service is an essential part of identifying and meeting needs of vulnerable children.

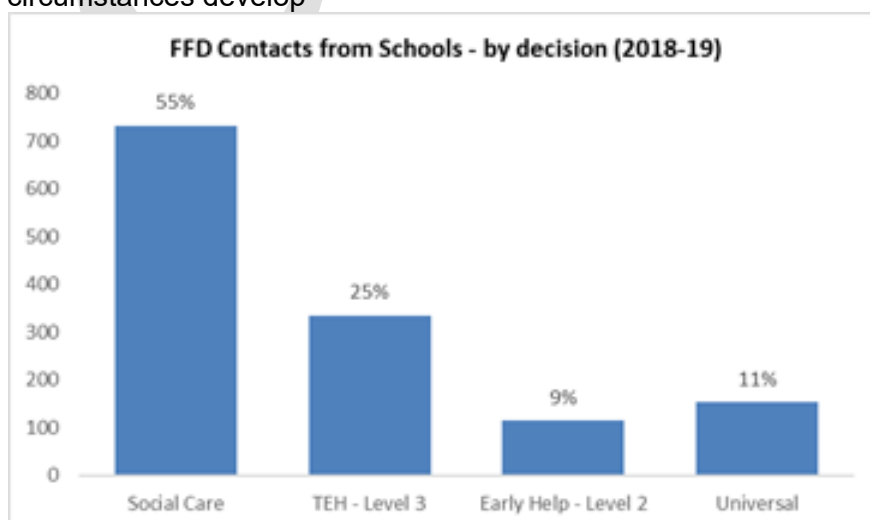
44. The Council's [website](#) provides advice for any professionals or members of the public who are concerned about a child. The key advice for schools referring to the FFD is attached at Appendix 4.
45. In November 2018, following work with partner agencies, changes were introduced to the professional referral process to Children's Social Care to update the system. What had previously been referred to as a 'Cause for Concern' was now called a **"Referral to Children's Social Care"**. This is accessed either via the Council's website or can be accessed via the professional portal account if an account is held.
46. Where the child is not considered to be at immediate risk, referrals are made to Children's Social Care (the FFD) via the online form and these are processed by an Initial Screening and Contact Officer (ISCO), passed to a Duty Social Worker to assess the level of need and make a recommendation to a Duty Team Manager. The final decision on the level of need is made by a Duty Team Manager and an outcome notification is issued to the referrer within three working days of the decision.
47. Alongside this, is the development of the new **"Request for Early Help, Family Support"**. This is a new service request form for children and young people who are identified as needing early help and support at Level 2 or 3 of the WSCB Levels of Need. This Service is provided by the Early Intervention Family Support (EIFS) or Targeted Family Support service (TFS). This new request for service is open to professionals, parents and carers and young people over the age of 13 years, to request specific family support from these teams in their local community. This request form is available via the Council's website. These requests are considered by the Team Leaders for those services and the outcome decision is shared within three working days of their decision.
48. The Council's website provides advice to professionals in respect of gaining **parental consent** before making a referral to the FFD, this is attached at Appendix 5.
49. Although schools were the focus of this Scrutiny, they are only one of a number of referrers. The FFD receives referrals from a variety of sources including Police, Schools, Health, Family/Public.
50. The table below shows the FFD – Contacts by source (excluding Domestic Abuse Contacts) for Quarter 4 - 2018/19.



51. Overall contacts and demand for the Service show an increasing trend, which is reflective of the national picture.
52. The data also shows that over the data period provided, between 13-19% of the total number of contacts (excluding Domestic Abuse Contacts) are made by schools, this equates to approximately 401 (Q1 April to June 2018), 264 (Q2 July to September), 424 (Q3 October to December) and 295 (Q4 January to March 2019).
53. The table below shows that a high proportion (approximately 50%) of overall contacts at FFD does not result in Level 4 intervention and need a Social Work Assessment and between 16% and 35% require universal support.



54. It can also be seen from the table below showing FFD Contacts from Schools by decision (2018-19) that 45% of school contacts do not result in social care intervention. Some of the contacts made by schools to the FFD, which schools consider to be at a high level of need, are then determined to be Level 2 or 3, or requiring universal support. In addition, as the process of assessment is very much a dynamic one, with circumstances and needs changing over time, some referrals submitted to Early Help will then later see an escalation to Level 4, when more information becomes available or circumstances develop



Support and advice available to schools

55. The Task Group was advised that the main source of detailed guidance for professionals making referrals to children's social care is the WSCB guidance *'Multi Agency Levels of Need - Guidance to help support children, young people and families in Worcestershire'*. This guidance sets out 4 Levels of Need:

Level 1 represents children with no identified additional needs. Their needs are met through the services they receive from early years services, schools and health services, such as the GP or Public Health Nurses, and some may also be receiving services from housing and voluntary sector organisations. The majority of children will successfully develop and thrive at this level of need.

Level 2 represents children with extra needs that can be met by a universal service providing additional support or straightforward working with one or more partners, e.g. Parenting Support, Physiotherapy, or Speech and Language Therapy.

Level 3 represents children with complex or escalating needs that can only be met by a coordinated multi-agency plan which sets out the outcomes to be achieved and the role of each partner agency and the family in meeting these objectives. Professionals working with the child and family will identify whether there is a need to engage specialist services.

Level 4 represents children who need statutory and/or specialist interventions including children in need, including those in need of protection; children looked after and privately fostered; young people who have committed an offence and children with acute mental health needs.

56. Where schools assess a child's need to be at Level 4, an immediate referral to **Children's Social Care** is completed via the Family Front Door. There is no requirement to seek parental consent in such circumstances.
57. Referrals under the "**Request for Early Help, Family Support**" are for those children who schools identify as needing early help and support from within the Levels of Need 2 or 3. In these cases parental consent is required to make a referral. Schools are not able to complete and submit a referral for this service unless they can confirm parental consent has been obtained.
58. Schools can access other support and advice on safeguarding matters from a range of sources.
59. The Family Front Door - The Task Group was informed by the Council's Officers that schools are able to telephone the FFD to obtain professional advice on threshold levels. In exceptional circumstances, where a DSL has not been able to obtain parental consent, the DSL can contact the FFD, whereupon an informal confidential discussion can take place as to what is an appropriate action against the level of need and risk identified. The details of this informal advice call would not be recorded on the FFD system or on school's own system. If a referral or request for service is subsequently submitted, the usual referral process including obtaining parent consent at the appropriate level would need to be followed.

60. **Early Help** – Schools referred to a variety of early help mechanisms that they use, both in school and via signposting to other agencies in the community. Schools can also access the Council's Early Help guidance for professionals via the Council's website and support is also available from Designated Safeguarding Lead Network and Looked After Children (LAC) events. In addition, Schools have been asked to draw up an 'early help offer' which can be published on their website.
61. **The Safeguarding Advisor – Education** provides training and support for DSLs to equip them for making referrals to the FFD, Early Help and Family Support. The Safeguarding Adviser organises network meetings and events and has set up a system of Safeguarding Champions in each area to facilitate additional support locally. The Safeguarding Advisor – Education also completes 1:1 audits in individual schools where extra support is required and can provide guidance through other formats including by telephone and email.
62. **Community Social Workers (CSWs)** – There is a small team of CSWs who offer both telephone and face to face advice and guidance on the WSCB Levels of Need Guidance and its application. The Team will also signpost agencies to services that can help support a family. Agencies can also access assistance from the team to help them undertake Early Help Assessments and develop Early Help Action Plans. Any professional who wants advice regarding a specific child can book a telephone consultation with a CSW and they undertake to call at an agreed time. Parental consent is required before making this type of call so that they can share and record information as necessary.
63. The Task Group met with two of the CSWs and learnt about their role in supporting schools. They were informed that schools were underutilising the CSW service at present and they were keen to assist with queries either by a bookable telephone appointment system or by visiting a school. The Director of Children, Families and Communities (CFC) further advised that unfortunately, most schools didn't seem to wish to use the bookable appointments service with CSWs, which had been available for the past 18 months and had very low usage numbers, at approximately 5 contacts per week. Given the situation, the CSWs were also working within the FFD to make best use of their expertise
64. **Worcestershire Safeguarding Children Partnership (WSCP)** – At the time of writing, the Multi-Agency Safeguarding Arrangements (MASA) – Working Together (2018) had introduced changes to replace Local Safeguarding Children Boards (LSCBs), which in Worcestershire was Worcestershire Safeguarding Children Board (WSCB), with Safeguarding Partners. Worcestershire's three Safeguarding Partners were the Chief Executive of the Council, Chief Constable of West Mercia Police and the Accountable Officer for NHS South Worcestershire, NHS Wyre Forest and NHS Redditch and Bromsgrove Clinical Commissioning Groups (CCGs). The Safeguarding Partners would work together as an Executive Group with a wider group of relevant partners and would be known as the Worcestershire Safeguarding Children Partnership (WSCP). The new arrangements will be fully implemented by September 2019. WSCP replaces the Worcestershire Safeguarding Children Board (WSCB).
65. The Task Group met with the then Chairman and Business Manager of the WSCB and was informed of the Board's role and the type of work it was carrying out at that time. As part of the multi-agency case file audit being carried out, there would be a recommendation to schools to have quality assurance mechanisms in place to encourage a higher level of accurate and appropriate referrals.

66. A handful of schools mentioned that they had obtained some support from the WSCB, in the form of resources and online training. The Task Group learnt that the WSCB training would not be continuing after July 2019, however the WSCP was looking to develop a learning and development programme involving a focus on agencies learning to work together more effectively.

How the Multi Agency Levels of Need Guidance works in practice

67. The schools which engaged with the Task Group generally indicated that they use Multi Agency Levels of Need - Guidance to complete a referral. On the whole schools found the guidance to be helpful.
68. A few schools drew attention to specific issues that were causing them problems, eg the initial front page of the referral form being hard to navigate and lacking in space and then being timed out before completion (particularly if there were multiple siblings). Could an option to save as you completed the form be included? Also, where a school has no information to include e.g. DOB of parent/sibling, they need to add something in to be able to continue with the referral. One school suggested that it would be useful if putting in a child's Unique Personal Number (UPN) recalled the basic details on a child to save time.
69. Officers advised that the system would have to remain dormant for a considerable length of time to be timed out, but they would ask IT to check whether this situation could be improved. A school had suggested that the use of case numbers would make it easier to follow up a case, as personnel can often change. Officers have advised that a system was currently in place whereby agencies, including schools, could log on to check which professionals were currently involved with a case. This system was due to be revamped and re-launched.
70. A few schools felt the guidance didn't always enable them to feel sufficiently well-equipped and confident to direct referrals appropriately. There were comments about the guidance being ambiguous, with interpretation of the levels causing issues.
71. A few schools commented that they found the levels of need thresholds difficult to meet, which they felt could leave children in a vulnerable situation. There was concern about holding information and not being able to pass it on, when they were unable to gain parental consent. It wasn't always the case that parental consent was refused, sometimes the school couldn't get in touch with the person who had parental responsibility
72. The Task Group discovered that the assessment of a child's need can lead to professionals having very different conclusions on the appropriate level of need. Recommendation 1 of this report suggests that source(s) of professional advice and support available to schools should be clarified to enable them to have the confidence to complete appropriate referrals to the FFD or EH and thereby reduce the number of contacts to the FFD requiring no further action.

Schools' experience

73. The Task Group asked schools to provide specific feedback on their experience since the changes to the FFD were introduced in November 2018.
74. Schools generally feel that they have a key role in safeguarding children as they were familiar with a child's family history and background and were keen to use this knowledge to assist in securing the best outcomes for all children. They acknowledged that social workers had a very challenging role and were keen to work together to ensure the best outcomes for Children.
75. Positive feedback was received about the support from individual Officers at all levels, including staff working within the FFD, FSWs and CSWs and the Multi Agency Levels of Need - Guidance was seen as helpful.
76. The safeguarding advice and support obtained through network events and audits arranged by the Safeguarding Advisor - Education also gained much approval.
77. A few schools advised that they had started to notice improvements in the service, since the end of November 2018, including more consistency in feedback and the receipt of outcome notifications; the positive impact of the increasing numbers of permanent Social Workers now working with schools and that they felt the process was now more straightforward and clearer with contact being much easier.
78. The move towards separate referrals for TFS and EIFS was seen as very positive as was holding more Multi Agency (MAM) meetings. A few respondents identified that effective professional conversations were now taking place, schools' opinions were being actively sought and listened to and responses received from social workers had been appropriate and considered. This had resulted in some schools advising that there had been much less need to escalate cases. A few schools commented that responses from FFD and feedback had improved.
79. The Chairman of the WSCB was able to concur with this and advised that prior to the 2017 Ofsted Inspection, members of the WSCB Board had on occasion highlighted issues surrounding the referral process to the FFD. However, he was pleased to report that over the last 18 months, particularly since the Safeguarding Advisor – Education had been in post, he felt that anecdotally, there had been a reduction in the number of FFD issues raised at WSCB Board meetings and there appeared to be a more positive dynamic between schools and social care. He commended the Safeguarding Advisor - Education who he felt was having a positive impact on schools.

Parental consent

80. An area of concern that the Task Group picked up on from schools related to the perceived 'new' need to obtain parental consent when making referrals below Level 4 threshold. Some schools were frustrated as they felt unable to seek general guidance and advice prior to making a referral, unless they had first secured parental consent.
81. Schools were keen to get referrals right first time and didn't want to jeopardise the relationships that they had built up with parents and so were keen to get advice and have professional conversations before making a referral. Often this was about seeking confirmation and assurance about their judgement. The Task Group found that schools

talked to a variety of professionals to seek such advice according to their individual circumstances, some examples included Social Workers, CSWs, FSWs and School Nurses.

82. The Task Group was advised by the Director of CFC that unless there were immediate significant concerns that a child was at risk of serious harm ie Level 4, parental consent should be sought prior to making a referral to the FFD. The Director further explained that historically the CSC had not been uniformly obtaining and recording parental consent, an issue highlighted by the 2017 Ofsted Report. Whilst understanding the sensitivities around this, it was nevertheless necessary for professionals to make it clear to parents, carers, those with parental responsibility and young people about which agencies they wish to refer a child or family to, and which individuals within the family are the subjects of the referral. Their consent must be sought verbally or in writing and recorded.

Communication

83. The Task Group received mixed responses from schools about the service they received when making a referral, with a few schools highlighting much improved communications with comprehensive, timely advice being received. A few schools referred to an improvement in consistency in responses to referrals (one school highlighted that they hadn't needed to escalate any cases this year). There were numerous references to welcome support being received from various sources, including from the Education Advisor – Safeguarding; Social Workers, Community Social Workers and Family Support Workers.
84. A number of schools felt that communication from FFD was still slow or lacking. Whilst schools usually received an acknowledgement following a referral, they were often very frustrated with the lengthy delay in receiving any update or feedback. It often required the school to follow this up before any update was obtained. There were also inconsistencies as to whether they were given explanatory written reasons for non-acceptance of referrals.
85. Schools highlighted that whilst they had the broader picture of what was happening in a child's life including the family history, they could often feel isolated and powerless. Officers advised the Task Group that a holistic approach was important and that whilst they did take history into account, balance and a proportionate response was needed.
86. One school highlighted the importance of schools receiving updates of information directly from CSC professionals (e.g. when there is a change in circumstances, contact meetings etc.) and not from the children themselves. Another school highlighted that issues were caused when a Social Worker leaves their job and the family aren't informed. Schools felt it was important to ensure good transitions, especially where a family has been receiving long-term support.
87. A number of issues of concern were raised including the variation in the quality of the call-taker; initial calls being received from a social worker and then not followed up; case updates not being received; schools feeling that they were 'out of the loop'; always having to chase the FFD to find out what was happening; inconsistencies for instance, with the opening and closing of cases, e.g. cases being opened and the school not being notified, or cases being closed where schools felt they should be kept open. Sometimes a closure letter would not be received, or the school might be informed that a case had been closed, but not *why* it was closed.

88. Signposting was seen as an area where significant improvement could be made. A number of schools reported a lack of guidance or signposting to appropriate sources of support, where a referral did not meet a certain threshold.
89. Other schools referred to inaccuracies experienced e.g. forms being mis-read leading to potentially concerning outcomes; instances where information from calls had been recorded inaccurately or not recorded at all, lengthy delays in support being set up and parents losing faith in the system when no action/updates were received by the school. The Task Group felt that it may be helpful if outcome letters included more detailed information on early help including links to web pages. The Officers informed the Task Group that some instances of feeling out of the loop were probably relating to when cases were closed or stepped down to targeted family support. They also highlighted that schools were often frustrated when referrals were made by other agencies, and therefore the school would not be informed that a case had been transferred to EH.
90. A number of schools highlighted the struggle to get through on the FFD phone line. Some suggested that the FFD should be staffed for longer hours to cover the times when children are in the school premises including wrap around care. Also, it was suggested that extra staff could be on hand at busy times such as the start and end of a week and just before school holidays. It was also suggested that the out of hours service is sometime triggered before 5.00pm. Other schools would appreciate more options when calling the FFD, schools are often pressing Option 2 regardless of level of concern, just to ensure they get through. Officers advised that if the FFD was closed, schools could always speak to the out of hours team, as there was 24-hour cover.
91. There were mixed responses from schools about whether they felt their opinions were sought and listened to. There were some very positive examples of schools being listened to and their professional views valued, but others did not feel listened to at all, despite having much to contribute. It was highlighted that the communication varied considerably between different social workers. Schools sometimes felt very removed from the process, for instance not being advised when a case was stepped up or stepped down.
92. Schools appreciated receiving Operation Encompass notifications, but felt the information needed to be timelier and more detailed and to be shared with social workers. It is understood that this is currently being reviewed to see whether there was scope for changing this

Partnership between Schools and the FFD

93. Feedback about the partnership between schools and the FFD brought a variety of responses from schools. Relationships with social workers were mixed, but generally satisfactory. Some found social workers to be very helpful, and willing to assist in a mutually beneficial manner, being proactive, explaining opinions and communicating well. The Safeguarding Advisor – Education role was very much appreciated and valued by the schools which the Task Group engaged with and they felt she had made a significant difference to the partnership working. Some schools also advised us that the support received from FSW and CSW was making a big difference in their schools.
94. The Task Group met with the Service Manager, FFD and Targeted Early Help, a FFD Social Worker and Initial Screening and Contact Officer (ISCO). These staff made

some suggestions as to how schools could assist with ensuring a more streamlined process and contribute to more effective partnership working:

- They highlighted that the FFD routinely receives a number of inappropriate calls from schools, when the nature of the call is not relevant to the FFD, for instance regarding contact issues or early help. A table showing the level of contact from schools and the outcome from these is set out at paragraph 54. The volume of calls received adds to the pressure on the service.
- The staff suggested that a more effective use of the professional portal to pass on information would also ease pressure on the FFD. They also suggested that a clearer understanding of the thresholds and more confident referring help greatly. They did however acknowledge that some schools were much better at this than others.
- School staff needed to be aware that FFD staff will record concerns raised verbally by a school about a child, and they need to have professional accountability for what they say and be clear about where their concerns stem from. When a referral was made by another agency, schools also needed to be aware that the FFD could not share that information, without the consent of the family, unless there was a safety risk to pupils or staff at the school.
- In addition, they suggested that schools could give more consideration as to how they could help a child within school, before referring to statutory services. Local signposting to sources of help would be useful. It was understood that roadshow events were currently being held to help schools with this. Schools could also make more use of CSWs for advice, including bookable appointment slots, rather than ringing the FFD. Officers suggested to the Task Group that some schools perhaps avoid having a conversation with parents because it is difficult. They stressed that everyone has a role to play in safeguarding and schools need to take responsibility for having those conversations with parents.

Conclusion

In carrying out this task, Members were pleased to be able to meet with a number of the Officers directly involved in the management and day to day workings of the FFD and the support service to schools. They also appreciated being able to spend time in a range of schools talking directly to the staff that make the referrals to the FFD.

The Task Group has been very encouraged to see improvements made in the FFD service since the end of 2018 and also identified areas which they feel could be further improved and developed to enhance the Service.

The Task Group has drawn up detailed recommendations on these areas which are intended to be a productive contribution to the forward progression of the service.

Appendix 1 - Schedule of Activity

Date	Activity
11 February 2019	Background to the setting up of the Task Group discussed and information needs
19 and 21 February 2019	Visits to the Family Front Door (FFD)
26 February 2019	Tina Russell, Assistant Director, Safeguarding services Emma Brittain, Service Manager FFD and Targeted Early Help Family Front Door and partnerships (WCF) Denise Hannibal (Safeguarding Advisor – Education)
6 March 2019	Social Worker - Family Front Door Initial Screening and Contact Officer Emma Brittain, Service Manager FFD and Targeted Early Help
20 March 2019	Task Group members only – review of Questionnaires
29 March 2019	Derek Benson, Independent Chairman of the WSCB Sue Haddon, Business Manager (WSCB)
April to May 2019	Visits to 15 individual schools
15 April 2019	Denise Hannibal, Safeguarding Advisor - Education Community Social Workers
10 May 2019	Task Group Members only – review of visits and identifying key findings
11 June 2019	Andy Roberts - CMR for Children and Families Catherine Driscoll – Director of Children, Families and Communities Emma Brittain – Service Manager FFD and Targeted Early Help
2 July 2019	Task Group Members only

Appendix 2 – Questionnaire to Schools



Worcestershire's Family Front Door (FFD)

As you will be aware, when a child is at risk of significant harm, a referral to Children's social care must be made without delay, via the Family Front Door (FFD). This questionnaire is being sent to you from a Council Task Group which is reviewing the effectiveness of the working relationships between schools and the FFD, particularly since the recent changes to the process in late November 2018.

1.	<p><i>(a) Has your school made referrals to the FFD in <u>the last 3 months</u>?</i></p> <p><i>(b) If so, how many referrals have you made?</i></p>	
2.	<p><i>(a) What specific guidance do you follow when making referrals to the FFD?</i></p> <p><i>(b) Does the guidance enable you to feel sufficiently well- equipped and confident to direct referrals appropriately?</i></p> <p><i>(c) If not, please explain your difficulties/concerns.</i></p>	
3.	<p><i>(a) Have you been satisfied with the service you have received when you made a referral?</i></p> <p><i>(b) If yes, please advise why it worked well</i></p> <p><i>(c) If not, please set out your reasons</i></p>	
4.	<p><i>(a) Were you asked for your opinion on the case referred?</i></p> <p><i>(b) If so, did you feel your opinion was listened to?</i></p>	
5.	<p><i>(a) Did you receive feedback, progress and outcome updates following a referral?</i></p> <p><i>(b) Did you have to contact the FFD to find out the outcome?</i></p>	

6.	<i>If you were advised that your referral was not an appropriate referral for the FFD, did you receive clear signposting to an appropriate service which could offer help?</i>	
7.	<i>(a) Have you noticed any changes (either positive or negative) in the service in the last 3 months in relation to?</i> <ul style="list-style-type: none"> <i>• Agency contributions to case discussions</i> <i>• The process for making referrals</i> <i>• Relationships with social workers and managers</i> <i>(b) If so, please provide details</i>	
8.	<i>What early help does your school provide?</i>	
9.	<i>Has your school received any support from?</i> <ul style="list-style-type: none"> <i>• The Safeguarding Lead for Schools Education Advisor (Denise Hannibal)?</i> <i>• The Worcestershire Safeguarding Children Board?</i> 	
10.	<i>Is there any other information in respect of your relationship with/experience of the FFD that you feel it would be helpful for this Task Group to be aware of?</i>	
11.	<i>The Task Group will be looking to visit a selection of schools across the County to talk directly to staff involved in the referral process. Would you be interested in talking about your experience to a couple of members of the group?</i>	
Name: (please print): _____ Job title: _____ School: _____ Email: _____ Telephone number: _____		

Appendix 3 - Documents received by the Task Group

Worcestershire Safeguarding hub – Childrens Multi Agency Arrangements Jan 2018 internal operating policy.

Worcestershire Children First - Staffing structure January 2019 v1

WSCB Multi Agency Levels of Need – Guidance to help support children, young people and families in Worcestershire (Sept 2017)

Family Front Door Audits presentation

FFD and Partnerships - Quality Assurance Summary report April to Sept 2018

Worcestershire Children's Social Care – Quarterly Social Work Health Check Summary by Service area. Nov 2018

Practice standards on RAG timescales

Worcestershire GET SAFE Operational Group Terms of Reference Jan 2019

Worcestershire Children's Social Care – Learning from Quality Assurance Bulletin

Ofsted Visits to Worcestershire Children's Services - Monitoring letters

Update on Referral process as from 26/11/18

Data on FFD Contacts received from school – 2018

Worcestershire Children, families and young people: Early Help Assessment Plan

Early Help Assessment and Family Plan - Guidance for Professionals

An example of a schools Early Help Offer

In addition, Members were provided with various links to key aspects of the website.

Appendix 4 – Extract from the Council's Family Front Door webpage

Welcome to Children's Social Work Services

The Family Front Door, Initial Contact and Referral Team is the central point for all referrals for children and young people aged 0 to 18 years and living in Worcestershire where there is safeguarding or child protection concerns for them.

This team receives referrals from professionals, members of the community, family members, children and young people directly. Please contact the Family Front Door directly telephone [01905 822666](tel:01905 822666)

Children's Social Care respond to levels of need identified at level 4 of the Worcestershire LSCB levels of need guidance.

Please refer to the [Worcestershire LSCB levels of need guidance](#) for support in identifying the levels of need a child or young person has and the right referral pathway for that child or young person.

If you have an immediate concern about the safety and welfare of a child please phone the Family Front Door directly on [01905 822666](tel:01905 822666). You will be required to submit the information on a referral form following this as per the WLSCB procedure.

If you have a child protection concern outside of normal office hours please contact our out of hours emergency duty team (EDT) telephone [01905 768020](tel:01905 768020)

Child at immediate risk

If you believe that a child or young person is at immediate risk from harm contact the **Police**:

- telephone: [999](tel:999)

If you want to refer a child or young person to Children's social care **in an emergency** please contact the Family Front Door.

Staff are available Monday to Thursday from 9.00am to 5.00pm and Fridays from 9.00am to 4.30pm.

- telephone: [01905 822666](tel:01905 822666)

For assistance **out of office hours** (weekdays and all day at weekends and bank holidays):

- telephone: [01905 768020](tel:01905 768020)
- please note that you will be required to follow up your verbal child protection referral in writing as per the [West Midlands Safeguarding Children Procedures \(opens in new window\)](#)
- [Levels of need guidance](#)

Appendix 5 - Extract from the Council's Family Front Door webpage - Parental Consent

If the concern is not immediate use our online form to raise the concern

Before you complete the form do you have consent?

All professionals must get parental consent when referring to another organisation for assessment or services where the referral is not in relation to child protection. This consent **must be sought for each referral** to any organisation that a professional makes for a child or their family.

Professionals must be clear to parents and carers or those with parental responsibility and young people about which agencies they wish to refer the child or family to and which individuals within the family are the subjects of the referral **Their consent must be sought verbally or in writing and recorded.**

When is consent not needed?

Consent **should not be sought if doing so places a person at risk of significant harm or serious harm** or would cause unjustified delay in making enquiries into significant harm or would prejudice the prevention, detection or prosecution of a serious crime, This would raise child protection concerns and should be referred immediately to Children's Social Care by telephone [01905 822666](tel:01905822666) or out of office hours telephone [01905 768020](tel:01905768020) .Find out more information [download: Referrals leaflet](#)

Do you have an account to access our professionals portal?

If you have a professional portal account you can follow the links below. By having an account you are able to complete referral forms and save your progress as you go along. This means you can come back later to complete your work. [Register for a professional portal account](#)

If you do not have a professionals portal account

You don't need to have a professionals portal account to complete a referral form. You may be a professional from another authority that needs to make a referral to Worcestershire Children's Social Care.