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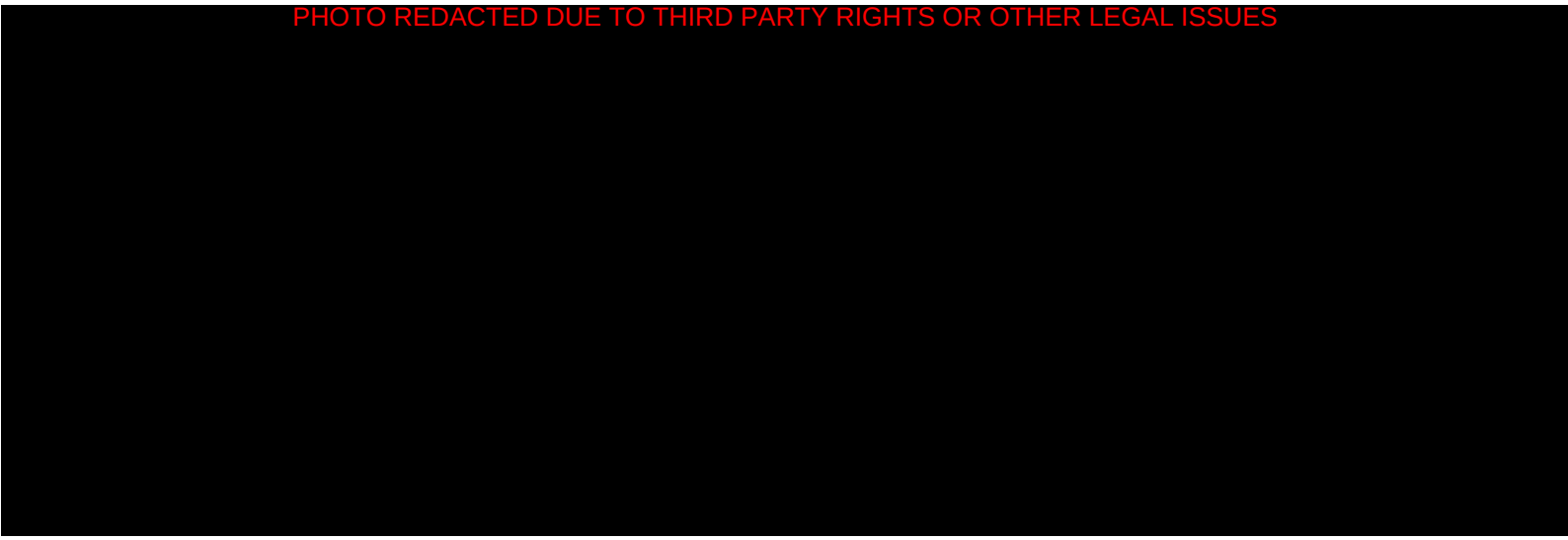

Understanding the Contribution of Sure Start Local Programmes to the Task of Safeguarding Children's Welfare

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Understanding the Contribution of Sure Start Local Programmes to the Task of Safeguarding Children's Welfare

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CONTENTS

Acknowledgements……3

Introduction and background to the report.....4-8

Part 1 – Understanding safeguarding policy and practice at the programme level: indicators of good collaborative working……11

Part 2 – Towards a model of good collaboration in the safeguarding task: the experience of four Local Authorities.....41

Chapter 1: Introduction and structure of Part 2 ……41

Chapter 2: An overview of Children's Services Organisational Structures in the study authorities ……48-87

Chapter 3: SSLP and Children's Services Collaborations: from policy to practice in individual cases……..89-112

Chapter 4: Understanding safeguarding policy and practice at the programme level: how far did our four authorities reflect indicators of good collaborative working?..... 113-129

Chapter 5: Study summary and implications for policy and Practice ……130-135

References……..136-140

Appendix A – Methodology……141

Appendix B – Applying the methodology: the reality of the file study……146

Appendix C – Template for data collection in the file Study…….149

Appendix D – Overview of the 8 SSLPs in the first phase of the study……150

Appendix E – Ethnicity of the children in the file study……..153

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INTRODUCTION AND BACKGROUND

This study builds on earlier phases of Implementation data, across which, one key issue to emerge was a perceived lack of widespread and consistently robust activity at the *family support/safeguarding interface* (Tunstill et al., 2005a, Chapter 6; Allnock et al., 2005). The purpose and breadth of data collected in these earlier phases precluded a specific focus on safeguarding and SSLPs. Neither did earlier phases have the capacity to focus specifically on working relationships between staff in social services departments (now in many cases, reorganised and re-designated as Children's Services Departments) and staff in Sure Start Local Programmes (SSLPs). Given the on-going implementation of the Every Child Matters agenda, a study of the SSLP contribution to safeguarding, including joint work with social services staff, is a timely one. This study seeks to 'fill in the gaps' alluded to around these important aspects of SSLP work.

1) Background to the study

Sure Start Local Programmes had their origins in an analysis of policy and practice in respect of provision for young children and their families, undertaken as part of the Comprehensive Spending Review (HMT, 1998). One challenge raised was the necessity for systems to address both the safeguarding and promotion of the welfare of children. Many of the issues raised in that earlier analysis have now been reiterated in the Green Paper, 'Every Child Matters,' (DfES, 2004) and in the Ten Year Strategy for Childcare (HMT, 2004) ; the Safeguarding Vulnerable Groups Act 2006, which includes provision for a new vetting and barring scheme for people who work with vulnerable children and adults. Taken together, these are intended to deliver systems, structures and services, which neither overlook the importance of 'safeguarding' nor overlook the importance of 'promoting' welfare. In the context of performance assessment, recent government inspections have also underlined the continuing scale of the challenges (CSCI, 2005b).

Better support to parents and carers, earlier intervention and effective protection are all highlighted in the Green Paper. These are echoed in the recurring strategic priorities articulated by councils in their Delivery and Improvement statements:

- better partnership working;
- more effective preventative strategies with less reliance on statutory intervention;
- developing family support and early years service (DfES, 2004).

The selection of objectives and the design of SSLPs were, in part, a response to perceived earlier deficits in all these areas of activity, and government intends that the philosophy and activity of SSLPs will continue to play a key role, and constitute a major element, within the future work of Children's Centres. The continuing relevance and the importance of the current SSLP contribution are highlighted in Every Child Matters.

The Government aims to extend the principles developed in Sure Start local programmes across other services. These principles focus on:

- working with parents and children;
- starting very early and being flexible at the point of delivery;
- providing services for everyone and ensuring services are community driven, professionally co-ordinated across agencies and outcome focussed" (DfES 2003, 2.4).

Five outcomes for children and young people have been identified by government as key to well-being in childhood and later life, and are intended to drive the design of both policy and practice:

- Being healthy;
- Staying safe;
- Enjoying and achieving;
- Making a positive contribution;
- Achieving economic well-being.

Both 'Every Child Matters 'and 'Every Child Matters: next steps' underline the fact that realisation of these outcomes requires radical changes in services, all of them of relevance to the SSLP contribution to future service delivery, and in particular to the work of Children's Centres. Such changes include:

- The improvement and integration of universal services - in early years settings; schools and the health service;
- More specialised help to promote opportunity, prevent problems and act early, and effectively, if and when, problems arise;
- The reconfiguration of services around the child and family in one place, for example Children's Centres;
- Dedicated and enterprising leadership at all levels of the system;
- The development of a shared sense of responsibility across agencies for safeguarding children and protecting them from harm;
- Listening to children, young people and their families when assessing and planning service provision, as well as in face-to-face delivery. (Every Child Matters: Change for Children: DfES, 2004; p4)

The scope and range of SSLP activity link to all of these objectives, and the extent to which they are already making a contribution to such changes, has been the subject of both national and local evaluations. Work undertaken within the Implementation Module of NESS has explored many of these areas of work (Tunstill et al, 2002; Tunstill et al, 2005a, 2005b). Case studies of twenty Round 1-4 SSLPs have provided information on several related key areas of activity, including maximising access to services; working together to transcend organisational and professional boundaries; and establishing a new approach to service delivery for children and parents (Tunstill et al, 2005b).

However, given the wide scope of SSLP activity, the data collection process in both the Implementation Module national surveys and case studies of 20 individual programmes, could only look relatively briefly at the specific contribution of SSLPs to local Child Protection/Safeguarding work (we are using 'child protection' to mean not only cases channelled down the formal child protection/Section 47 route, but also those families where there are concerns about the possibility of maltreatment or neglect. In these cases there is a 'child protection' or 'safeguarding' element in the assessment and service provided, using a family support route).

In the 20 case studies, specific interviews were undertaken with programme managers to begin to explore this topic. The issues they identified included the following:

- Tensions between preventive and protective roles - Programmes were anxious to maintain their current capacity for preventive work and almost all programmes took steps to actively distance themselves from perceived pressure from social services to take on aspects of the latter's work;
- Workforce shortages - Respondents stressed the need to solve social work staff shortages if the Every Child Matters agenda was to have a real chance of being implemented;
- The need for training and support of staff - All Programme Managers highlighted the importance of supervision and support for their outreach and family workers around domestic violence, child neglect, and child protection work.

Related data on the child protection/safeguarding work of SSLPs has been collected elsewhere, and includes NESS data from the Local Context Analysis (LCA) Module. Professor Barnes and her colleagues studied 96 social services departments and 244 SSLP areas in 2001/2 and 94 social services departments and 239 SSLP areas in 2000/1. The data indicated that the rate of referrals, Section 47 enquiries, children on the Child Protection Register, registrations during the year, and looked after children were all higher in SSLP areas than in England, but there is great variability between SSLPs (http://www.ness.bbk.ac.uk/lca.asp). Understanding these rates is a complex exercise because of the different way in which it is known, different agencies use child protection registers (Brandon et al., 1999).

Work undertaken *outside* NESS of specific relevance to this issue, includes a small exploratory study undertaken by Carpenter et al (2004) of the impact of Sure Start on four local authority social services departments in the North East (Carpenter et al 2004). He sought to answer the following questions:

- Has the preventive work with children and families undertaken by SSLPS had any impact on the volume/nature of work done by Social Services Departments (SSDs) with children and families?
- How have SSLPs worked with local social services departments to provide services for children and families in the catchment area? How are they doing this in a non-stigmatising way?

- What lessons can be learnt for developing and implementing integrated family support services?

By contrast with NESS data, Carpenter concluded there was no statistical evidence of an impact by SSLPs on referrals to social services, or child protection registrations within the four local authorities. He also found that the development of integrated family support services was helped and hindered by organisational, cultural and professional issues. The study highlighted the importance of social services having sufficient management capacity to engage in new partnerships; clarifying the social work contribution to family support services; and applying SSLP approaches for community ownership; and making services family friendly and accessible.

It is ultimately, however, difficult, to draw definitive conclusions about the precise nature of the relationship between SSLPs and local council activity which is aimed at protecting/safeguarding children. For example, given the fairly limited data currently available to us in respect of this area of work, it is impossible to know categorically how far an apparent increase in referrals in some SSLP areas is an example of *early intervention* by SSLPs, or merely a reflection of pre-existing policy/practice trends in the respective local authorities. The challenges for SSLPs in this area of work are hardly surprising, given the consistency of an enduring set of key issues which emerge from child protection research literature over a sustained period (DoH 1995; Ward & Rose 2002). These include:

- the absence of provision for early intervention/access to family support services;
- variations in referral rates to SSDs;
- shortcomings in the assessment of children's needs;
- the absence of 'joined up working' between social services, education and health, once a child protection concern is identified.

a) <u>the absence of provision/access to early intervention/family support services</u>

Research over a sustained period points to the relative dearth of accessible services for early intervention (Henricson et al., 2001). The central focus of work in many local authority social services departments has been on child protection work, with the needs of families for supportive services being ignored (Aldgate & Tunstill 1997; Colton et al. 1995; Audit Commission 1994). Widespread evidence exists of access to family support services only being available in the context of acknowledged child protection concerns, and sometimes not even then (Tunstill & Aldgate, 2000; Thoburn et al. 2000).

b) <u>variations in referral rates to Social Services Departments</u>

Department of Health funded studies since 1990 and national statistics collected by the DfES paint a consistent picture of the variation in referral rates. Firstly, there is a long-standing trend for higher referral rates to social services in deprived areas (Department of Health, 1990), and obviously SSLPs are located in the 20% most deprived areas in the country. Beyond that, research shows that variations in referral rates traditionally owe more to the structures and the cultures in individual departments, than the circumstances and needs of the child/ren in question (Department of Health 1990). Studies summarised in this overview of messages from research, describe the variation in responses to the same family situations. Registration figures have been shown to be subject to the policy decisions made by different authorities as to the proportion of referrals they 'route' down the formal child protection investigation route (Brandon et al. 1999). More recently, research commissioned by the DfES has highlighted the same issues. "Councils with low levels of child protection referrals had high levels of referrals for reasons that in other councils may have been classified as child protection concerns…" (Cleaver and Walker, 2004, p172).

c) <u>shortcomings in the assessment of children's needs</u>

There has been longstanding concern expressed across research studies, reports from government inspections; and enquiries into specific child deaths, about the quality of the assessment of children's needs. This concern led to the construction and publication of the Framework for the Assessment of Children in Need and their Families in 2000 (DoH, 2000). 'A framework has been developed which provides a systematic means of analysing, understanding, and recording what is happening to children and young people within their families and the wider context of the community in which they live (DoH 2000, p viii). Research into the implementation of the Assessment Framework highlighted the benefits to all agencies of adopting a consistent framework for assessment (Cleaver and Walker, 2004). This in turn has influenced the development of the Common Assessment Framework which, it is intended will be used by all agencies including Children's Centres.

d) <u>the absence of 'joined up working' between social services, education and health , once a child protection concern is identified</u>

A long standing theme in research findings concerns the negative consequences for both service planning and individual child outcomes of agencies failing to work together (Birchall and Hallett 1995; Sinclair et al. 1997). There is however also widespread agreement as to the positive contribution which good quality joint working makes to the welfare of children. (Sinclair et al. 1995) "Smooth inter-agency working does not always come naturally. It can be fraught with pressure and conflict especially in the field of child protection where difficult, contentious decisions abound… there is much to be gained by investing in positive interagency working" (Valente, 1998, p 42). These themes have been recently reiterated at an operational level in Inspection reports by Commission for Social Care Inspection (CSCI 2005a; CSCI 2005b). These inspections reflected earlier issues raised, in the context of serious case reviews, around the lack of a strategic, informed, and flexible

interface between education and social care services (Sinclair and Bullock, 2002).

In conclusion, it can be seen that many SSLPs have, since their inception, operated within a difficult policy and practice context, whereby child protection/safeguarding responsibilities in their local authorities have been defined in a very limited way. We can see from recent SSLP evaluation studies that, although programmes 'in collaboration with social services were providing support to children in need and their families and contributing to child protection plans…the development of integrated family support services was helped and hindered by organisational, cultural and professional issues, and by issues of policy and politics' (Carpenter et al. 2004, p52). At the same time, 'challenges arise for SSLPs from the area of child protection and the associated developments in terms of Children's Trusts and an increased emphasis on tracking vulnerable children and families and sharing information between the relevant agencies…' (Tunstill et al. 2005b, p142).

2) The specific focus of this study

The above discussion has highlighted the importance and the topicality of the study which forms the subject of this report. It is clearly important for the work of SSLPs to be examined, in order to inform progress in the implementation of the Every Child Matters agenda alongside the establishment of the new Children's Centres. Against this backdrop, staff in every agency should be seeking to provide a service to local children and their families, which both promotes and safeguards the welfare of children. This study is designed to highlight and disseminate the existing knowledge and achievements of SSLPs in order to facilitate an important new phase of policy development.

The main objectives of this focussed study are therefore:

- To examine the extent to, and the ways in which, SSLPs and social service departments work in collaboration with each other, including the existence of specific arrangements such as direct referral routes between the two;
- To examine the extent to which SSLPs are represented in local structures such as Area Child Protection Committees/Safeguarding Boards;
- To explore the nature of concerns about individual children, which are likely to trigger a referral to social services departments, from SSLPs;
- To explore the nature of referrals from social services departments to SSLPs, and, where appropriate, identify the range of supports requested;
- To explore the range and nature of the contribution of SSLPs to positive outcomes for children, both before, as well as following, referral to SSLPs and, where appropriate, initial assessment;
- To identify and describe examples of good practice in this area of collaboration.

There are two main phases to the study, which were undertaken consecutively between Autumn 2006 and March 2007: firstly an exploration of the safeguarding policy and practice of 8 local programmes, already identified

by the DfES as exemplifying 'relatively good practice'; and secondly, a study of four local authorities to enable the fuller exploration of wider partnerships and networking activity (For a full account of the methodology please see Appendix A).

Structure of the report

This report is divided into two parts. In Part One, we describe, in 8 separate sections, our findings in respect of good practice at programme level in 8 Sure Start Local Programmes. We have incorporated these sections into one whole, as the focus of this part of the study was on the identification of a template for understanding practice. By definition, this template needs to be seen as *one entity*.

In Part Two, we provide an overview of the wider picture in four local authorities, chosen to be representative in terms of local government structures; diversity of population; rural/urban; and north/south. This second half of the report, unlike Part One, is organised into chapters. The fact that we have organised our material in chapters is a reflection of the breadth of our task. In order to understand the new structures of relevance to the task of safeguarding children, we studied both organisational data as well as data on individual referrals.

Taken together, the two parts of the report represent 'a view through both ends of the telescope' and are intended to explore the challenges faced by stakeholders at every level of the safeguarding system. Given that this study was being undertaken in a period of fast policy development to implement the requirements of Every Child Matters (ECM), there was a particular urgency to complete the task, as well as considerable challenges to the data collection activity of the research team. However, thanks to the collaboration, support and enthusiasm of the 8 programmes and 4 local authorities, with whom we were working, we believe the following report reflects, to the best of our ability, both current challenges, and more particularly, most, if not all, of the progress already being made.

PART ONE:

Understanding safeguarding policy and practice at the programme level: indicators of good collaborative working

In this report we explore the applicability to Sure Start Local Programmes of seven key components of 'good practice'. These have been identified from a purposive study of the relevant literature on 'good collaborative working'. It is important to note that we do not equate *good collaborative working* with *good working* per se, but that for the purpose of understanding the participation of SSLPs within the local safeguarding system, we have focussed on *collaborative working* in order to construct a picture of relationships in the area, if not necessarily of outcomes for individual children.

Obviously, it is possible to have 'good collaboration' which does not equate with 'good safeguarding practice' (Birchall & Hallett., 1995). It is also the case that approaches which work well in the context of one local authority will not be able to be imported, in exactly in the same form, into other local authorities who have different histories and who face different challenges. All policy development needs to take as a starting point, the characteristics of the local area and its workforce.

However, given these caveats, and in order to construct a framework within which to begin to explore good collaborative working, we undertook a review of literature on three overlapping topics:

- joined up working with children and families;
- multi-agency working;
- multi-disciplinary work in the context of child protection.

From this literature, we identified a set of indicators of good collaborative working on the basis of the high degree of overlap between the authors, on whose work we drew and, specifically, the frequent recurrence of the seven following characteristics. It should be noted that the reviews on which we have drawn did not focus on Sure Start Local Programmes but ranged across the key mainstream partner agencies in programmes e.g. social services, education and health.

1. Clarity and agreement around respective aims and objectives
2. Transcending barriers generated by traditional ways of working
3. Strategic level commitment
4. Clearly identified roles and responsibilities
5. Protocols and procedures for information sharing
6. Co-location of services
7. A robust training strategy

Our intention in this report is to exemplify, in the context of 8 Sure Start Local Programmes, the extent to which the seven above characteristics are discernable in the course of their safeguarding work alongside their partner agencies.

The 8 Local Programmes we studied were chosen specifically on the grounds that in the view of the DfES Sure Start Unit, they were demonstrating relatively high standards of policy and practice in respect of safeguarding. This rating was derived from the Risk Assessment monitoring returns by which the Sure Start Unit made on-going judgements about programme quality. This sample was chosen with the specific purpose of maximising examples of good practice, rather than to undertake an evaluative overview of the extent to which every Rounds 1 - 4 programme is meeting these 'aspirational standards'. Therefore the report can be seen to emphasise *'success'*, rather than *'failure'* as its primary objective is to provide as many examples of good practice as could be identified in a relatively short time scale. We hope that these 8 programmes are representative of the population of rounds 1 – 4 programmes, but this is not our starting point, and we cannot draw such a conclusion one way, or the other.

In the next seven sections, we describe the data we collected under each of our seven headings. They constitute *indicators of progress towards the 'safeguarding network'* within which statutory, voluntary and community agencies should be able to work in partnership to ensure that children in their own local area 'stay safe'. In addition, they serve to underline the fact that every agency, statutory or otherwise, has an important role to play in putting in place the various components of good quality policy and practice.

1) Clarity and agreement around respective aims and objectives

Joint working around child protection should be based on clear aims and objectives, which are understood and accepted by all the agencies and individual professionals involved. The existing knowledge base emphasises the need for the aims and objectives of any joint venture to be easy to understand, realistic and achievable (Cameron and Lart, 2003). In particular, management staff and practitioners need to be clear about the aims of multi- agency approaches to child protection (Appleton et al., 1997).

a) Having a widely shared and articulated understanding definition around the concept of safeguarding and child protection

SSLPs bring together a wide range of professionals to promote better access to services for children and families. Although these professionals inevitably possess different levels of experience with child protection, we found a reassuring level of agreement between them.

All social services managers and SSLP staff were clear that they shared a common view of the importance of promoting the welfare of children. However, they also experienced as challenges, the specific differential

priorities established by their own respective agencies. All stakeholders we interviewed alluded to the fact that social services and SSLPs prioritised different activities. For social services, the main objective was to protect the most vulnerable children and their work was focused on a minority of families in greatest need or at greatest risk. By contrast, the central objective of SSLPs was the potential engagement and support of *all* families in the SSLP area, with a view to achieving health and educational outputs, as well as social services outputs.

However, SSLPs and social services managers in each of the 8 areas consistently referred to having a shared vision about "*safeguarding in our area*", or "*having a common view with all our partners down the road about what we are striving to achieve around safeguarding*. *One of the good things about the Sure Start programmes is it has made us all reflect on what we are doing and reflect on common terms*." (Social services manager)

This commonality extended to *optimism* and *enthusiasm* for the potential of new national structures and systems to facilitate their existing local efforts. For example, frequent mention was made by staff in both agencies, of the current/proposed implementation of the Common Assessment Framework, and of the way in which this new approach is likely to improve existing information systems. Far from perceiving these new requirements as a further 'bureaucratic burden' imposed from the top down, staff regarded them as providing a way of taking forward their existing aspirations to work together. In other words, as they already share a common view of the meaning of 'safeguarding in the local area', these new mechanisms are a tool to take forward this shared agenda. *"We already have a common view of safeguarding along with social services, heath and education psychologists. We are waiting for the CAF to be rolled out and we will feel more comfortable"* (Programme Manager).

Across the 8 SSLPs the concept of safeguarding was welcomed as a way of encompassing both preventative and reactive practice, as well as responding to specific complex situations in the family. This *breadth of definition* was accompanied by a belief that safeguarding is the responsibility of everybody in the area. In other words, one indicator of a genuinely broad and shared definition of safeguarding was the extent to which Programme Managers routinely cited the importance of drawing in community members and volunteers into this area of work. "*We have been surprised at the extent to which we all agree about the breadth of the concept of safeguarding*" (Programme Manager). "*It's been a great opportunity for me to work in a programme that understands what we have been trying to do in social services*" (Social worker).

b) The existence of easily accessible policy statements about child protection in the area

SSLPs operate against the backdrop of national requirements to have an established Area Child Protection Policy. Each of the 8 SSLPs took full account of these formal requirements, about which they were clearly well

informed. They also provided examples of the way in which the requirements were implemented, in order to take account of local circumstances at the time. Programmes were also aware of the importance of everybody knowing about and understanding these systems. It was clear in all of the 8 programmes that managers constantly reflected on the accessibility of documentary systems: even if work was 'still in progress', accessibility remained a key goal.

Dissemination strategies might take the form of providing "simplified versions" of long and complicated documents where appropriate. *"My staff are encouraged to read this 'digested' version with reference to the broader ACPC policy….. That is a very big book. You're not going to give staff that. What you want is something that will tell you what to do on an every day basis, if you have a concern about a child. It's something that people can refer to easily, although most people will have that in their heads"* (Programme Manager).

In addition to robust dissemination strategies for documents, a common theme emanating from discussions with staff in all of the 8 programmes, was the importance of keeping such statements up to date. In other words, their construction needed to reflect developments in local strategic policy, and to ensure that terminology, where it changed, remained accurate. In many cases a specific member of staff was given responsibility for liaising with the Safeguarding Board, which then provided a link to the programme in order to identify, early on, where terminology might need to change. "*Safeguarding boards are in the process of being set up and people are being appointed to those boards. The ACPC is still in existence...we work closely with them, I work with them on training, and work with strategic policy about how that will be implemented"* (Family Support Manager).

c) Evidence of a robust dissemination strategy for policy statements around safeguarding

SSLPs have put in place 'induction' meetings and packs to disseminate the policies and procedures around child protection and safeguarding. The induction system is a very important part of making sure that all staff are fully informed about SSLP aims and objectives, in particular around child protection. "*We have an induction pack for all members of staff which has the child protection policy in it. If there is any new additional information we have circulation systems either by sending things round by memo or emailing information. We also have a supervision system with line managers, so every member of staff has a one to one meeting every month to 6 weeks during which some of these things can be discussed"* (Programme Manager).

SSLPs were clear about the need for all staff to have up to date information, and achieved this by sending any new policies and procedures by email, so that all staff could be guaranteed to receive the new information. This process was generally followed up by a meeting – either one-to-one or as a team – so that any issues could be discussed.

Regular team meetings were seen as a good method for announcing changes to policies, whilst providing an open venue for staff to talk about any concerns in relation to child protection policies and procedures. The significance is two-fold. Firstly, all 8 SSLPs held regular team meetings, where staff were able to share experiences of current/recent cases with other staff, and plan future policy. In some programmes, entire SSLP team meetings were held; in others, smaller individual teams shared their experiences. "*We have a designated item on the meeting agenda entitled "Procedural updates" so there is no way this can be forgotten at a meeting. Staff are also encouraged to speak to their line manager about any doubts they may have"* (Programme Manager).

Secondly, these meetings provided a venue for clarifying procedures, and could help to develop a shared understanding of the work of the SSLP. *"We have whole team interagency focus on discussing the needs of families who have been referred, or referred themselves, to Sure Start. This more philosophical issue opened up pathways for discussing and dissecting differences and trying to understand a shared vision"* (Programme Manager).

"I think there is such a wealth of ideas, knowledge and skills and experience in the team that you would be foolish to ignore it. Staff are consulted through team meetings or team development meetings, or small working groups. At the moment we are doing some stuff on consultation with children and there is small group that is set up that's leading on that, with one person taking the responsibility for that" (Programme Manager).

An example of good practice identified in one SSLP was their construction, within the programme, of a team called the Family Support Team. This included the domestic violence co-ordinator, a midwife, an early years specialist and the social worker attached to the programme, but employed by the social services department. She acted as the manager of this team. The team was therefore able to both deliver a front line service, and act as 'consultants' to other practitioners working within the Sure Start area. This concentrated source of expertise in family support was acknowledged and valued by members of the wider partnership. *"The internal referral systems work very well. And I think the beauty of the multi-agency team is that staff can draw on the expertise of the family support team, and the family support team can draw on the expertise of the others...its there, and accessible and a lot of that goes on"* (Programme Manager).

The Family Support Team made regular presentations at SSLP team meetings and provided new and updated information and guidance about the referral process to practitioners inside and outside the SSLP staff group. This included staff in the local social services Family Centre. They were specifically identified within the programme as a direct line of communication around issues of child protection and safeguarding. *"We do consultation as well. Practitioners will run issues by us if they aren't sure whether it's a social services issue or not. We'll talk it through with them and link them up with social services if needed. I think the lines of communication regarding child protection work are in place"* (Domestic violence specialist).

2) Transcending barriers generated by traditional ways of working

A significant barrier to interagency working in the context of safeguarding is the resistance to organisational change that some professionals may manifest. Both Murphy (2004) and Wenger et al (1998) highlight the 'unofficial rules' that operate in teams and which may have particularly powerful consequences for interagency-safeguarding work. At the most extreme, such 'rules' may have the power to subvert the development of new national policy initiatives, including the current Every Child Matters emphasis on multi-agency working.

One particular strand in the conceptualisation of multi-agency safeguarding work derives from traditional tensions between *child protection* and *family support*. Establishing an appropriate framework, within which both these tasks can be located, has been a dominant concern of policy and practice in respect of children and families, for at least the last 20 years (DoH 1995; Parton, 1997). Indeed, the concept of 'safeguarding' has its roots in this debate about the false dichotomy between these overlapping tasks.

a) Operational linkages between child protection and family support

As recent inspection reports have emphasised, these tensions are very much alive. "It is relatively easy to opt to focus on immediate safety. It is much harder to ensure services protect children from the long term, cumulative damage that occurs when their parents do not receive the help they themselves need, both in their own right, and in order to support them as parents" (CSCI, 2006; 4)

A dominant component of work across the 8 programmes was the identification of families who are 'not yet at the high end of risk', but who could almost certainly still benefit from family support services. *"The process by which people come into Sure Start is like a pendulum…which runs from services on a universal basis to packages of support. There are people going into a service who wouldn't even think about Sure Start, they wouldn't care, they would just access it. We've got other people who are on the CPR and access Sure Start with packages of family support. Then there's a huge body of families in between who are showing concern…whether the family themselves say 'hey, I am struggling here' or professionals identify that they could use extra support. These are the families we're working hard to identify"* (Programme manager).

There is an increasing interest by SSLPs in what could be seen as a 'patch based' approach. In other words, programmes were attempting to disaggregate the (albeit limited) populations in SSLP areas, by allocating initial responsibility for needs-assessment to nominated staff members. This strategy, where it was adopted, enabled these staff members to become even more familiar with their 'mini population' and its strengths and limitations. This model i.e. an emphasis on patch, is becoming increasingly infrequent as local authorities have moved away from a *geographical* allocation of staff to a

functional allocation. (This trend has had negative consequences for the likelihood of people being able to identify or access a 'local social worker' as well as for the ability of social workers to forge important community based links).

In addition to highlighting the strengths of families in the local community, this approach facilitated the development of good professional relationships between, for example, the local health visitor, the local midwife and the local social worker, and was seen by all of them as helpful to the process of delivering packages of family support (These ideas inevitably overlap with the practice of co-locating different professional staff, which is discussed in section 6).

b) Frequency with which staff talk about 'family support' rather than child protection

All of the studies on multi-agency practice in respect of children and families emphasised the potential of *language* to both unite and divide (Murphy, 2004). Given the tensions highlighted above, we wanted to explore the way that different stakeholders applied various terms to the work they were undertaking, and in particular, how they understood the concept of *safeguarding* to be different to the earlier terminology of '*child protection'*. Although these terms have legal status within the framework of legislation and guidance, as various commentators have indicated, they can often be used informally and sometimes inaccurately, to denote separate aspects of work. At the worst, they can be adopted to delineate barriers between what 'different people do'. *"I am responsible for safeguarding…the people in the local family centre and the people in the Sure Start local programme are there to deliver family support"* (Social worker).

Fortunately, this example was not typical of the attitudes we found. Almost without exception, Programme Managers conceptualised safeguarding in an inclusive and holistic way, which is in line with the approach of Every Child Matters. In other words, their definition of *safeguarding* integrated the notions of family support and preventative work as well as child protection and work with families with complex needs: *"Safeguarding to me is about encompassing the preventative work. The children in need stuff has always been the poor relation. But now that safeguarding has come in, I think it will take that into account''* (SSLP Family Support Manager). "*If you talk about safeguarding, using that new terminology, rather than child protection, I think you can look at it in terms of a triangle – child protection nearer the top, and safeguarding is a wider range of issues and activities – that should underpin everything we do… For me it's a holistic thing" (*Programme Manager*).*

The majority of the SSLPs we visited put particular emphasis on the concept of 'family support' as representing a crucial component in the wider task of safeguarding, for which, in conjunction with other staff in the area, they saw themselves responsible. At the same time, they prioritised family support in their overall strategies for achieving the five outcomes for children, including staying safe. *"Looking at the family support and the parental outreach*

element is obvious. It's informing all the outcomes around the offer for Children's Centres and is informing the early years family support model. But in turn, the early years and childcare group, which we are a part of is informing the family support strategy which has been commissioned by the Children's Trust. So we've got a very clear role there" (Programme Manager).

An emerging trend was for programmes to conceptualise the overall range of their service activity under an approach which could broadly be summarised as *facilitating family strengths* (Parker & Bradley, 2004; Aldgate et al., 2006). This philosophy, which echoes social work theory underpinning the Common Assessment Framework (CAF), has implications for every aspect of SSLP / Children's Centres services activity, including early learning and family support, social work, community development and parental involvement. *"What we do want to develop is a whole body of staff who don't just do early learning and family support, but want to work collectively and build on the existing strengths of the families we're working with"* (Programme Manager).

c) Managing staff with a view to developing flexible forward thinking about the task of safeguarding children

The *management task* in respect of safeguarding was a challenging one, and as with all previous Implementation Module findings, the way in which the manager undertook her or his task was crucial to programme accessibility (Tunstill et al., 2005a). There were clearly advantages for programme managers whose own professional background/s included social work and child protection. *"She came to Sure Start from social services and the developments we have put in place around safeguarding owe much to her role there, but she can also see the wider role of SSLPs in safeguarding and has helped everybody see how the preventative practice we do can relate to safeguarding children"* (Strategic manager with responsibility for all programmes in the area).

However, staff commitment to the safeguarding task in most programmes, tended to counteract any limitations which could result from having a 'non-social work' background. *"Child protection is extremely high on the agenda because it is something that I am very conscious of as I come from a social services background, even though I'm not a qualified social worker, but have worked in providing services for children"* (Programme Manager).

Programme managers in the 8 SSLPs emphasised the 'collective responsibility' of safeguarding among staff, and the fact that this responsibility was shared between staff and parents. These managers typically held sessions with programme staff in order to reduce anxiety levels on the part of those staff members who had less extensive experience of safeguarding. Such sessions might involve raising awareness; helping staff understand who they should approach in the first instance if they had concerns about a child protection issue; as well as more formal sessions to train staff in specific procedures. These 'confidence building strategies' were also deployed in community groups, where training was often offered to volunteers working with the group. *"I mean, its just a start really, because I think people are*

afraid, very anxious, but Sure Start tries very much to say it is a collective approach and we need to know what our responsibility is and who you go to" (Programme Manager).

As we can see from the above examples, the components of good practice in management inevitably overlap with the design and delivery of an appropriate and sensitive training programme. Training issues are explained at greater length in section 7.

If programmes did not have a Programme Manager with a social work background, there were very considerable advantages for them in employing, as part of the SSLP workforce, a social worker who 'belonged to the programme'. These may have been directly funded from the SSLP budget; they may have been paid for by specific funding from the social services department into the SSLP budget or may have been directly seconded onto the SSLP staff). This strategy helped underpin the efforts of the manager to evolve a flexible approach, and to develop a 'non obsessive' way of thinking about safeguarding issues. Having an out-posted social worker in the SSLP, but employed by the social services department, helped to combat the negative views which might be held by other professionals about local authority social workers. The social worker in post could 'model' good social work practice; could forge close and responsive links with the social services department; and of course, act as a source of information for programme colleagues dealing, on a day-to-day basis, with safeguarding issues. *"The close contact means you can have all sorts of conversations and they actually begin to understand our responsibilities, and the safeguarding role that they have. So all these people come to talk to me about what has happened, to check out safeguarding, and that is interesting"* (Local authority Social Worker outposted to the SSLP). In other words, having the 'right sort of social worker' who could rise to the challenge of working in a multi-disciplinary team, was central to the ability of the SSLP management team to design and deliver a responsive safeguarding service. (Obviously there is a potential for the reverse process to occur, whereby a social worker had chosen to leave the employment of the local authority and, on the basis of their own dissatisfaction with their previous work, present a negative picture of 'the social work task'. This was most likely to occur with social workers directly employed and paid by SSLPs than in situations where they were out-posted on a full or part-time basis and still had links back into the area team).

Finally, managers needed to be flexible and sensitive to the pride felt by local, long standing organisations in their role in the community; and to avoid 'steam rollering' existing projects merely to re-badge provision. To do so would have deterred partner agencies from identifying with the safeguarding task. *Names* sometimes mattered. This might apply to several agencies, whose priorities as between *children* and *families* might differ, and on one occasion, the SSLP manager gave the title 'Family Centre' to the Sure Start Centre, in order to respect local sensibilities.

d) Seeing safeguarding services in terms of 'packages' rather than as isolated services

Each of the 8 programmes emphasised the notion of 'packages' of services, rather than conceptualising their service delivery in a more fragmented way. They talked frequently about 'family support packages' and it was clear in the descriptions provided, that several advantages were attached to working in this way. Firstly, these packages were often associated with extensive consultation processes with families in the community, where families had contributed a range of views as to what would be helpful in terms of child rearing and family support in that local community. "*We were out in the community, meeting the families, picking up the hard-to-reach families from level 1 to level 4. We've got families right across the board coming to those preventative activities"* (Deputy Manager).

However, designing packages of support, to take account of the views of different sorts of families, did not prevent the needs of an individual family being met. It did however result in much greater flexibility in responding to the changing needs of families under stress. *"In all honesty, we didn't set out to provide packages of support. That developed as we've learned and came out as a strength in our evaluation, because we were tailoring packages to individual needs and we were offering amazing support to families"* (Deputy Manager).

Secondly, the delivery of service-packages maximised the likelihood of a group of professionals working together 'in a multi-disciplinary way'. The concept of a *package* appeared to minimise the development of unhelpful status-hierarchies within the programme, whereby someone with health expertise might otherwise have seen him/herself as 'superior' to somebody who had worked in early years. It meant that the workforce in the programme were able to play to their own respective strengths, and that the sum was greater than the parts, in terms of the services subsequently received by the family/ies in question. *"We have, for every family, universal services, and we can build on these to add things that meet special needs and produce an overall preventative package…"* (Health Visitor).

3) Strategic level commitment

The knowledge base, as systematically reviewed by Cameron and Lart (2003; p 12), highlights the fact that "joint working initiatives that enjoy high levels of strategic support are much more likely to be successful". Given the multi-agency brief of *safeguarding*, the degree of support emanating from the highest levels of the management system will be very likely to impact on the quality of work undertaken in this area.

a) Joined up working as a priority for mainstream managers

Because of the importance of strategic commitment from the top (Frost, 2004) it was crucial for managers in each of the partner organisations to be seen to be actively prioritising joined up working. In the context of safeguarding, this

commitment needed demonstrating through the visibility of high level representation from SSDs on SSLP Partnership Boards, ***in addition*** to the participation of staff at every other level. The SSLP partnership boards can be seen as either 'an exciting stage on which local agencies can demonstrate their willingness and ability to work together', or, to maintain the theatrical analogy, as a means of 'putting a ferocious spotlight on gaps, tensions and deficits' in partnership working. In the 8 programmes, the degree of collaboration could certainly be more accurately described as the former!!

Managerial presence on the Partnership Board was both symbolic and strategic. In other words, managers were both 'modelling the collaboration of their agency to other stakeholders' but were also in a position, as managers, to deliver such support as was requested. "*If you look at our partnership board, we've got the director of children's services on our board and it makes a huge difference"* (Programme Manager).

As Implementation data has already emphasized, the original design of SSLPs, with their rigid boundaries around both geography and age, seriously challenged the ability of mainstream managers to maintain close links with the programmes. Mainstream managers had responsibilities which transcended both individual areas and children's ages. "*I have avoided Sure Start meetings really, because we deal with much more than just children under 4"* (Social services manager). In circumstances like this, a range of strategies might be adopted by the more pro-active SSLP managers to engage their mainstream SSD partners: *"I am not the sort of person who gives up. I understand the issues about age boundaries for mainstream services, and my way of dealing with that is just going on and on and on until I have reassured them about the contribution we need them to make"* (Programme Manager).

In all 8 SSLPs, Programme Managers were proactive in this way, seeking out close relationships with social services managers through a range of networking strategies. For example, they might extend special invitations to social services managers for lunch, taking the opportunity to show them around the SSLP. "*We had about 5 members of social services here – they were all impressed by the surroundings and all of us found out about what the others did. I now have a much better relationship with the social services manager than I would have previously*" (Programme manager).

Later Sure Start local programmes found it easier to form successful relationships with social services managers if the groundwork had already been carried out by earlier round programmes, so that a culture of engagement was already established in the area, on which they could build. *"When I started in post here, we were a round 4 programme, so the round 2 programme in (this area) was already 18 months down the line, and that had been social services led. Therefore, when I needed to contact social services, they had experience of what I was talking about. I never felt I had to explain what Sure Start was about...In terms of putting in systems for protecting children, we'd got some very good practice that was already going on and which gave us a head start. From day one, it felt like we spoke the same language"* (Programme Manager).

Equal effort was necessary from the other direction. Programme managers were keen to avoid being seen as adopting an arrogant attitude along the lines of 'you come to us but we don't go to you', and sought to demonstrate their own commitment to participating on other people's boards. This interchange of representation reduced resentment levels considerably, at the same time as helping facilitate joined-up service planning. Managers could also exploit this as an opportunity to disseminate information about the programme and to proffer services as appropriate. Lastly, Programme Managers might take the lead in creating, but not necessarily presiding over, specific issue-related groups. Where an issue emerged across local agencies, we found examples of managers moving swiftly to establish a mini-forum to which they would themselves contribute. *"We have a domestic abuse coordinator in our programme and the police indicated they had a major problem with domestic violence referrals, so when they sent us their statistics, we got the statistics from the police, we got together a working group involving social services, health, early years, Children's Fund and Sure Start"* (Programme Manager).

b) Establishing trust between managers from SSLPs and social services

There is no substitute for highly visible strategic level commitment. However, the quality of relationships between other stakeholders, including basic grade staff, impacted on the extent to which SSLP and social services staff were able to deliver, jointly, a quality service in respect of safeguarding. While staff from different agencies worked together regardless of the relationship between their senior managers, it was most helpful to both agencies if more junior staff felt they were replicating the good relationships forged by their senior managers. As some respondents suggested, the temptation otherwise could be for supervisors to underestimate the importance of joint working, especially if they themselves were less enthusiastic and/or confident about their own ability in this area.

4) Clearly identified roles and responsibilities

Cameron and Lart (2003) highlight the importance of having clearly identified roles and responsibilities in any agency. Such clarity can help ensure that all parties know what is expected of them and what they can expect of their counterparts. This is particularly true in multi-agency projects where individual professions or teams are developing innovative ways of working. Ensuring that roles are clearly defined makes it easier to identify and prevent overlaps in work, as well as gaps in provision.

a) Designating a central point of contact

Within each of the 8 SSLPs there was a central point of contact (either a single person, or a team) to provide advice and guidance around child protection issues. Staff within the SSLPs reported this to be an invaluable strategy for getting information and advice quickly and accurately, and it had increased their confidence in their own work. "W*e all had child protection*

training so we knew what our responsibilities were; we knew about each others roles, but it took time to understand them as we are all from different organisations with different heads of service. Having a central person to consult has been helpful" (Health Visitor). "*Our social worker is used by other team members for consultation on child protection concerns and she helps other professionals understand the role of a social worker"* (Programme Manager). *"Where other people have been uncertain as to how to handle a referral, we have been pleased to let them run it past us...I don't think there's anyone who wouldn't be happy doing that...even people we don't see regularly, they're still happy to come to us if they need to"* (SSLP Family Support Manager).

Workers from other agencies, such as the local authority or a voluntary agency also used this central point of contact as a resource for advice and referrals. *"The health visitors use us, and the midwives, and schools, they do ring and say they are concerned about a family and we are often the first port of call really. We can then say you know this is really beyond our remit, and really does need to be referred on"* (SSLP Family Support Worker).

In addition to being seen as a source of support and advice, these central points of contact were also frequently utilised as 'consultants', able to provide informal support on a specific case; guidance on procedures; and training to staff on child protection. "*Other agencies will consult us about issues if they aren't sure whether it is a social services matter. We'll talk it through with them and link them up with social services. I offer consultation around domestic violence and child protection too, which I think is good practice"* (Domestic Violence Co-ordinator).

b) Sharing information about roles and responsibilities

Most SSLPs regularly reviewed work undertaken in respect of individual families. This often occurred during regular weekly team meetings in which they were able to update other team members on families' progress and address any additional issues that emerged. Such reviews helped maximise understanding of each others roles, and provided an opportunity to ensure the most appropriate staff were involved with individual families. "*We have a meeting every Monday morning and discuss families' issues - if there are any major issues around child protection we update the rest of the team. Child protection comes up quite often in the Monday morning referral meetings. We have a couple of child protection issues at the moment, and at the meetings the lead person responsible for those cases will update the team on any progress made, what extra support is going in and if there's anything else we can do"* (Programme Manager).

Working in this collaborative way enabled staff to retain an active role with families and be able to draw in, as appropriate, the expertise of other professionals. "*In Sure Start, we have the luxury of working with others who have responsibilities in specific areas of care with families. It doesn't feel like such a massive burden as it used to, when I worked just for health. I didn't*

have parenting practitioners, I didn't have the home link worker or CAB [Citizen's Advice Bureau] *or Homestart to talk to or a psychologist. You depended on secondary services which you had to refer to, and this might mean you lost your involvement and responsibility for a family. This way you keep your responsibilities but can draw on the collective strength of the team"* (Health Visitor).

c) Co-working arrangements

SSLP staff saw co-working arrangements as providing an opportunity to work with other professionals who they may not have encountered before. Co-working arrangements might include two or more professionals working innovatively to jointly deliver a service. For example, the Citizen's Advice Bureau (CAB) and Health Visitor might team up to provide advice about negotiating with aspects of the NHS. Practitioners working alongside colleagues in this way reported that it gave them a broader perspective and better understanding of each other's work. Co-working arrangements also came to be seen as a way of addressing the issue of duplicate visits, which could overwhelm families being visited by too many professionals, especially where there was a child protection concern. *"Everyone works well together. The health visitors have recently wanted to become involved with us a lot more – if we want to go on a home visit with them, we can now. It might be because of Children's Centres and they see in the future we're all going to have to work together more. I've seen a recent shift in position, which is wonderful"* (Family Social Worker).

5) Protocols/procedures for information sharing

The knowledge base on information sharing highlights the importance of dialogue between professionals from different backgrounds (Atkinson et al., 2005). This means that opportunities need to be made available for professionals to talk to each other, and lines of communication need to be kept open. Staff and managers in the 8 SSLPs acknowledged the importance of information sharing to the task of developing integrated and joint working. They were particularly aware of its significance in the context of safeguarding children. It was clear, however, that practitioners 'comfort levels' around information sharing differed. *"I have discomfort about what we can share/what we should do with child protection data"* (Health Visitor). *"If you have a lot of information stored and you have the ability to check up on anything, is that right? Should a person have access to all that information? Or should it be 'need to know'? A lot of issues need overcoming, and there needs to be a lot of trust, and there has never really been that between professions"* (Programme Manager).

Programmes were frank about the level of anxiety they experienced around the task of information sharing. We found a diverse range of information systems in place. This diversity applied to a range of characteristics, e.g. electronic (eg , ContactPoint) versus non-electronic systems; differing professional systems e.g. health and social services; differing purposes of the information held; and variation in quantity and detail of the information held.

In addition, staff groups had very different levels of access to hardware. For example, 'hot desking' practices constrained the opportunities to access electronic systems for some workers. Against this backdrop, the need for a protocol was self-evident. At the same time, it was clear that this area of collaboration was the least well developed and few examples were provided of such protocols. However, in the absence of protocols, a variety of good practices acted as substitutes in the short term, on which it would be possible to build more formal systems in the future. These fell into two main categories. Firstly, the development of strategies for sharing information with social services departments 'in general'; and secondly, and more formally, work to develop the Common Assessment Framework.

a) Information sharing with Social Services Departments

As indicated above, the sharing of information between SSLPs and Social Services Departments could pose a challenge. Unsurprisingly, in the light of all of our empirical knowledge about the work of SSLPs (Tunstill et al., 2005a), good relationships were central to the task of information sharing. Good relationships between staff and management in the SSLP, and staff and management in the SSDs, facilitated access to information in exactly the same way as they have facilitated joint delivery of services and local workforce policies. Given that overall relationships were 'good' between our 8 programmes and their SSDs, although they had not yet solved the overall 'problem' of sharing information, it was clear that all of the agencies shared a common view of the need to do so.

A picture emerged of SSLPs understanding the importance of information sharing with their local SSDs; of understanding that the needs of children and their families were likely to be best met on the basis of full rather than partial information; and of feeling confident that this is what they should be doing. At the same time, they acknowledged the different attitudes of some of the other agencies with whom they were working. For example, some community groups and volunteers in the programmes were wary of the involvement of SSDs, of whom they sometimes held stereotypical views as 'people who take your children away'. SSLPs were therefore attempting to balance these opposing views and were, to some extent, constrained in the extent to which they would, and could, collaborate with social services. *"I sometimes get calls from the local programme manager saying she wants me to know about a particular family where there are some concerns, but st reluctant to put this in writing in case it undermines that SSLP's relationship with the community"* (Area manager, Social Services Department).

Some SSLPs were beginning to take a lead in clarifying roles and responsibilities around information sharing, both within the Sure Start programme and also within the wider Local Authority area. *"Some people will share information openly and some will not...some will say they won't get involved from a multi-agency point of view because its minding professional accountability about sharing information. What we're saying is, clearly in your organisation, you <u>can</u> share information and you <u>should</u> share information to safeguard children"* (Programme Manager).

There were examples of the ways in which SSLPs had begun to develop policy strategies which could enhance the amount and/or quality of information available to partner agencies. *"We've actually done a review of the request for service and are now taking it to the integrated services and strategic partnership to get people to sign up to it"* (Regional Service Manager)

However, information sharing is a three-way process involving different agencies and importantly, parents as the Data Protection Act requires parents to be consulted and to give their consent (there are further examples of this area of work in Section 8, part b) and in addition to their own wariness about giving information to social services, SSLPs experienced reluctance on the part of social services to give them the information they needed. "*Joined-up working is about information sharing and we don't know which children we are working with are on the child protection register. We don't get invited to case conferences – we work closely with these families and we have our own files. Social services are not forthcoming with information at all, so I would put their rating as very low. We try and work with them but they are no good – we send them referrals and never hear anything from them and have to chase them up. With health – if they think we can support the family they will bring the family to us but it depends on individual health visitors - its not across the board. If a health visitor knows we are working with a family she will offer to share information"* (Programme Manager).

"There is a lack of information from social services. Our social worker works with a family known to social services and does some work with them – but we don't get access to the initial assessment. We think we should. It's not deliberate blocking – maybe just lack of time to do it. I will take that up with them. Health is an easy relationship as they are the accountable body. The PCT database we use can be used to check when there was last a contact with a family etc. Education we are working on. Schools are not as good as we would like. We link to 3 primary schools some are better than other" (Programme Manager).

Of the 8 programmes, only 2 were unaware of which children in their area were on the child protection register. SSLPs felt that if the correct information system was in place, then this information could be shared confidently, and this increased their own potential for contributing to the task of safeguarding children in the programme area.

Over and above such professional resistance was the more basic question of practical access to information held in case files. Case files could be held in a range of social services offices, which were not necessarily coterminous with, or accessible to, SSLPs. For example, some authorities had only one or two social services offices whereas, of course, the programmes were distributed authority-wide.

In addition, the community-location of SSLPs, including the open access, which parents had to SSLP premises, increased anxiety around issues of

confidentiality. In the context of a small geographical area with sometimes flexible roles for staff, these issues were very important and a casual attitude to data storing was simply not an option. "*Because everyone works together in the same team, we have an 'open access policy' for staff to access family files for any member of the team. Its not appropriate for just anyone to have access to any information, but if they are working with a particular case then the social worker doesn't have to go through any process to access the files"* (Programme Manager).

Clearly there is a role for formal protocols to address such reservations. In their absence, programmes were making efforts to share information, even if this was on an ad hoc rather than systematic way. "*With the Child Health Information System – you've got midwifery, health information – we've all got different systems where we pour different bits of information. I think it's about practitioners being aware of those systems and getting the information that's needed around that particular child"* (Programme Manager). "*We have a database that records family information – Smartstart – it records peoples use of services. We also access the Child Health Information System"* (Programme Manager). A consistent theme in programme responses was optimism about the potential of the Common Assessment Framework to overcome these challenges.

b) The Common Assessment Framework as a response to the need for improvements in information sharing.

The Common Asessment Framework (CAF) is intended to facilitate a standardised approach to conducting an early assessment of a child's additional needs, recording them, and, where appropriate referring to a meeting involving the family members and other relevant agencies to decide how those needs should be met. The assessment schedule and referral forms are increasingly being used to refer families to Children's Social Care for a service under the Children Act 1989 Section 17 'in need' provisions. It is intended to be used by practitioners across children's services working mainly with families at a 'tier 2' level, but is currently in different phases of implementation in service areas. The CAF processes were not yet being widely implemented in the SSLPs contacted for this research. In two of our 8 SSLPs, the CAF was being piloted in the local authority; in four others, a programme of training was in progess to ensure staff would be equipped to use it; and in the remaining two, repondents reported it was 'still being developed by management' but 'little was happening on the ground.'

Even if still in its early stages of development, the CAF was seen by staff and managers as a potentially useful approach and set of forms for gathering and sharing information among the professionals with whom they worked. *"The CAF gives an action plan, and from that a lead professional is nominated. It's backed up by an evidence trail and not only by practitioners talking to one another"* (Health Visitor).

6) Having a multi-disciplinary team based in one building

A consistent theme in the literature is around multi-disciplinary teams or of 'co-located' single disciplinary teams. The value of multi-disciplinary teams underpinned the design of SSLPs, and indeed there has been a heavy emphasis placed on the importance of having one very accessible and attractive building from which to operate (Ball and Niven, 2005). Being based in the same building as other teams of professionals (co-location) or secondments into multi-disciplinary teams have been shown to increase the opportunity for communication between employees from different agencies, and frequently results in improved levels of co-operation (Øvretveit, 1997; Connor & Tibbett, 1988).

Many of the benefits seen to accrue from multi-disciplinary team working may also apply to co-located team arrangements. For example, the facilitation of easy access to different professionals, which might be a function of multi-disciplinary team working can also be a function of co-location, which has been found to help improve mutual understanding and has been associated with effective and successful joint working in a range of settings (Øvretveit, 1997; Hardy et al, 1996; Challis et al, 1990). In the context of safeguarding, regular contact and access to informal advice from other professionals can improve service provision and lead to more appropriate referrals between organisations (Abbott, 1997). Some SSLPs have the potential benefit of both, since they are organised as multi-disciplinary teams and work from premises in which other teams of professionals are 'co-located.'

One major advantage to SSLPs is their ability to bring together, on one site, a range of different staff members from different professional groupings, in order to deliver a holistic and accessible service to the community. The principle of having a multi-disciplinary team, based together in the same place, was, with one exception, unanimously adopted and implemented by the 8 programmes. The exception was a Programme Manager who bowed to the preferences of her family support staff, who wanted to be based in a building which had built up a very positive traditional sense of loyalty from the local population who used it; these staff were concerned that moving would put in jeopardy this trust from the local community.

The remaining programmes understood the importance of these existing 'reputations', and took this into account when planning, however a key advantage of having the staff group in one place was that, in addition to staff from health, education, volunteers and community mothers, there could be an on-site social worker. Even if this post was not full-time, having a social worker as a part of the programme complement, in the view of Programme Managers, brought with it many advantages. "*I work as a social worker here. I have good links with social services which are kept up by monthly meetings with the manager of social services. I give her updates about what I've been doing here and any developments that have occurred within the SSLP, and she does the same for me. I then report back on our discussion to the team via the team meeting every Monday morning"* (Out-posted SSLP social worker).

a) The advantages of multi-disciplinary team work and co-location arrangements in facilitating informal links between professionals

One important advantage of multi-disciplinary team working from a single base was the ability to speak informally with colleagues, outside a set of formal appointments. SSLP staff valued the "openness" of other staff, who were always ready to stop and chat about any issue that may have arisen. This respondent also had the advantage that the SSLP was co-located with other children's services teams. "*Working from this centre is one of the best things about how we work. You can have conversations in corridors and keep up to date with how things are going. As not all staff in the centre are Sure start staff, this is even better as you can speak to a speech and language therapist from outside the programme, and maybe get a quicker referral"* (Health Visitor). "*Multi-disciplinary working really helps...day-to-day, face-to-face contact with our colleague from social services is crucial...partly for understanding her perspective and partly for sharing knowledge"* (Programme Manager).

Informal contact was also seen as important in building up a wider picture of specific issues for individual families. *"Informal meetings with colleagues, across desks is incredibly important to my work. I had one mother who hadn't been keeping her recent appointments with me. I was worried, but then found out through another colleague that her husband had been sick. So that was the explanation. It helps give a rounded picture when colleagues can share this sort of information easily and informally"* (SSLP Family support worker).

SSLP managers encouraged this type of informal contact between team members. *"There are a lot of families where more than one person might be involved. I encourage staff to take their concerns to their supervisor or just knock on the deputy programme manager's door and talk to him about it. I also encourage them to interact with their colleagues when an issue about a family comes up"* (Programme Manager).

Managers in the 8 SSLPs shared a commitment to encouraging staff to engage in dialogue, not just around on-going cases, but also about the 'philosophical side' of the work being done within Sure Start. A great deal of informal dialogue appeared to be occurring in the SSLPs. *"My style of leadership is very hands off...I just let them get on with it. But I think what that's created is a lot of internal discussion around people's understanding of family support and safeguarding work. So the team are really knowledgeable about each other's work...that's really super rich, this dialogue...I hear it in the hallways and it really enthuses me"* (Programme Manager).

b) The advantages of multi-disciplinary team work and co-location in facilitating formal contacts

Although informal contact was appreciated by staff and encouraged by managers, formal contact within a multi-disciplinary or co-located setting was still seen to have an important place in clarifying policy and practice. Formal contact through meetings or appointments was made easier by the close

proximity of many – if not all – Sure Start staff. *"I always know that a formal meeting about something will be taking place in the next week or so if I'm worried about something, so I can bring it up there. I have discomfort about what we can share/what we should do with child protection data"* (Family Support Co-ordinator).

Regular team meetings were more easily organised and better attended in co-located settings and provided an opportunity for all staff to come together and discuss on-going complex cases. Child protection was mentioned specifically by interviewees as being on the agenda part of their weekly/fortnightly meetings. These meetings were seen as very useful by staff involved in child protection, as emerging concerns could be discussed. If any new child protection cases occurred, staff discussed who was best placed to take the lead responsibility in the case. "*Child protection comes up quite often in the Monday morning referral meetings. We have a couple of child protection issues at the moment, and at the meetings the lead person responsible for those cases will update the team on any progress made, what extra support is going in and if there's anything else we can do"* (Midwife).

"*Within my team there are two health visitors, a speech and language therapist, parent practitioner, co-ordinator for play and learning and a midwife. We all tend to overlap because we work so closely together and have weekly meetings where we discuss cases we are working on, and decisions are made as who should take what responsibility in that family"* (Social Worker).

7) A robust training strategy

Training is identified in the literature as a crucial resource for practitioners, working in the context of safeguarding, in an interagency system (Murphy, 2004). Cameron and Lart (2003) also identify it as one of the key factors promoting joint working more generally. Atkinson et al (1997) emphasise the importance of on-going interagency training that focuses on inter-agency issues.

SSLP staff and managers in each of the 8 programmes reported the potential benefits of inter-agency/joint training. It was seen as promoting understanding between professionals; as 'breaking down professional barriers' and 'promoting communication and network building'. It helped professionals to understand their role in the safeguarding task. *"I can ask for training if I need it- with child protection everyone wants to do it so it can be hard to get onto the course. It's not mandatory for everyone to have level two child protection training – only level one. The training has definitely helped me to safeguard children-it's essential" (*Family Social Worker).

The recognition of the importance of training in SSLPs maximised the chances of the respective professionals having opportunities to undertake common training along with their partners. *"Part of the condition of grant aid...is that they take part in the training. So everyone is pretty much at a similar level as ours, which provides a real foundation for the child protection procedures"* (Programme Manager).

a) Programme-wide encouragement and enthusing of staff to access opportunities for training

Most of the 8 SSLPs had put in place a set of coherent training strategies, and recognised the importance of enabling staff to request and receive child protection and safeguarding training to meet their needs. Training opportunities were always available and staff were encouraged to participate. "*We have child protection updates every year. We have level one and two child protection training as well. I can always ask for any training I need and it is always given"* (Health Visitor).

Many programmes had a 'pot' of money for specialist workers to spend on training in order to underpin their own professional development. *"The specialist workers, domestic abuse coordinator, speech and language therapist, children's librarian, midwife... have all got their pot of money to professionally develop...with the caveat being that they share learning, innovation and creativity...that creates all sorts of excitement and interest because they're the people bringing in the fresh and new ideas" (*Programme Manager).

All 8 SSLP Programme Managers believed in the importance of individual staff being able to make decisions about their own professional development. *"Training is critical. And the fact that managers don't 'hold it'. You've got to be brave enough to let the individual get on. Not everybody feels comfortable enough to do that, but its about supporting people to feel comfortable to do it, particularly if they've never done it before"* (Programme Manager).

Indeed, in some cases, it was the staff themselves, rather than managers, who recognised and articulated their need for new types of training. The role of managers, however, was to create and maintain an atmosphere in which staff did not perceive the need for training as a reflection of their own 'deficits'. Rather, good managers cultivated a perception of training and of recognising one's need for it, as a 'badge of honour'. In the context of inevitable anxiety around the safeguarding role, this atmosphere of mutual respect was crucial. "*We still talk about child protection as though it's been born and bred into us. That's not even true for people who's careers have been spent in social work as systems and philosophies change considerably over time…Staff asked for training in safeguarding children, as they wanted a full understanding of the new terminology"* (Strategic manager).

b) Having a strategic plan to make good any gaps in capacity through training

At the same time as building the positive atmosphere highlighted above, managers in the 8 programmes, without exception, exploited training to 'make good' any gaps in the capacity of their programme workforce. This purposive strategy, far from being at variance with the approach above, ensured that maximum opportunity was taken of any training options available.

Managers used supervision sessions as a mechanism for identifying training offers that should be made. At the same time, staff were encouraged to approach their line manager, and to keep an eye on the training schedule provided, and to ensure that the training schedule was constantly updated. "*We have a database of training so we can keep up with who's had what and who needs what – constantly reviewed. We have regular meetings with staff to discuss their training needs"* (Programme Manager).

c) Harnessing the potential of induction training

Induction training has been recently recognised by government as a vital component in the development of the children's workforce (CWDC, 2006). Induction training in the context of SSLPs included training on programme ethos; diversity; implications of local governance structures for different staff; team building strategies; interagency working; and crucially, child protection. In each of the SSLPs, induction training was provided on an interagency basis so that, from the very outset, SSLP staff were meeting staff from other agencies in the area.

Both SSLP staff and managers found these inductions to be invaluable for networking; as well as for understanding their own roles and responsibilities, as well as those of other professionals in the children's service system. "*The level 2 training was multi-agency training – health, education and voluntary sector workers were there and, as a new person joining the programme, this gave me confidence to begin to make new contacts in the area"* (Social worker)."*We organise induction training days where new people get the picture – if anything new is happening e.g. safeguarding boards, we are in a position to alert everybody joining the programme, as well as tell existing staff in regular training days"* (Programme Manager).

d) Having a comprehensive and integrated training scheme in place

Programmes appeared to be developing highly integrated training schemes for their staff but in addition, one programme described an innovative approach that they had developed. They had created a 'cluster model' in which the key function of the SSLP was to take the lead in *signposting staff to training* rather than deliver all the training themselves. This meant that they could engage the most relevant expert agencies and ensure that staff in the programme were able to access a 'training matrix'. This matrix enabled managers to look into the most 'obscure corners' of training need across the borough (this was an area with several local programmes), and ensure equity and quality control applied to every course available, so that every member of staff benefited. In particular, it enabled them to be confident about the quality and appropriateness of child protection training for different personnel. *"We will also make sure training plans in a cluster area are developed on an annual basis to make sure we've fulfilled safeguarding and child protection training*" (Training manager).

As we indicate in section 5 above, 2005 was a timely date to be exploring this issue given the impending roll out of the Common Assessment Framework.

The various efforts of different agencies are reflected in this integrated approach to assessment which has been designed as its title suggests, with a view to harnessing the contribution of everybody in the children's service network. In the two programmes where the CAF was being piloted, it clearly played a central role in the design of the training scheme and was itself a driver of training policy.

"The Common Assessment Framework Training was multi-agency…Even though it was obvious in the training sessions we had, that education didn't think it was really their responsibility, the training was really helpful. It provided an opportunity to deal with this gulf between us and education, as well as network more widely and see what other agencies were doing with their involvement" (Family Social Worker).

Finally, it was noticeable that managers in most of the 8 programmes had identified the networking and 'charm offensive potential' of inviting experts from local agencies such as the child protection coordinator, to deliver training. Not only did the programme benefit from expert input by the trainer, but the person being invited to provide the input felt their own expertise and value was recognised. "*We have training from the social services child protection co-ordinator with whom we have, over the years, forged a mutually beneficial and indeed enjoyable relationship. We are now developing a similar partnership with the person in health who acts as the child protection co-ordinator. I have been very pleasantly surprised at the many benefits these links have brought us…"* (Strategic manager).This adoption of a purposive and focussed plan to engage other agencies in training for SSLPs produced the added bonus that agencies then invited members of the SSLP to their training days.

Even what might have been seen as the procedural and bureaucratic burden and stress of introducing new systems had been put to good use in the context of training by the SSLPs. "*The ECM agenda has meant that there are consultation days for us to draw on. Children's centres, Children's Fund and Health reps are coming together to ensure that safeguarding becomes a reality and we don't all go back to our own silos. So even though these consultation things which can often be a pain have provided me with some easily accessible training input" (*Programme Manager).

Further developing understanding of good practice by SSLPs around safeguarding

Our descriptive account has, up to this point, sought to illustrate seven pointers to good practice, all of which were identified by us, as frequently recurring in the literature. That is not to say that the authors on whose work we have drawn precluded other components, simply, that an overall analysis of their respective *typologies of good practice* generated the seven recurring dimensions we have so far deployed.

Of course these earlier accounts were not written with the specific aim of understanding good practice in SSLPs, although they do examine the work of

component agencies such as social services, health and education. Furthermore, the specific timescale of our own work has inevitably picked up on key concerns currently emerging within the implementation process of Every Child Matters. It is hardly surprising therefore, that the data collected in our own study of 8 programmes, suggests the equal importance of one further indicator, i.e. 'Using referral systems to build bridges, not barriers'. As we indicate in section 1a) above, while SSLPs were set up with an explicit open-access and universal brief, the traditional basis of access to social work and safeguarding services has been targeting and selectivity. Against this policy backdrop, even the concept of *making a referral* was, as we have indicated in earlier reports (Tunstill et al., 2005a, Chapter 3), almost an alien one to many SSLPs. While attitudes across agencies appear to be gradually becoming more inclusive and accepting, there remains a challenge around the mechanism of *referrals as a means of access to services*. Indeed the mainstream literature on social work services has emphasised the obstacles which confront even parents , if they seek to refer themselves for services to support their own parenting (Tunstill and Aldgate, 2000; Quinton, 2004).

8) Using referral systems to build bridges, not barriers

It is impossible to separate out the attitudinal and professional understanding which underpins the *development of referral processes,* from the other issues which we have already described, such as sharing a common language; having protocols for information sharing; and developing 'packages of support'. However, responses across the 8 programmes reflected 'a set of attitudes that had changed over time'. *"When I first took over as Programme Manager, I was determined we would have the most informal system possible and looking back, I realise I did not really want to 'hear' some of the worries that staff in social services were expressing"* (Programme Manager). *"People panic when you use the word referral where we're concerned! You wouldn't if you were seeing your GP and needed to see a consultant…"* (SSLP staff Social worker).

By the particular timeframe (i.e. 2005) within which we were studying our 8 programmes, it was clear that a consensus was beginning to emerge across SSLPs and social services/children's services departments as to how best to meet the most complex needs of children, including their need for child protection services. Inter-professional and inter-agency collaboration, in the context of referrals for child protection concerns, was most likely to be maximised where the following characteristics were discernable:

- Shared understanding and acceptance of thresholds
- Confidence in information sharing both with parents and other professionals
- Systematic recording systems

We now provide a brief overview of activities in our 8 programmes which exemplified these three characteristics.

a) Shared understanding and acceptance of thresholds

There were understandable reasons for some of the early mutual suspicion on the part of both social services departments and SSLPs to which several of our respondents referred. In many ways the national strategy for rolling out Sure Start local programmes, with hindsight, gave insufficient attention to the need for helping build good relationships between staff in the workforce with a brief to deliver family support and staff such as social workers with statutory child protection responsibilities.

The early attitudes of some social workers towards Sure Start inevitably reflected this and there had been a danger of unhelpful stereotypes emerging, based on partial understanding: "*Sure Start as an initiative was seen as nail painting classes and field trips*' (Social services manager). Conversely, SSLP staff in several areas felt that social services were not making full use of the resources they had to offer: *'We could have better joint working relationships. They must have children with special needs for example. In our case we had a sensory room that was hardly used"* (Health Visitor).

The *universal* nature of Sure Start services, by comparison with those of their own agencies, explained some of the tensions around the development of effective joint working. This universality was understandably envied by social services managers, because, in social services departments, budget pressures and staff shortages had long obliged staff to concentrate resources on those at greatest risk or in greatest need. The fact that Sure Start was very generously resourced and was working only with the consent and co-operation of families, itself risked becoming a barrier to the generation of shared priorities and values.

This policy history formed the context for the thresholds which had been developed in social services departments, and with which SSLPs were working. The challenge for our 8 programmes was to create a basis of shared understanding on which staff in all the agencies could work to the same thresholds.

It was confusion and/or disagreement about the threshold at which child protection services would be triggered, which represented the greatest threat to making appropriate and/or timely referrals. "*We use the Child concern model process to work out our thresholds. If a family is anywhere near the threshold they will be well known to us, as we will have been working with them for quite a while. If I had concerns about the child, and they were at 3 or above on the Child Concern Model. Then it's a direct referral to social services. 1-2 on the Child Concern model we can deal with ourselves"* (SSLP Midwife).

There were often discrepancies between different agencies around what constituted a referral and what did not. The potential for misunderstanding or more serious tension to arise was exemplified by the following respondent: *"Sometimes I refer what I think is a child protection case and they say it is not. I had one case that I referred many times and they were not prepared to get*

involved. We work to the Child Concern Model – if it gets to level 3 then that is over and above my responsibility. Social services say "we would only do what you are doing anyway" but I do not feel that is satisfactory. I have spoken to my social services manager about it as I have had 4 families where I was not happy with the outcome at social services" (SSLP Family Support Worker).

It was clear from responses that some social services departments felt that SSLPs tended to refer cases when it was inappropriate, given that cases did not reach the necessary threshold. Conversely, other social service departments felt that SSLPs sometimes held back on referring! "*Some managers in statutory services felt that we were too anxious about families from a child protection point of view, that we should getting on with preventive work and not getting so worried about whether children are going to be hurt or not. And then there were others who said that we didn't refer quickly enough. So that isn't surprising in a way because they are different ways of working but it reflects the difference in approach that social services managers take to child protection work. Getting a mutual understanding was one of the most difficult things"* (Programme Manager).

However, against this backdrop, highly practical strategies were becoming widespread. For example, and probably most straightforwardly, SSLPs ensured that they had accessible, within the programme, the 'manual/s' in current use in children's services describing the *safeguarding process* including the theory and practice of thresholds in that particular authority. *"We call it the 'blue book'…it highlights what level of need is important for social services. I think agencies are now more aware of that and where as before, they might be referring to social services, what they're now doing before making a referral, is reading the guidance to see what other support they can put in place. Then, if they still think a referral is necessary, its more informed"* (Family Support Worker).

One further way of overcoming misunderstanding and clarifying the level of need for a referral, was for staff to bring to weekly meetings, any case/s they thought warranted referral. At the meeting they could elicit advice from other practitioners. "*The referral meeting has a place as if there are obvious concerns around a family that are described in the initial referral then that would impact on who that work is allocated to. If I am worried about a family, I can discuss it with my supervisor and work out what sort of threshold we're talking about"* (SSLP Speech & Language Therapist).

In the light of the many potentials for 'crossed lines' it was clear there was no substitute for trusting and responsive relationships between individual members of staff in the local social services teams and local SSLPs. In these circumstances, SSLP workers could have an informal discussion with a social worker, before making a formal referral if it was still necessary, and if the social worker did not suggest an alternative plan. At the same time, the social worker had an opportunity to demonstrate her/his commitment to the wider family support needs of families and to resist being stereotyped as 'the person who takes your child away'.

b) Confidence in information sharing both with parents and other professionals

Nowhere were the strategies for building mutual confidence and respect more crucial than in the context of sharing information! The strategies which could build mutual professional respect have already been described above in the context of thresholds, but are highly relevant here too. As we have tried to show, 'the mechanism used is subordinate to the strategic objective of using it.' In other words, in order to help remove barriers in respect of referral practices for example, a Programme Manager might engage exactly the same methods as for designing a training programme. Having social work staff routinely participating in and delivering training could, of course, counteract negative perceptions of social workers at the same time.

Our earlier data (Tunstill et al., 2005b) has drawn attention to the ambivalence of SSLPs about embracing responsibilities for child protection alongside their mission to deliver community-based, high-quality services for children under four. In particular, this ambivalence took the form of being reluctant to pass on information about families with whom they were working, either pro-actively or at the request of social services. The 8 programmes had moved on from this reluctance, even if they had ever experienced it, and it was clear that information sharing did not overall pose a major problem.

First and foremost, these SSLPs had evolved a way of working which enabled them to be confident about retaining a good relationship with families they were working with, but at the same time, involved maximum clarity about any child protection concerns. They were committed to ensuring that parents understood clearly the responsibilities of the SSLP for child protection. This was done at the point of 'membership' when families first started using SSLP services. *"What needs to be made clear to parents at the very start is that if they say anything that suggests to us a child protection concern, then there is a clear responsibility on our part...and that is the basis of our working through problems with parents"* (Deputy Manager). Honesty with parents was fundamental to good practice in SSLPs.

Secondly, and inextricably linked to this 'initial honesty', was the need for SSLP staff to feel confident that even if they identified a child protection concern/made a referral to social services; they would still remain central to the family support package which might emanate from a child protection conference. The SSDs in these 8 areas were described by our respondents as having made efforts to minimise fears on the part of the SSLP that they might be sidelined in the context of a child protection plan. In other words, the building of mutual respect was a task which required collaboration from both sides i.e. the SSLP and the social services department.

Managing to overcome this potential 'divide' delivered benefits for everybody involved, most of all the family, but also increased work satisfaction for both the SSLP staff and social workers. *"Our family support worker had known the family for years, when one of the parents was suspected of physical injury. When the social worker reported to her senior, it was decided all the children*

would be removed, including the one we were working with. So the mum was up in arms about it, and was very difficult to calm down but I talked to her and helped explain what and why this was happening. The bottom line is, and I explained this to the mother, that, I'm there to make sure they're safe. The children were placed with their grandmother who we already knew and so they could all still come and go on trips with us. Then, when it was all sorted out and they were home again, they still have the whole support package. That support when the crisis had gone wouldn't have been there in social services. Now when these things happen, social services alert us immediately in case we can help and we have several cases like the one I've just described" (SSLP Family Support Worker).

Building up a 'programme memory' of successful and productive joint working such as the one described above, meant that SSLPs, far from being reluctant to share information they held with their partners in social services, derived an increased sense of pride and satisfaction in their contribution to outcomes for children in the area. In other words, this collaboration underlined the overlapping nature of the five Every Child Matters outcomes.

c) Systematic recording systems

The two dimensions of good practice described above only serve to highlight the importance of having an appropriate system for record-keeping. There is little point in being enthusiastic about the potential of information sharing for delivering a continuum of services, if that information cannot be relied on as accurate, up-to-date and easily accessible to all relevant staff.

The first building block of a systematic recording system was understanding why its important! *"I make it a priority to explain to my staff that keeping clear records helps us, not hinders us, from delivering the proper services our families expect"* (Programme Manager). *"I got a phone call from the local SSLP manager asking if I would go along to one of their staff meetings and explain the importance of records and the ethical systems which we in social services have developed around them"* (Area Team Social worker).

If staff were clear about their responsibilities for keeping good records and understood the wider implications of what they were doing, then firstly they *kept good records* but secondly, experienced these records as positive tools for their own work. *"With a CP concern made by someone, I would log it and write very clearly 'what was expected and who was doing what' and I would follow it up. Because if it's been shared and its high level and has a risk attached then it does clearly need to be logged and people need to know what their responsibilities are. I would get someone to sign it, and it would be very clear and very formal if it needed to be.....and it would be clear to me what were my priority tasks and how I could engage the other staff in carrying them out"* (SSLP Domestic violence co-ordinator).

These views were widely shared across the 8 SSLPs where respondents explained that good record keeping systems were crucial to their ability to share information with other professionals in the area, as well as within the

programme. *"We've got family files where everyone writes in them, if they have anything to do with them...its very reassuring really...someone phoned up last week and said 'are you working with this family?'...I checked, and we didn't have a file on that family"* (Programme Manager).

Some programmes were beginning to develop recording systems where there was one comprehensive file for families with more complex needs. *"We developed a system with one record for each family...This is only for families who receive over and above the universal services...We do have a system in place where every family is visited, but they only get a 'green file' if they go up to level 2, which is targeted work'* (SSLP social worker).

Finally, as one means to the end of keeping accurate and helpful records, the 8 SSLPs had developed specific referral forms to be used by local agencies, including social services, to make referrals to the programme. These forms were very tangible examples of the 'fit' between *record keeping* and *access to services*. Their existence belied the simplistic notions which had been around in earlier phases of SSLP work that 'writing anything down' was an alternative or barrier to accessing family support packages. In these 8 programmes, referrals increased the 'reach' of the programme and in particular, enabled SSLPs to make contact with families who had been more challenging to engage. *"We take referrals from anyone including self-referrals. Once the form is received there is a process for recording this at a weekly referral meeting where cases are given to the most appropriate worker and the best package of services we can possibly put together will kick in"* (Programme Manager).

In other words, it was these and other such examples which demonstrated the potential of *referrals as bridges to services and not barriers*!

Conclusion

This report has sought to provide a set of pointers to good practice, by which the contribution of SSLPs, to the task of Safeguarding, can be judged. At best it can only hope to provide a snapshot, at one point in time, i.e. 2005, of the positive work in progress in eight SSLPs: it is certainly not a definitive national audit of SSLP achievements. As explained at the outset, its main purpose has been to validate a set of characteristics, which have themselves, been largely identified from the existing published knowledge base. These in turn form the framework for understanding the *local authority level picture*, which comprises the subject of Part Two of the report. However, as our existing data shows, good practice, while it can be studied and analysed, is a *developing* body of knowledge. The fast pace of change in policy, structures and systems, linked to Every Child Matters, makes inappropriate, even the possibility of 'setting in stone' a fossilised model of good practice. Indeed our own data has served to underline the central importance to Safeguarding, of *agreeing, owning and implementing* a *clear referral system.* In earlier accounts of good practice, this component while present, may have been less crucial.

As several of our respondents have implied, in their descriptions of their many efforts currently in train, trite as it may sound, the understanding of good practice is closer to being on a journey, than being confident the destination has been reached.

Part 2

Introduction and structure of Part 2

This second part of our study of the Safeguarding Activity of Sure Start Local Programmes/Children's Centres (SSLPs) builds on the themes which we identified in Part One from our in-depth study of policy and practice at the *programme level*. In the previous section of this report, we have provided an overview of the work being undertaken by eight individual Sure Start Local Programmes around the task of safeguarding children. We explored a range of topics and issues including their strategic and operational linkages with partner agencies in their areas, and on the basis of this qualitative data, were able to identify a set of characteristics of good practice.

The second part of this report describes the design, application and findings of an exploratory study of the development and early activity within *cross-borough professional networks around the task of safeguarding children*. These are very early days for the new Children's Service structures. Local authorities are feeling their way as they implement the major organisational change required by ECM. Part of this process will entail them building on the earlier work of SSLPs, as those programmes evolve into the new Children's Centres frameworks. Our study represents a unique opportunity to capture a snapshot of policy and practice on the ground in a crucial period of national policy development. The design of our study has enabled us to examine both organisational structures and, at a very superficial level, the personal circumstances of a small sample of children who came to the attention of children's services in this period.

Therefore the study contributes a new perspective to work undertaken so far in respect of safeguarding in a multi-professional context. While both the National Evaluation of Sure Start (Barnes et al., 2006) and a study commissioned by the DfES (Carpenter, 2007) have explored the interface between social services departments and Sure Start Local Programmes on a statistical basis, they did not have the opportunity to capture data on individual children. As a result they were not in a position to cast much light on the relationship between the new inter-organisational relationships and individual decision making by practitioners. This study provides an opportunity, albeit limited, to begin to explore this dynamic.

We now turn the 'lens' around from the first phase of the study (see Part One of this report) and seek to explore the same areas of policy and practice in the context of four *Local Authorities*, as we examined in the eight individual local programmes. None of these four local authorities is the 'host authority' of our eight programmes, but they were chosen as a broadly representative group of local authorities i.e. two London boroughs; one county authority ;and one metropolitan authority. We also sought authorities who offered the maximum possibility of providing a demographically diverse population of children and families. Each of these authorities has been, and still is, in the process of implementing the Every Child Matters Change Agenda. Part of that implementation process, indeed a very central aspect, is the sustaining

and development of their existing links with Sure Start Local Programmes, who are now of course in the process of being incorporated within Children's Centres frameworks.

Inevitably, the challenges which we experienced in the course of collecting data reflected the different rate of implementation of these different policy changes. In many ways, because of the change process in train, it was a very appropriate time to study the topic of *forging cross-agency linkages.*

However, the policy challenges inevitably impacted on our own activity as researchers and it is true to say, to some extent, impeded the application of the methodology we had designed. (A full account of the methodology we deployed in this phase of our study is provided at Appendix A). For example, in some but not all of the four authorities, it was a time consuming process for us to extract documentation on organisational systems. These were frequently in the process of being modified and developed. Staff in the agencies, while broadly very co-operative and sympathetic to our aims, were in some, but not all local authorities, difficult to access. There were particular complications around the task of gaining access to the file sample, which we describe at greater length in Appendix B.

As we explain in Chapter 2, a major obstacle was the unforeseen (by us) absence of SSLPs as an 'identifier' in the electronic data systems on referrals. This made far more complex than we had planned, the task of accessing a sample of files. We therefore had to invent alternate strategies based on the transmission, by us, to the agencies, of SSLP postcodes and this alternative process inevitably took longer than the original methodology envisaged. Most importantly, this strategy precluded us accessing an extensive sample of referrals as we had planned, given that it prevented us using the electronic systems as a main source of data. The fact that we were unable to do this meant that we had to rely on studying hard copies of files themselves, and in the context of our study timetable, we ended up with a smaller number of hard copies than we would have wished had the data we were seeking been available on the electronic systems. This means that the 'file study' described in Chapter 3 must be seen as a very initial exploration, and our sample of referrals effectively constitutes a set of brief case studies, rather than a more extended quantitative analysis. However, having access to the files enabled us to identify some very important issues, which may well merit further exploration and/or follow-up in a subsequent study. It would be very illuminating to know if the families who we describe in Chapter 3 come back into the referral system at a future date, and how the services which we have observed, have made a contribution to the safeguarding task in respect of those children.

In summary, it can be seen that our own experience as researchers probably reflects the process of change which is currently taking place across local authorities in England. This part of the report explores the experience of four particular authorities of implementing the Every Child Matters agenda. Our overall intention is to help increase understanding of the factors which can

help improve and enhance the quality of safeguarding services for every child, in every authority in the country.

Structure of part 2 of the report

This part of our report is divided into 4 chapters. Following our introduction, Chapter 2 provides a picture of the stage of development in policy and practice in our four study authorities. In particular, it describes authority-by-authority, the following topics;

- Demographic characteristics;
- Structure of the Children's Services departments;
- Implementing the new systems: key elements in the strategic agenda;
- Operational linkages between Children's Services and SSLPs/CCs;
- An overview of the 'direction of travel' in strategic development.
- Understanding local policy development along a continuum

The following Chapter, Chapter 3, presents the authority-level data on referrals and registrations against the national average as recorded in DfES audits (DfES, 2006a). The statistical picture we paint in respect of each authority is complemented by the presentation of qualitative data collected from individual files. These are presented in brief *case study* form in order to convey the level of need associated with inter-agency referrals. The Chapter concludes with a section which highlights the key patterns and issues which emerge.

Finally, in Chapter 4, we pull together each of the different levels of analysis we have described above. We adopt as a framework for this analysis, the indicators of good practice, which we identified and explored in Part One of the report. These eight indicators provide a basis on which to discuss the local authority-level data, in order to identify lessons for the future, including identifying factors which can both help and/or hinder the development of good practice in a multi-disciplinary service delivery environment.

Before going on to describe the work of our local authorities, we now highlight some of the key policy issues, which, in the period between 2005 to 2006 formed the policy backdrop to the local authority activity and experiences in we set out to study.

Key policy considerations 2005-2006

The timing of our study of safeguarding, which was undertaken whilst a policy and organisational transition was in train from SSLPs to Children's Centres, enabled us to explore a range of authority-wide issues. Sure Start Local Programmes had their origins in an analysis of policy and practice in respect of *overall provision* for young children and their families (HMT 1998), and so it was appropriate and timely , in the context of understanding safeguarding, to focus on relationships across local authorities. Many of the issues raised in that earlier HMT analysis have now been reiterated in the Green Paper, 'Every Child Matters,' and in the Ten Year Child Care Strategy (HMT 2004).

These are intended, jointly, to deliver systems, structures, and services, which neither overlook the importance of 'safeguarding' or 'promoting' welfare. In the context of performance assessment, recent government inspections have also underlined the continuing scale of the challenges.

'Better support to parents and carers, earlier intervention and effective protection are highlighted in the Green Paper. These are echoed in the recurring strategic priorities articulated by councils in their Delivery and Improvement statements:

- better partnership working;
- more effective preventative strategies with less reliance on statutory intervention;
- developing family support and early years services (Department of Health 2004)'.

The continuing relevance and the importance of the current SSLP contribution are highlighted in Every Child Matters:

> 'the Government aims to extend the principles developed in Sure Start local programmes across other services. These principles focus on:
>
> - working with parents and children;
> - starting very early and being flexible at the point of delivery;
> - providing services for everyone and ensuring services are community driven, professionally co-ordinated across agencies and outcome focussed' (DfES, 2003; 2.4).

Five outcomes for children and young people have been identified by government as key to well-being in childhood and later life, and are intended to drive the design of both policy and practice:

- Being healthy;
- Staying safe;
- Enjoying and achieving;
- Making a positive contribution;
- Achieving economic well-being.

Both 'Every Child Matters'and 'Every Child Matters: next steps' underline the fact that realisation of these outcomes requires radical changes in services, all of them associated with the SSLP contribution to future service delivery, and in particular to the work of Children's Centres. Such changes include:

- The improvement and integration of universal services- in early years settings; schools and the health service;
- More specialised help to promote opportunity, prevent problems and act early and effectively if and when problems arise;
- The reconfiguration of services around the child and family in one place, for example Children's Centres;
- Dedicated and enterprising leadership at all levels of the system;

- The development of a shared sense of responsibility across agencies for safeguarding children and protecting them from harm;
- Listening to children, young people and their families when assessing and planning service provision, as well as in face –to-face delivery. (Every Child Matters: Change for Children; DfES, 2004; p4)

Since we began the study, there have been recent important additions to the body of guidance on both *safeguarding* and on *Children's Centres*. Both of these sets of guidance increasingly highlight the importance for positive child outcomes, of their safeguarding role, and the imperative for it to be undertaken in a multi-agency context.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- And undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child protection is part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm.

Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However all agencies should aim proactively to safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced (HM Government, 2006; p35).

> 'safeguarding and promoting the welfare of children – and in particular protecting them from significant harm- depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, children's social care, and quite possibly the voluntary sector and other agencies, including youth justice services' (HMSO, 2006; p33).

One of the key strands in Every Child Matters is the concept that safeguarding is the responsibility of all agencies and this approach is reflected at organisational level in the requirement in the Children Act 2004 for the establishment of Safeguarding Boards (CSCI 2005). A Local Safeguarding Children Board (LSCB) replaced the Area Child Protection Committees (ACPC) in every Children's Service Authority by April 1st 2006. Its establishment sits alongside other changes already underway – the appointment of a Lead Member and Director of Children's Services (DCS).

The main objectives of the LSCBs are twofold: to co-ordinate and ensure the effectiveness of agencies working to safeguard and promote the welfare of children in the area.

Arrangements for becoming an LSCB are subject to the Local Safeguarding Children Boards Regulations which came into force on 1st April 2006 and to the free-standing guidance document issued by the Government at the end of December 2005. The guidance has been incorporated as Chapter 3 into the final version of the revised *Working Together to Safeguard Children* (*WT)* (HM Government, 2006).

ACPCs were established by government guidance in the first *Working Together to Safeguard Children* in 1988. Their inter-agency membership (the core agencies working with children), structure, chairing and functions were outlined, along with their chief responsibility: to co-operate in arrangements to protect children in their area from abuse and neglect. The ACPC was also responsible for ensuring the effectiveness of these arrangements.

In carrying out these functions, ACPCs were expected to agree local CP guidelines and policies, and to provide appropriate training to staff.

An important role has been the commissioning of Serious Case Reviews (also known as Part 8 Reviews – a reference to Chapter 8 of *WT*) in cases where children have died or have been seriously injured and where abuse or neglect was a possible factor in the harm done to the child.

The **LSCB**, by virtue of its statutory foundation, will be a strengthened body, with senior level membership. Its activities should "fit clearly within the framework of priorities and action set out in the Children and Young Persons Plan (CYPP)" (*WT*), and it should have clear local arrangements for reporting to the Children's Trust or Children and Young Persons Strategic Partnership (CYPSP).

The responsibility for child protection in individual cases of abuse or neglect remains, but is widened to encompass a safeguarding role. This larger agenda – relating particularly to the *Staying Safe* outcome for all children – will require a different, inevitably greater, range of activities to be planned and overseen by the Board. Throughout its work, the Board's underlying message is intended to be: *Safeguarding is everyone's business*.

Broader membership of sub-groups is intended to encourage wider involvement in the safeguarding agenda, and to build capacity to achieve the aims of each Board.

As can be seen this policy scenario is a wide ranging one, and the focus of our study was a relatively limited one, although we were aware of this wider context. We set out:

to explore the existing and planned contribution of SSLPs to the objective of staying safe, and to examine their strategic and operational inter-relationships

with social services departments, in order to identify existing good practice, and identify pointers for further developing good practice within the context of Children's Centres.

We were not in a position for example to look at the on-going operation of Safeguarding Boards, who in the period of our study were either in the set up period or in their first year of operation, but we were able to explore the extent to which SSLPs/CCs representatives were included in Board membership. However, we were in a unique position to explore some of the most important issues currently associated with forging multi-agency collaborations in the interests of safeguarding the welfare of children. The following chapters provide an early insight into some of the challenges which these new service configurations are likely to face for some time.

Chapter 2: An Overview of Children's Services Organisational Structures in the Study Authorities

This Chapter seeks to provide an overview of the way in which our four authorities are currently implementing the Every Child Matters Agenda. The specific focus of the overview is on the extent to which their new *organisational* arrangements support the development of inter-agency safeguarding activity and especially the work undertaken by Children's Services and SSLPs/CCs. We have had to be selective in the picture that we paint, and have therefore identified the components of the 'organisational frameworks' which are most relevant to the task of safeguarding. In addition, the purpose of the individual authority descriptions is to highlight a range of approaches being adopted in order to meet the ECM policy agenda. This chapter also sets a context for the data on individual referrals which we describe in Chapter 3.

- **Structure of the chapter**

The first part of the chapter provides an account of the organisation of each of the Children's Services departments in our four local authorities. We have anonymised the authorities. We indicate, where relevant, key constitutional and demographic characteristics. The chapter concludes by highlighting a range of approaches which Children's Services departments in our four study authorities have adopted in addressing the common challenges. We have conceptualised this in terms of a *continuum of engagement*.

This chapter is based on extensive data collected between 2005 and 2006 in respect of the four study local authorities. The data reported in the chapter was collected from two sets of sources in each of the local authorities:

- Documentation, including organisational charts, guidance, protocols for staff, relevant reports produced by the local authority on its own services;
- Face-to-face interviews with staff in key posts relevant to an understanding of the 'safeguarding system'.

Inevitably, key themes recur in the data, reflecting the fact that all local authorities have a responsibility to implement the Every Child Matters change agenda in a similar timescale.

The degree of detail with which we describe each of the four systems has been determined by our key objective. The focus of the study is on the safeguarding activity of Sure Start Local Programmes, and this means we have sought to identify and explore the specific linkages between Sure Start Local Programmes/ Children's Centres and their parent Children's Services Departments. In this context, we are only seeking to provide a broad picture of the following, inevitably overlapping, elements in the service systems of the four study authorities:

- Demographic characteristics;

- Structure of the Children's Services departments;
- Implementing the new systems: key elements in the strategic agenda;
- Operational linkages between Children's Services and SSLPs/CCs;
- An overview of the 'direction of travel' in strategic development.

We now provide a 'pen picture', using the above framework, of each of the four local authorities. There are inevitably some differences between authorities in the amount of detail we have been able to provide. These reflect the range of the written material available to us. We experienced different levels of access to the documentation which we sought, and these differences can probably be explained by one or other of the following:

- differences in the extent of published documentation;
- One local authority was in the process of major re-organisation/re-location;
- One local authority experienced staff change in key posts with which we were liaising.

However, we are confident that the information that we have captured is sufficient to set the context for our subsequent exploration of stakeholder views.

Midtown

Demographic characteristics

Midtown is a Metropolitan Authority, with a population of around 300,000 (Census, 2001). 27% of the total population are aged 0-19; 6% are four and under. 22% of the population come from Black & Minority Ethnic (BME) communities, as compared to 13% for England as a whole; 23% of the 0-19 population are from BME communities. There is considerable deprivation and economic disadvantage in some areas of the city. Figures from the 2001 Census show that 9% of the authority's population, and 20% of the 0-19 year olds live in areas ranked within the top 10% most deprived areas in England.

In the study period, Midtown Children's Services were undergoing a number of organisational and operational changes, including: 1) organisational restructuring and the relocation of teams across the authority; 2) the introduction of a shared care IT system in 2006, with a second phase to be introduced in 2007; and 3) authority-wide implementation of the Common Assessment Framework (CAF).

Midtown has three Children's Locality Offices (i.e. Area Offices) serving the local authority. Intake and Long-Term Teams were established in the three offices in 2000 with Family Support Teams being developed citywide in 2002. In 2005, slight alterations were made to the organisation of Long-Term and Family Support Teams, amalgamating the teams in two of the localities, while the third locality maintained the teams separately.

Structure of the Children's Services Departments

Intake Teams

Midtown *Intake Teams* accept referrals for children and families where there is no existing departmental involvement. Following referrals, workers complete initial assessments, Child Protection Enquiries/ Core Assessments as appropriate and provide or arrange for the provision of appropriate services. The size of Intake Teams varies across the local authority, with an average of 6 to 8 workers, the majority of whom are qualified Social Workers, supervised by a Team Manager. *Long-Term Teams* work with children who are looked after; the subject of a Child Protection Plan; or who require complex support services. *Family Support Teams* are responsible for helping families meet the needs of their children at home and working with allocated social workers to facilitate the return home of looked after children.

The intake referral process

An initial inquiry which will be categorised as a 'contact' (also referred to as an enquiry*)* will come to the administration staff in the Area Office. In Midtown, administrative staff play a key role. They are the first to answer phone calls and field enquiries; they can provide information about simple queries about Benefits or Housing and information about local authority services. Straightforward enquiries will be retained by the administrative worker, but more complex queries will be referred by them to an *Intake Worker*. It is the Intake worker who will make the final decision about whether the enquiry is sufficiently complex to constitute a *referral*.

In these cases, the Intake Worker will obtain maximum information in order to signpost to appropriate services / agencies; establish eligibility criteria; promptly provide simple services; and establish whether an Initial Assessment, Core Assessment and/or a Section 47 is required[1]. Where a referral has come from another professional, the Intake Worker will seek further information about the existing involvement of that worker/ agency, and ascertain that the family is aware of the referral. The Intake Worker will also discuss whether an assessment following the CAF procedures should be completed.

Where the enquiry does not proceed to *a referral,* it will still be recorded for subsequent monitoring and analysis in order to ensure that enquiries are being appropriately dealt with.

If referral criteria are met, within 24 hours, the Intake Worker will take one of two actions: 1) provide a simple service, information and signpost and/or refer

[1] It is important to be clear about how a particular authority defines and collects data on 'initial assessments' as there is considerable variation between authorities as to how 'enquiries', 'contacts' 'referrals', and 'initial assessments' are defined and logged for data collection purposes. Social workers may refer to an 'initial assessment' in an informal manner, whereby workers will obtain information informally on a family in order to provide services; or they may, when using the term 'initial assessment', refer to a fuller and more formal assessment as required in the 2006 version of '*Working together'.* This may account for some of the differences in the statistics of our four study authorities referred to below.

onward before closing the case or 2) transmit the referral to an Intake Manager for allocation to a case worker in the Intake Team. This worker will undertake an initial visit and determine if an Initial Assessment should be undertaken or whether Children's Services should take no further action.

If an initial assessment (Working Together 2006) is to be undertaken, this will be completed by the Intake social worker within 7 days, or 24 hours where there is concern about potential significant harm. The assessment will involve discussions with the child/children and parents, with permission should for agency checks to be made. A work plan including Family Support services will be drawn up and the case transferred to a social worker in one of the Family Support Teams who will take on the planned intervention, including subsequent reviews of progress.

The initial assessment will produce one of three outputs: 1) the child will not be assessed as a 'child in need' and the case will be closed, possibly following referral to another agency and/or the provision of short term services; 2) where there is no risk of harm, but the child is assessed as a 'child in need', the child/family will be offered a support package; 3) where a risk of significant harm is identified, a decision will be taken that this is a 'child in need of protection'. If a Section 47 enquiry / core assessment is required, it will be undertaken by a Social Worker who has had appropriate *departmental* training and will then act as lead worker. A strategy meeting will be held, and the outcomes recorded. If the case is to proceed to a Child Protection Conference, a core assessment will be completed and, if a decision is decided that the child's name should be placed on the Child protection register, a child protection plan agreed at the Conference. The plan will be shared with the family, and a review conference scheduled within 3 months.

Long Term and Family Support Teams

The number of staff allocated to Long Term Teams varies across Midtown. These staff are supervised by two Team Managers. The Long Term Teams work closely alongside the Family Support Teams with the aim of ensuring an orderly and appropriate transfer of cases, based on relevant and accurate information.

The Long-term Teams work with children who are looked after, are the subject of a Child Protection Plan or require complex support services. Each team has a staffing establishment which includes two Team Managers who are responsible for the supervision/management of identified practitioner staff including Social Workers and Children & Family Workers.

The Family Support Teams were established in Midtown in 2001. As already noted, staff composition in these teams include a Community Resource Officer (CRO), social workers, children and family workers and family assistants. Family Support social workers are case holders and also do direct work with children and their family/carers. This may include parenting assessments, wishes and feelings, and group work. Family Assistants and Child Support workers provide practical support to families as requested by

the case holder, formulated in conjunction with the Family Assistant and the family. Community Resource Officers aim to engage local child care providers and other agencies to offer packages of support for children in need. These services are reviewed regularly and the costs monitored to ensure the service is delivered effectively. CROs also support and monitor the quality of services and are involved in the training and recruitment of childminders to the scheme.

The function and role of these teams varies across the city, but they have in common the aims of preventing family breakdown, preventing children's names being placed on the Child Protection Register and preventing children entering the looked after system. At the same time, they are responsible for supporting Child Protection plans where they have been made and for providing support to families, following the removal of children from the register. Policy documentation stresses the need to work in partnership with children and families/carers and other agencies in order to achieve the best outcomes for every service user. In Midtown, *working in partnership* means that Family Support Managers are often involved in steering and partnership boards with local agencies, such as Sure Start. Since the development of the CAF, 'referral network' meetings are held regularly. These meetings include community providers and service managers and the tasks undertaken include the allocation of family support work for referred families. These teams undertake related activities with families including anger management, bereavement, supporting contact, parenting assessments, behaviour management, preparing children for court, and self-esteem work. While the basis of much of this work is undertaken in the context of individual families, there is provision for group work where appropriate.

Implementing the new systems: key elements in the strategic agenda

The role of the Common Assessment Framework (CAF)

The CAF is currently in the process of being implemented across Midtown. Increasingly, Children's Locality Teams will be contacted by professionals wishing to undertake an assessment and referral to Children's Services following CAF guidelines. Again, the administrative worker will play a crucial role in confirming to the professional that the family / child / young person consented to share information with Children's Services. The administrator will, where appropriate, refer the professional to the social worker for an already open case or to the Intake worker if the case is not known to Children's Services. The Intake worker will determine if the child is a 'child in need' and if the degree of need is such that the case crosses the Midtown Children's Services threshold (a system for determining priorities which requires a case to be assessed as at 'level three or higher' to be eligible for a service[2].

[2] Tier one services are those provided on a universal basis, to all children in the community; Tier two services are 'additional support services' for children not identified as in need in the community; Tier three services are specialist services provided to children assessed as vulnerable and in need *in the community*'; Tier four services are those provided in the context *of care away from home*.

Where the completion of a CAF assessment indicates a sufficiently high level of need, the case will go straight to a 'Family Support Panel', where a multi-disciplinary group will plan an appropriate package. Should the level of need to emerge from the process of undertaking the assessment be considered not to cross the 'level 3' threshold, a response is likely to take the form of further signposting to a range of relevant agencies.

Midtown has made the decision that the CAF and the initial assessment will be recorded in the same format in order to allow information from the CAF – based assessment to be used in the initial assessment. *"The overall aim is not to undertake duplicate / repeat assessments".* Provided the CAF assessment provides adequate evidence of the need for further intervention, it may be accepted as the basis of the initial assessment (the absence of such evidence can have two causes: the form may have been filled in with insufficient information, or filled in with sufficient information, but fails to demonstrate a high enough level of need). Both documents will be available on the shared care system.

The implementation of the CAF in Midtown is clearly strategically linked to the improvement of multi-agency working. "*Multi-agency working has been quite high on the agenda. Certainly over the last 2-3 years, it has become embedded. We've had multi-agency training and the whole ethos of our training has been to work towards a multi-agency way of working. To improve services, you have to be looking at working jointly. The CAF training has gone out to everybody. Everyone knows what they have to do. And, as you build those links, you get to know people. They'll ring us now. They'll check out with us first rather than knocking on people's doors first. Big changes!"* (Intake Manager).

CAF training has also been used in a relationship-building capacity with non-social work professionals, encouraging informal consultation with Children's Services. "*The CAF training is being used to make clear to other professionals that they can ring the duty workers and ask… they can run it past us. They could ring up, and we could do some checks".*

Lead professional

The emphasis in Midtown on the lead professional is on their role as a key element within a wider package of integrated services and support. In Midtown, the lead professional budget is held by a 'Community Resource Officer' (who works within the Family Support Team), who is a Registered Social Worker and 'acts as a bridge with Sure Start' and other agencies *who have been trained to complete an assessment following the CAF guidelines.* Thus it is one way of promoting the use of the CAF system by local professionals through offering a direct way to access funding from Children's Services. Children assessed as 'in need' may be referred back to them by the Community resource Officer who may have authorised a package of services from the family support budget. These workers may take the 'lead professional' role, coordinate provision and act as a single point of contact for

a child and their family when a range of services are involved and an integrated response is required (DfES; 2003).

Enthusiasm was expressed by some of our respondents for the potential of the naming of a *lead professional* to open up services and they welcomed the fact that social workers were not assumed to be the only candidate for this role. *"We use the CAF to refer to the family support panel. It's more for agencies like NEWPIN and other agencies that are on the panel. I usually go or the family therapist goes, and she represents CAMHS. But the system will be that I will attend quite regularly. It's a social services team manager who chairs it so it's a social work professional, not a practitioner. Sure Start has taken the lead professional role with a few of the cases – I have some and the family therapist has some. But Sure Start does not take them all. The people who attend the panel are not necessarily the people who will become the lead professional in any of the cases. You might have NEWPIN that are doing most of the work with the family, but you might have myself as the lead professional, just in terms of accessing and coordinating the services. Health visitors take a lot of the lead professional roles"* (Area Team Family Support Manager).

Shared care IT system

The Information sharing system was rolled out in Midtown in early 2006. (In Midtown this is linked with the Integrated Children's System (ICS) used for recording work conducted once a referral to Children's services has been assessed as crossing the threshold for allocation to a social worker. All staff have now been trained in using the ICS system, and a second phase will be implemented in 2007. Intake workers will be required to check the system when a new contact/referral is received from a member of the public or a professional working with the family. The goal is to avoid duplication and clarify work already being undertaken with families. If a family is identified on the system, the Intake worker will identify and contact the lead professional to ascertain whether there is a role for Children's Services.

Training

Midtown provided documentation which described in detail an apparently robust training strategy. *"Working Together to Safeguard Children places a responsibility on local Safeguarding Children Boards to ensure that single-agency and multi-agency training on safeguarding and promoting welfare is provided and meets local needs. In Midtown we have developed an Inter-agency training strategy that provides a learning and development framework and identifies single-agency responsibility towards the training and development of staff in relation to child protection…The inter-agency training programme is the result of a thorough review, updates content, learns from reports and reviews and incorporates the Common Assessment Framework and takes into account national and local issues relating to children's workforce development"* (Midtown Inter-agency Training programme, 2006/07).

The training programme has three key elements:

- The need to equip all staff with the basic knowledge to recognise a child at risk of abuse and make appropriate referrals on to other services
- Specialist training events that deal with a variety of specific issues and
- Skills workshops that offer the opportunity to gain skills to work with children, young people and families." (Inter-agency training programme (2006/7). Midtown Safeguarding Children Board).

Recruitment and retention

Social work staff shortages were identified by managers and staff in Midtown as an acute problem for all of the Children's Services offices across the authority. Current social work staff were under considerable stress, and in many cases were only able to undertake work in respect of the most complex family situations. This situation had a negative impact on staff turnover rates. *"Recruitment is a major problem. The job is stressful… and the nature of the work is up tariff now. Court proceedings are a nightmare. I will say goodbye to that worker for 2-3 weeks, with deadlines and court reports etc. They'll have to see the family and get wishes and feelings, solicitors make demands, it is an absolute nightmare. So the pressure of this, and the work itself is heavy… people leave after a short period of time"* (Intake Manager). An Intake Manager from a different area office concurred with this view: "*The problem is we constantly have pressure, our teams aren't big enough. And our team has got smaller and smaller. Year after year...they've spent big bucks on sure start and other things, and they're good services, but, you essentially have a situation where people don't want to come to social work any more. They want an easier job where they can relax and do the job properly, rather than have referral after referral. We do our very best to train people, but there's a massive amount of pressure to allocate work which, that's where people get fed up. We want to do something properly rather than rush through* (Intake Manager).

Area offices have come under increasing pressure to find alternate solutions to these shortages. One strategy has been to recruit agency staff to permanent posts. Midtown has shown some success at recruiting from overseas to their permanent team, even though the salaries they are able to offer are much lower than traditional agency staff wages. *"Agency staff that come here – we'll recruit them to permanent posts. Some of them are taking significant drops in their salary to come here. I had an agency worker come to see me this week – she's on 40,000 or so, yet she's going to go down to 22,000, half her salary! But she wants the stability and she likes the area. We have another one completing his application"* (Fieldwork Manager).

Area office managers in Midtown associated this success in recruiting agency staff to the positive developments around clarifying roles and responsibilities, and improved training schemes, that have recently been occurring across Midtown. *"I think (Midtown) is the place to be. I've seen lots of changes and*

we've had some very difficult times. And, in a way, it was helpful in as much as it moved us forward in the right direction and was probably necessary. If you were to go back a few years, we didn't have clear policy or protocols, but now we do. It makes it a nice place to work now. It's a good authority to work for. We signed up to a solution focussed practice and social workers are enthused by it, its something they can work towards. They've never had anything like this before" (Fieldwork Manager).

Recruitment to the SSLPs/CCs was perceived as having been less challenging, a fact which was attributed to higher salary levels and the potential for working preventatively with families. Moreover, the implementation of SSLPs in Midtown happened to coincide with the closure of a number of nurseries and day care facilities. There was thus a pool of family support staff readily available from which SSLPs could draw. *"It came about because we had the nursery and day care closures. We had lots of staff looking for work. There were uncertainties about their future, so we looked to the sure start programme to employ them"* (Fieldwork Manager).

This was seen by many as a very positive factor in the development of working relationships between SSLPs/CCs and Children's Services. Some staff had been working in Midtown for a long time, and therefore had experience of working in both agencies. This meant they were able to share their experiences and knowledge across the agencies, and maintain a wide circle of contacts. *"When the Sure Start programme began, we lost a lot of our family support staff to the programme. Many of the workers who come back to us now are our old staff, which is brilliant!!"* (Intake Manager).

The Local Safeguarding Children Board

The LSCB in Midtown has been in operation since April 2006. Moving to a Safeguarding Children Board was seen as providing the opportunity to ensure that the 'right stakeholders' were on the Board, and to look at ways to improving communication and collaborative working. The development of the Board was underpinned by work being undertaken to develop safeguarding practice within the constituent organisations.

Membership of the Board is drawn from the following organisations and:

- Primary Care Trust
- Children and Family Court Advisory Support Service
- Children's Social Care
- Connexions
- Local Education Authority and Schools
- General Practitioners
- NSPCC
- Police
- Youth Offending Services
- Legal Services
- Youth Service
- Probation Service

- Domestic Violence and Abuse Partnership
- University Hospitals and NHS Trust

The Strategic Lead for Early Years, part of the Local Education Authority represents SSLPs/CCs on the Board. He takes responsibility for the two-way transmission of information between the Board and individual programmes. This work is underpinned at several levels. Firstly, a range of subgroups have been established to which individual centre staff will contribute in respect of specific expertise and issues. In addition, there is an authority-wide training strategy provided by the Board. The Strategic Programme Manager for Sure Start oversees the access of programme staff to the inter-agency child protection/safeguarding training provided by the Board. Her day-to-day information transmission will include using postcards, which can be left within the individual centres.

Operational Linkages between Children's Services & SSLPs/CCs

At the time of the study, there were six Sure Start local programme areas in Midtown, two of which were still identified as Sure Start local programmes, and four of which are now designated and operating as Sure Start Children's Centres. As our methodology (see Appendix A) explains, the sample for this Safeguarding Study is on the same SSLPs, i.e. Rounds 1 – 4, which NESS has been studying since 2000. Therefore, in Midtown, the focus of our data collection was on the two programmes which belonged to Rounds 1 to 4. In fact, these two programmes are the programmes still designated as SSLPs, not as Children's Centres.

However, it was clear from our contact with staff in Midtown that their activities crossed many geographical boundaries and there was no one single part of the Children's Services workforce which only related to one SSLP. In part, this reflected the large size of the areas covered by the three locality teams, but it also reflected a pre-existing set of cross-authority working relationships. The implications of this style of working for our data collection are that we were able to draw on the views of staff in all of the offices in order to understand the work of the two individual SSLPs.

The pre-existing cross-authority relationships between staff were also reflected in the pattern of operational linkages which had developed between locality offices and SSLPs/Children's Centres in Midtown. The key elements of the system are captured in Table 2.1 below. As can be seen, each of the three Children's Locality Offices has constructed a slightly different set of working relationships with its local Sure Start programme/s.

Children's Locality Office A provides evidence of very good collaborative relationships with its local SSLP/CC, despite the absence of its teams being co-located in the same building. The staff in this office hold the SSLP/CC in high regard, and feel that the staff there have a great deal of confidence in the work they are doing, particularly around child protection issues. *"I don't think we get a lot of referrals from Sure Start and that's not because Sure Start*

don't come across families in need. Rather, it's because Sure Start handle them very well. We get requests from Sure Start to attend meetings and that is evidence that we are working very well together" (Intake Manager).

Working relationships between the agencies are seen by staff to have been enhanced through an acknowledgement of sharing common aims. Staff from both agencies come together regularly and discuss common issues with a view to planning and delivering services in the most appropriate way. The same Intake Manager said: *"Although we are separate unions, we have more in common than ever. We discuss what it is about families that are described as resistant. How much of this is the social worker's fault? What are they doing to engage the families? The common sense approach has really changed our thinking and reinforced working relationships. I know there's a number of Sure Start staff members who will go that extra yard and you know they will get the job done".*

Children's Locality Office appeared to reflect more fragile relationships between Children's Services and the local SSLP/CC. The tensions manifested themselves in the context of the Children's Centre. A Children's Services Family Support Team had been recently co-located in this building with Sure Start staff. The two staff groups encountered challenges in the practicalities of co-location. For example, there were unresolved debates around 'blending' staff from both teams together in one office. Children's Services staff were enthusiastic about merging the teams in order to facilitate multi-agency working. However, SSLP staff were seen to be anxious about bringing the two staff groups together. The experience of co-location in this area office also highlighted other tensions around children and families using the centre. SSLP staff expressed concerns about the potential problems which could arise between 'their families' and 'Children's Services families' using the same building, reflecting the desire on the part of the SSLP to maintain a separate identity from Children's Services. *"We wanted to mix everyone together but I think Sure Start wanted to maintain their identity and stay separate"* (Family Support manager).

Members of the Family Support Team who were co-located on the same floor in the same building as the SSLP team were largely concerned with a lack of pro-activity, with some families (i.e. their own), on the part of Sure Start, who they saw as working in isolation: *"The whole point of Sure Start was to encourage early development and I don't think they have done that. There's a centre down the road that's far more proactive. It's (Sure Start) a waste of a service and it's not targeting the right people. Its difficult to see who Sure Start is benefiting".*

To combat some of the difficulties and tensions between the SSLP/CC and Children's Services, some attempts had been made to set up lunch time meetings, or reflection times, although it was acknowledged to be a difficult task. *"I'm struggling at the moment in integrating ourselves with Sure Start. There is very little time taken to look at referrals and how we could formulate packages to support families. If we could get it together and integrate better it could be a great opportunity"* (Family Support Manager). This finding

underscores earlier work we have undertaken in respect of co-location, where we found that being physically located in the same building is not a necessary condition for multi-agency working, and indeed, can hinder it if trust and inter-professional respect are missing (Tunstill et al., 2005a).

Despite the stark differences between individual area offices in Midtown, there are plans to learn from the work undertaken with Sure Start which could be carried over into new relationships with Children's Centres. *"The way that things are changing for Sure Start into Children's Centres, it helps in what they are able to provide. Because we are moving towards Children's Centres, there are a number of new ones opening, that don't have any understanding of safeguarding, so again, what we've done is, in each locality, we've identified a link person, so if any issues come up around safeguarding there is someone they can call up, they can talk to so that they've got an understanding. Its about building those things and communicating with each other"* (Fieldwork Manager).

Table 2.1: The 'direction of travel' for Children's Services in Midtown

Structure of Children's Social Work Services at the local level, at time of data collection (Sept-Oct 2006)	Key aspects of existing linkages between Children's Services & SSLPs/Children's Centres at the time of data collection (Sept – Oct 2006)	The future vision for Children's Services structures	Implications for future linkages between Children's Services and Sure Start Children's Centres
Children's Locality Office A, organised to comprise; • Intake Team • Amalgamated Family Support Team/Longterm Team • Other relevant posts include a Community Resource Officer	1) This locality office receives systematic regular visits from a SSLP worker (based in a nearby SSLP/CC) who hands out leaflets, liaises with members of the CLO, and where appropriate, undertakes joint visits with social workers. 2) The funding by Children's Services of 2 family support workers within the SSLP whose role and tasks are managed exclusively by the SSLP with minimum input from Children's Services.	Accessible services which can be delivered in an integrated way, whether or not the partners are actually co-located. The vision is for a Neighbourhood Management approach to service delivery, bringing together Early Years, Youth Services and Social Care and capitalising on the potential of a range of centres (including schools, Children's Centres, GP surgeries, clinics, etc.) to provide a base within each 'neighbourhood' from which services will be delivered. There is an acknowledgement of the value of individual areas determining the final design of their structures, as long as these are compatible with the development of child-centred and integrated working, which addresses Midtown's six ECM outcomes; meets the differing needs of children & young people; and increases the focus on prevention.	In each of the three areas, plans are in place to continue developing and enhancing the systems envisaged in the *vision*, at the same time as learning from the best practice which can be identified in each of the three locality areas. There is an acknowledgement that the City is divided into three large areas, but this challenge underpins the commitment to minimising unnecessary barriers, including ensuring that the three areas are closely aligned with Ward boundaries and police Operational Command Units.
Children's Locality Office B, organised to comprise; • Intake Team • Family Support Team • Longterm Team • Other relevant posts include a Community Resource Officer	1) A non-formalised pattern of meetings between Children's Services & SSLP staff as and when needed, which may entail some joint visiting. 2) The funding by Children's Services of a family support worker within the SSLP whose role and tasks are managed exclusively by the SSLP with minimum input from Children's Services.		
Children's Locality Office C, organised to comprise; • Intake Team • Amalgamated Family Support Team/Longterm Team • Other relevant posts include a Community Resource Officer	The amalgamated Family Support Team/Long Term Team from this Locality Office *co-located* in the study period with the Sure Start local programme staff in the new, purpose-built Children's Sure Start Centre. Although physical co-location has not necessarily produced close working relationships so far, a programme of integration-focussed activity is in train, including joint training, lunch events and, where appropriate, joint visiting.		

Sources: Children & Young Person's Plan for Midtown (2006-2010); Locality Service Protocols for Midtown (2006); Interview data from key stakeholders.

City Borough

Demographic characteristics

City Borough is an Inner London Borough with a resident population of around 200,000, 17% of whom are 0-19; and 6% of whom are children aged 0-4. Nearly three quarters of the population are White British; 4% from a mixed ethnic background; 8% Asian or Asian British; 7% Black or Black British; and 6% Chinese or other ethnic background. The borough experiences high levels of migration with pupil turnover as high as a third in some schools. The younger population shows significant diversity with over 150 languages spoken in schools (Census, 2001).

Like Midtown, City Borough's Children's Services are in the process of on-going change and development, in order to bring its service delivery in line with the Every Child Matters Agenda. The Borough is embracing a strategy based on the concept of a 'pyramid of services' in order to meet different tiers of vulnerability and need. At the base of the pyramid are the universal services offered to all children in the borough, on an open-access basis. Above the universal services is a level of targeted services for children and families, directed towards those children and young people where some degree of vulnerability has been identified. The third tier encompasses specialist services for children in need, and the top tier represents the rehabilitative services aimed at addressing long term problems requiring direct intervention to promote rehabilitation or minimise long-term consequences.

This 'pyramid' strategy will be played out in the Borough's on-going development of three 'cluster' areas around Children's Centres in order to realign services from the present, mainly functional, work allocation system to one based more on geographical lines, as a locality service focussed on areas of high level of need. Within each cluster, Family Support Panels are being developed. Overall, there will be 12 Children's Centres dispersed among the three cluster areas.

City Borough's Children's Services Teams currently work from three sites. The two Intake Teams are housed with two of the Family Support Teams and take referrals from two geographical areas. The third Family Support Team is located in a separate office in the borough.

Structure of the Children's Services Departments

Duty and Assessment Teams

The two Duty and Assessment Teams in City Borough deal with referrals in respect of children and families where the Department is not currently involved. Duty and Assessment (intake) workers complete initial assessments and Child Protection Enquiries, core assessments and provide and arrange provision of services as required. Although the number of staff allocated to these two teams varies slightly, there are usually between 6 and 8 workers, the majority of whom are qualified Social Workers, and these are supervised by a Team Manager.

The Looked After Team works with children who are looked after, subject of a Child Protection Plan or require complex support services. *Family Support Teams* are responsible for helping families meet the needs of their children at home and to achieve the return home of children to family care. They also provide input to cases allocated in other teams and take a key role in locality partnership work.

The intake referral process

An initial assessment has to be completed within 7 days. If after this, the social worker and team manager agree that more time is needed to understand a family's difficulties, then a core assessment will be completed within 35 days. The social worker will include all family members in the assessment and will speak to each family member individually. The social worker will also request permission from the family to speak to other people who work with them, such as teachers, GPs or health visitors.

If the family needs further services, these will be identified and a family support plan compiled and agreed by the family, the social worker and other professionals involved. The support plan will be reviewed on a six monthly basis. The case will be allocated either to a family support team or a long-term team depending on the conclusions of the assessment.

Family Support Panels

Family Support Panels are multi-agency panels established to work within the same boundaries covered by each of the three Children's Centre clusters with an emphasis on early intervention. Different providers in the area meet and share information about the families/children they are working with in their own organisations. Family Support Panels can work with any child in the borough up to age 18. The aims of the Family Support Panels are 1) to consider referrals of children whose needs require the services of a number of agencies; 2) to consider referrals of children whose needs would benefit from the collective consideration by the multi-agency group and 3) to pilot the CAF processes with individual cases and appoint a Lead Professional for every Family Support Plan drawn up. The Panels will allocate preventive (Tier 2) services to vulnerable children. Any professional in the area can refer a child/family into the panel.

The Family Support Panels provide an example of the close collaborative working relationships that have developed between Children's Services and SSLPs. The first Panel was led by a partnership between an SSLP and Children's Services, drawing in a range of agencies, including Sure Start; Health Visitors; Housing; Homestart; Newpin; Primary Schools; Voluntary sector Nursery; and CAMHS. Any of these can act as lead professional. Evaluation recently undertaken of the work of the Panels by Children's Services in collaboration with Sure Start has found a high level of commitment and satisfaction from staff involved; membership has remained stable and attendance is excellent; and its found to be an effective multi-agency model for developing a 'Team Around the Child'.

The Family Support Panels in City Borough are considered to be the appropriate vehicle for driving forward family support work and early intervention, and ultimately to divert referrals to these Panels. *"The idea is that people refer to the panels, which are like shock absorbers. But when the panels recognise that this is risk, then they come up to us. I think we need to underwrite risk for people, so they can go and work. So the vision is that you have a ring of Panels that pick up family support and provide an initial response and early assessment. And all the evidence anecdotally is that they are very good at absorbing cases, and they work at a quite high level of risk actually"* (Head of Commissioning).

Family Support Teams and Looked After Team

The three Family Support Teams in City Borough accept work from the assessment team which is the 'front end service'. After an initial and (where necessary) a core assessment have been undertaken by the assessment team, it would then be referred to a Family Support Team as appropriate. Family Support works with families who need on-going support. Their work involves child protection, court work, getting care and supervision orders and making long term care plans. Where permanency is an outcome, Family Support will refer a family to the Looked After Team. *"When we go into court, and get a full care order, and the outcome is permanency, we would then refer that family to the Looked After Team. They would carry out that long term plan. If a child is in long term foster care, they would also be under the Looked After Team. Similar to adoption, the Looked After Team would take the planning forward. Their concentration is planning for permanency"* (Area Team Family Support Manager). The Team's philosophy is, where appropriate, to work towards keeping the children within the family. They also do some family support work with 'children in need' families who may or may not be on the child protection register. They work with a broad range of issues, from parent ill health to improving parenting capacity which is influenced by alcohol, drugs or domestic violence. There are three Family Support teams in City Borough. Each team has between 8 and 10 social workers.

Implementing the new systems: key elements in the strategic agenda

The Role of the Common Assessment Framework

The CAF is in early stages of implementation across the borough. It is intended to be the main referral mechanism for access to second tier preventive services operating through the multi-agency Family Support Panels, as described below. In 2006, it was piloted in one of the Family Support Panels, with positive results and found to be suitable for child focussed assessment. CAF training has been widespread among professionals across the local authority.

There was considerable optimism among managers and staff about the potential of the CAF to trigger access to services at an early non-crisis stage. *"There is now a family support panel that has been set up, so we have referrals that come through that way. We can complete a CAF and send it to the panel. It creates a really good dialogue between all of the agencies that work in this*

*area, and its brought social services out of our area offices and into the community, which has worked really well" (*Out-posted SSLP Social Worker).

Recruitment and Retention

City Borough has traditionally enjoyed a relatively stable workforce in which many senior managers had been in place for long periods of time. This was evident in their responses in interviews where they were able to set a 'historical context' for the changes being currently implemented. Explanations proffered by senior managers for this stability included the social care/children's services background of the most senior post holders in the authority; sensitive management; opportunities for staff development; and the long-standing positive rating conferred by inspections. There was an apparent willingness to be flexible if people wanted to change the basis of their employment by working part time, for example. However, both a strength and a potential vulnerability, was the apparent self-reinforcing nature of this relatively favourable system. Respondents cited the longevity of managers who they respected as one factor in retaining staff and, conversely, as some of these older members of staff were nearing retirement, some doubts were expressed as to the sustainability of this model.

One of the biggest challenges for City Borough in the current decade has been the housing situation within London, and this was increasingly seen to be impacting on recruitment rates.

Training

Staff painted a picture of having access to a range of in-service and post-qualifying training opportunities. There were specific examples of inter-agency training events mentioned by a range of respondents. In fact, City Borough was the only borough where the research team was invited to attend a training day (on diversity impact assessments). In addition, there was clear evidence that training for using the Common Assessment Framework had been offered and taken up by a large proportion of the workforce.

The Local Safeguarding Children Board

The Board was established in April 2006 in City Borough, with the following core membership:

- Director of Children's Services (Chair)
- Police – Borough Commander or member of his management team
- Police – Detective Inspector of the Child Abuse Intervention Team
- Representative of the Probation Service
- PCT – Director of Nursing and Quality
- Local teaching hospital – Director of Nursing
- Strategic Health Authority
- Education – Director of Schools
- Education – Director of Lifelong Learning
- Housing – Director of Housing

- Community Protection – Director of Community Protection
- Children and Community Services – Director of C&F Social Services (to include representation of the YOT)
- CAFCASS – Service/Development Manager
- Mental Health Trust – Director of Operations and Nursing
- Representative from the voluntary sector: Nomination from C&YP Forum
- Deputy Cabinet Member for Children's Services

In addition, the associated professional advisors include: A designated Doctor; Head of Commissioning, Child Protection and Quality; and an LSCB Development Officer

A number of sub-groups have been established including one on operational and preventative work. This has the following objectives:

- To ensure the London CP Procedures are understood and followed by all agencies working with children in the authority
- To determine thresholds for inter-agency referrals and intervention
- To regularly monitor the regulations for ensuring the safety and welfare of children who are privately fostered
- To use research findings and evidence to promote best practice and effective safeguarding
- Depending on the annual priorities for the LSCB, to implement preventive/targeted initiatives for safeguarding.
- To promote and monitor effective information-sharing.
- To promote the principle that "Safeguarding is everyone's business" – by communicating with and raising awareness within local communities, via umbrella voluntary groups, faith forum, BME community groups, and others the need to safeguard and promote the welfare of children.
- To consult with service users and members of the public about how we safeguard and promote the welfare of children – possibly via a standing advisory/consultation panel
- To be chaired by the Director of Children and Families Social Services. Membership includes: Territorial Police; Designated Doctor and Nurse; Principal EWO; Manager of the Youth Offending Team; Domestic Violence Forum Co-ordinator; Head of Commissioning for Assessment and Family Support; Head of Commissioning for Looked-after Children, Care Leavers and Children with Disabilities; Community Protection and Community Safety; Managers of Adult Social Care Teams (Alcohol and Substance Misuse, Mental Health, and Learning Disability), representatives of groups with good outreach into the community – e.g., **Sure Start**, Befriend a Family, Home Start; primary school Head Teacher; secondary school Head Teacher; VAW, **Children's Centres**, Family Centres, CAMHS; LSCB Development Officer.

Operational Linkages between Children's Services & SSLPs/CCs

At the time of the study, City Borough had four Children's Centres and four SSLPs in operation. For the purposes of this study, we are looking most closely at the Round 1 programme that currently still remains an SSLP.

Operational linkages with SSLPs in City Borough are strong, in part deriving from evidence of a long standing, high level management commitment to transcending barriers generated by a traditional way of working. All of our interviews across management and staff, including the SSLP social workers, reflected a common, and harmonious, set of ideas around responsibility towards children in need and children in need of protection. Staff were all highly committed to harnessing the potential family support networks in the community, including Sure Start local programmes. One Family Support Manager was enthusiastic in his belief in community-based services: *"That has to be the aim. What we have to aspire to. That we enable people to have a service that is close to the community".* Such enthusiasm, without question, has been fostered by the clear commitment from the top levels of management, as this manager attested: *"We've had managers involved from a very early point, so there has been support right from the top. The Head of Family Support Commissioning has been involved in liaising and doing PR with the Sure Start groups here. We also have strategic management represented on the local Sure Start boards, which shows a degree of commitment from the highest levels. There has been recognition from above that its something important for the local community and it needs support".*

This strategic level commitment and enthusiasm has led to a strategic plan to increase and develop direct links between SSLPs/CCs and Children's Services. City Borough Children's Services take, across area offices, a consistent approach to its operational links with its SSLPs/Children's Centres. Since the early days of the SSLPs, City Borough has out-posted a social worker on a half time basis to each SSLP and this arrangement continues with the Children's Centres in each of the three cluster areas. Currently, the funding for this comes from Sure Start funds, but the funding will be mainstreamed by 2008, with the funding for the posts, and the post-holders, ultimately being absorbed into the family support team establishment and budgets. These .5 social work posts have been, where possible, occupied by experienced Children's Services social work staff. In most cases the other half of their time is as a Family Support Team social worker. Using experienced staff in this way has provided a clear mechanism for facilitating smooth collaborative working between Children's Services and SSLPs/CCs, and indeed, increasing the confidence of the SSLPs/CCs around child protection issues. *"We rely to some extent on the personalities around. The social workers in two of our SSLPs were both social workers here. They both went part time, and we recruited them to Sure Start. They know exactly what we do, exactly how our thresholds work and there is an immediate flow. The social worker at this SSLP had been with us for years, and can manage risk confidently because she knows what we do. Actually they're more experienced than some of our newer social workers here! Having*

someone experienced there in post has helped them build up this level of confidence that they can do this kind of work" (Head of Commissioning).

The consequence of having a social worker out-posted to SSLPs/Children's Centres for half of his/her time are that they are highly involved in planning work with the SSLPs. The out-posted social workers take referrals from Children's Services or other local organisations, on a Sure Start referral form, and work with other SSLP team members to identify the best package of services for a family. The post holder acts as a consultant in child protection and family support issues to other professionals working with the SSLP; attends team meetings both at the SSLP and within Children's Services, maintaining a bridge between the two organisations; and the out-posted social worker makes joint visits with other professionals. The social worker also works directly with families referred from Children's Services who may well not access Sure Start services without some positive encouragement. The SSLP social worker will also do outreach work with other groups, such as Family Centres and Women's Aid, where she will meet the workers, share information with them, and meet families who may be able to benefit from Sure Start if they live in the area. If a child protection issue is raised, she would refer it to Children's Services through the assessment team. *"When we have families that we know won't make it there (to Sure Start) themselves, we would ask the Sure Start social worker to assist them, do some home visits, talk to them about the programme, maybe take them along. Social workers are very busy...the very reason we are looking to refer to Sure Start is because the issue may be low priority…but need is need. So we would try to help them to get into Sure Start. And our social worker has had cases where she will try and introduce them to sure start, and realising it won't be a one off meeting as you say, talking to them and trying to get them to go to the programme"* (Family Support Manager).

Referrals made in the context of this working model are processed fairly easily given the support for efficient information sharing. The half time social work post meets regularly in a multi-disciplinary environment and there are conscious efforts to record and make available the relevant information on families. *"All referrals come in on Sure Start referral forms into my drawer, and I sit down on a Wednesday with the family therapist, health visitor, daycare and sometimes speech and language and a member of the outreach team. We sit down and look at all the referrals, look at what the issues are. We will decide within the group who will best meet the needs of that family. We have a process where we record all the referrals and write up or decisions and the reasons for them, and then when people close the case and they come back to us and say " I have completed this piece of work," we have a record of it. Then we can see if the work that was done was appropriate, and if those workers had the right support. It can be a safety thing – people can see who is working with that family. That system started as soon as I came into post"* (Half-time social worker out-posted to the SSLP).

Where there was evidence of trust in the *referral-relationship* between staff, non-social work staff were often pleasantly surprised that a referral was not necessarily a pathway to permanent '*problem status'* for their families. On the contrary it could make the difference between dealing with a child protection

issue early on or letting it become intractable, with far more negative consequences. This trust is clearly built up by the presence of the social worker at team meetings and her undertaking of joint visits with other non-social work staff. *"A referral does not necessarily mean it is a long in depth piece of work. For example a health visitor referred a family with a long and complex history. On speaking with the health visitor however, I could ascertain that all those problems were being dealt with by a nursery nurse, or speech and language services, or someone else. What was needed was a referral to a housing and benefits worker. The health visitor didn't know that so I am able to just pass that on. The referral only took 20 minutes to sort out, but it got them what was needed. By sifting through all the information I can see what is and what isn't a social work referral, and am in the position to pass it on correctly".*

In City Borough, positive interaction around a referral to social work was facilitated by social workers making it clear that the referring SSLP worker would have a continuing important support role in the intervention following the referral. "*I have made referrals to social services in the interests of child protection issues being shared. I referred a family to social services after an allegation was made of abuse. The case went full circle. It went to social services and the family were allocated a social worker in the family support tea, who worked with them for 9 months. It came back to Sure Start before the case closed. They accessed sure start services throughout, and then when social services closed the case, it was referred to me to provide low level social work support. I would anticipate that if there was a family I was involved with and there were child protection issues and a referral was made to social services, I wouldn't see my work as stopping – I would want to continue working alongside that family"* (Half-time social worker out-posted to the SSLP).

The 'patently close' collaborative relationships between Children's Services and SSLPs/CCs in one local authority had enabled them to analyse referrals on an informal basis which enhanced future service planning. They had assumed incorrectly that the presence of Sure Start meant that the community members would now automatically be going to Sure Start for services, leaving them to work with only the most complex of cases. However, the evaluation undertaken showed that this was not happening across the board, and they identified a problematic gap between the work of Children's Services and SSLPs/CCs. *"We always thought everyone would be going to Sure Start and that we would only get the most complex families. In fact, we're getting people who can't go into social environments, or are hiding the injuries of violence, or drug use prevents them from socialising. They (Sure Start) told us a lot about where the population went and what they wanted and what help they needed. We realise we have to be more alert to seeing it as a circular referral route, not just a linear one. I think that's what we've learnt. You have to build that"* (Head of Commissioning).

City Borough Children's Services plans to adopt these strategic developments in all the Children's Centres in the three 'cluster' areas of the borough. The work that has been done is intended to be built on in the new Centres. "*I don't want to lose the work we've done, which is why we tried to keep them in 3 clusters and keep the (SSLP) project managers in charge because they've*

been able to build up these services and I think they'll be able to take them out across the rest of the areas" (Head of Commissioning).

Table 2.2: The 'direction of travel' for Children's Services in City Borough

Structure of Children's Social Work Services at the local level, at time of data collection (Sept-Oct 2006)	Key aspects of existing linkages between Children's Services & SSLPs/Children's Centres at the time of data collection (Sept – Oct 2006)	The future vision for Children's Services structures	Implications for future linkages between Children's Services and Sure Start Children's Centres
One Duty & Assessment Team covering the whole borough based in one of the locality office; Two Family Support teams based in the same locality office as the above One Looked After Team is based in this locality office	.5 social worker had been appointed at the very beginning of the Sure Start local programme based in the programme, working for Children's Services for the other half of her time. She occupies a crucial liaison and expert advisory role on child protection and family support matters to her colleagues. In addition to a service delivery role for families using that local office.	A new family support early intervention service will be configured around three Children's Centres clusters, each of which will operate through a multi-agency Family Support Panel. This new service is a part of the overall strategy in City borough to provide equal city-wide access to preventative family support services, delivered by social work as well as other professionals. There are plans for a strategic co-location of staff from different local authority agencies, although these plans are only in infancy. The creation of the three Children Centre clusters represents a strategy to avoid the problems which arise from having a referral and case allocation system based more on a where a family lives, in order to provide the most accessible service at the local level.	Cluster A (the most developed so far): The .5 social worker is currently funded by Sure Start, but the funding will be mainstreamed, being absorbed into a post in a family support team.
A hospital-based assessment team; co-located with the Children with Disabilities Team	Well publicised informal links which facilitated professional collaboration in appropriate cases.		Cluster B & C: The plan is to roll out the same model described above in Cluster A with the .5 social workers being funded by Sure Start in the short term, but plans for the funding to be mainstreamed, and the two workers being to join the family support teams.
A further Family Support Team located in another locality office	In train, the appointment of a further .5 social worker as above.		

Sources: City Borough Proposals, Business Plan, Children & Young People's Plan (2006-2009) and Presentations by key stakeholders; Interviews with key stakeholders.

East Borough

Demographic characteristics

East Borough is an Inner London borough with a diverse population of nearly 200,000. 28% of the total population are aged 0-19; and 8% are four and under. At the time of the 2001 Census, 51% of the population were White British; 36% of Asian or Asian British background; 6% Black or Black British; 3% Mixed heritage; and 3% Chinese or other ethnic background.

East Borough's Children's Services are also undergoing dramatic changes. At the time of data collection, all of the Children's Services offices we visited were preparing a move that will centralise social work services onto one site. There were also plans to convert all paper files onto an established electronic system.

East Borough's Children's Services Teams are spread across five sites. There are two Intake Teams taking referrals from different areas of the borough and operating from different sites. The single Family Support and Protection team works out of two separate offices. There is also a children with disabilities team and a children looked after team. East Borough has plans to open 13 Children's Centres, one of which will open in an already existing Family Centre, which already includes an obvious social care element.

Structure of the Children's Services Departments

Intake and Assessment Teams

Similar to the other boroughs, *Intake teams* in East Borough deal with referrals in respect of children and families where the Department is not currently involved Intake workers also complete initial assessments and Child Protection Enquiries, Core Assessments and provide and arrange provision of services as required. The service operates from 9am to 5pm responding to all new requests for services for children and their carers. Before a decision is made on what service may best help a child, an initial assessment of the child's circumstances will be undertaken.

The intake referral process

When a call is received at the front desk, a duty social worker screens the call by asking basic details such as date of birth, surnames and addresses of children to determine if they are already known to social services (It may not be a duty social worker who takes the call; if it is a member of the administrative staff, they will also record as much information as possible before handing it over to the duty social worker). If that family is not already known to the department, the social worker will create a file on the electronic recording system. The social worker will ascertain the nature of the concerns and log all information, including other agencies involved, on the electronic recording system, forwarding the information on to the duty manager for attention. The duty manager follows up the screening instructions and, depending on the nature of the concerns, will designate the call as a referral or contact.

The initial assessments are required to be completed within seven working days. Assessments involve finding out as much about the child and their family as possible, and will include talking to the child's school, family, doctor or other professionals. Parents' permission will always be sought before the team talks to others about a family's circumstances, unless, by delaying assessment, there is a risk of significant harm to the child. Following the assessment, the Intake team may offer to provide services. If the team considers that a family's circumstances need intensive support, then a core assessment will be undertaken. A core assessment should be completed within 35 working days and this usually requires a home visit and discussion with other professionals and the family. If during the assessment, it is discovered that a family needs services to help their child with a serious problem, the Intake team will not wait until the core assessment is finished before providing help.

If, during the core assessment, it is determined that a family needs help for more than a short period, the family would then be referred to the Family Support and Protection Team to offer support or in some cases to the looked after children or children with disabilities teams

Long – Term and Family Support Teams

The responsibility for on-going work and advice-giving belong to the four Family Support & Protection Teams in East Borough. These teams are responsible for helping families meet the needs of their children at home and working towards the return home of children from the looked after system. They also provide input to cases allocated in other teams and take a key role in locality partnership work. Three *Children Looked After Teams* work with children who are looked after, are the subject of a Child Protection Plan or who require complex support services.

Implementing the new systems: key elements in the strategic agenda

The role of the Common Assessment Framework

The CAF was piloted in 2005 alongside East Borough's participation in the piloting of the Integrated Children's System (ICS). At the time of the visit, the CAF was not yet in widespread use, as CAF piloting and training continues in agencies across the borough. Furthermore, there are currently no systematic or formalised 'routes', such as a Family Support Panel, to which the CAF processes is helpful. Intake team managers are hopeful they will soon begin receiving referrals using CAF forms which supply enough information to be used in their own assessments. There are high expectations from staff about the use of the CAF processes in the new Children's Centres, but at the same time, there is a lack of clarity around knowledge of and training in their use. *"Once Sure Start move up to the Children's Centres, I hope we're going to receive more CAFs. I've discussed this with an SSLP programme manager, but am still unsure how much they have trained in completing the CAF. I'm not sure how much they are aware of it''* (Area Team Social Worker).

Integrated Children's System

East Borough, like Midtown was designated as a pilot site for the new Integrated Children's System (ICS) in 2006, with all new referrals using this system from the beginning of the year. By comparison with the enthusiasm frequently expressed by respondents for the implementation of the CAF, there was serious concern at the day-to-day implications for their work with families of the ICS. This was in the process of being rolled-out in East Borough and is designed to provide for the gathering and assessment of the more detailed information required once a child is assessed as 'in need' and requiring a more specialist service.

Recruitment and Retention

Recruitment and retention in East Borough is similar to the overall recruitment and retention pattern of social work staff across the country. The centralisation of staff into one building appeared likely to pose further challenges for the retention of staff, due to the apparent decrease in morale on the part of some social workers. Respondents saw the central location as prejudicing their links with the community and were anxious to maintain these.

Training

East Borough provided borough-wide child protection training. There was some evidence of specific initiatives around multi-agency training. In addition, individual offices had a record of devising 'shadowing' opportunities for their local SSLP colleagues in order to provide information and understanding about the social work task. At the same time, although there was no systematic programme in place, on occasions, individual social workers reported having made useful contacts when they had encountered SSLP staff at one-off training events.

Local Safeguarding Children Board

The membership of the LSCB in East Borough is made up of representatives from main agencies whose primary responsibility is to work together to safeguard children. Their roles and seniority enables them to contribute to developing and maintaining inter-agency child protection procedures and protocols and ensure that local child protection services are resourced. Membership includes:

- The Social Services Department
- The Education Department
- The Health Service
- Police
- Probation
- NSPCC.

The LSCB has also established working groups and sub-committees to progress specific areas of work, including:

- A training sub-committee
- Monitoring and evaluation
- Preventative sub-committee
- The Third Sector & Faith Groups.

The primary link between Children's Centres and the LSCB is currently the service head for Early Years Children & Learning, but the authority has identified the importance of developing maximum linkages with Children's Centres as a specific challenge following the last review.

Operational Linkages between Children's Services and SSLPs/CCs

At the time of the study, East Borough had seven Centres, six of which remain designated as SSLPs and one which is now operating as a Children's Centre. All three of the Rounds 1 – 4 programmes that we studied are still functioning as SSLPs.

In the last year, one of the two Intake teams in East Borough appointed a Sure Start 'link worker' to be the central point of contact in Children's Services for SSLPs/Children's Centres. This link worker has a close relationship with some SSLPs and can advise them on child protection issues. The link worker also refers cases to SSLPs/Children's Centres. The link worker reported having made a limited number of joint visits with SSLP workers, but expressed a very positive view about the currently developing relationship across the two agencies.

The Children's Centres now in place have recently developed and implemented a standardised referral form for all agencies, which may help to increase awareness of what they can provide for Children's Services families. In the other teams within East Borough, there are less formalised linkages with SSLPs/Children's Centres. While there have been some attempts both by Children's Services and SSLPs to create linkages, what remains are informal and ad hoc telephone discussions and joint visits on an 'as needed' basis. *"I've got four Sure Starts I have a link with, but mostly I only work with one. I don't have much every day meeting with them, but whenever they need advice, or need to make a referral to social services, instead of contacting just anybody in the team, they would contact me. I would provide them with all the information about how they can go ahead with making the referral. They would discuss the referral with me on the phone and ask if they are meeting our criteria"* (Area Team social work link for SSLPs).

Social work staff we interviewed were enthusiastic about having a link worker in the assessment team with experience and knowledge of services in the area. We found very positive views in respect of the SSLP/CC link worker, particularly in respect of the trend towards high staff turnover. "*Having a named link worker is great because of all the staff changeovers, as hopefully that person will stay around and you have got that link then – you are not dealing with different people all the time*" (Area office social worker).

The issue of ad hoc working practices, however, stretched beyond relationships with Sure Start in the view of other respondents, indicating a borough-wide problem with collaborative working. *"When I started as team manager in family support there were various managers who were on SSLP boards, but it was almost like "you're doing your work over there and we're doing our work over here." It feels like none of us are integrated, we still have us here, health there, education there, SSLPs over there - there is no joined up thinking. We are trying to broaden our work to work more closely with schools and head teachers. But we are way off in terms of common understanding, despite the fact we are moving towards one children's services department"* (Family Support manager).

Table 2.3: The 'direction of travel' for Children's Services in East Borough

Structure of Children's Social Work Services at the local level, at time of data collection (Sept-Oct 2006)	Key aspects of existing linkages between Children's Services & SSLPs/Children's Centres at the time of data collection (Sept – Oct 2006)	The future vision for Children's Services structures	Implications for future linkages between Children's Services and Sure Start Children's Centres
Children's Services office A comprises: • One Family Support & Protection Team • One Children Looked After Team	Informal working linkages between the Family Support Team and SSLPs	The overall strategic vision for Social Services has been to implement a single access point for Children's Services (Business Plan, 2003-2006). In line with this vision, these four local Children's Services offices were preparing for a move to a central location. The centralisation also comes as part of a longer term rationalisation of office accommodation across the Council (Strategic Plan 2006-2011).	Social workers were concerned about their potential to remain connected to the community in the context of the proposed centralised location. It is intended that informal links already in place will continue. There will be a standardised Children's Centre referral form introduced. Social workers were very enthusiastic about the potential to establish and maintain close links with Children's Centres in the future, ideally on the basis of a co-location model.
Children's Services office B comprises • Advice & Assessment Team • One Children with Disabilities Team • One Children Looked After Team • One Family Support & Protection Team	One relatively recently appointed link worker, situated in Children's Services, with a brief to act as a main contact between SSLPs and children's services teams across the borough; to advise informally on whether or not a case meets the thresholds; to advise formally whether a referral should be made; make limited joint visits with SSLP workers, as and when needed		
Children's Services office C comprises: • Advice & Assessment Team • Children looked after Team • One Family Support & Protection Team	Informal working linkages between the A&A Team e.g. Informal phone calls taken by Children's Services social workers from SSLPs		
Children's Services office D comprises: • One Family Support & Protection Team	Informal working linkages between the Family Support Team and SSLPs		
Children's Services Family Centre	Informal linkages between the Family Centre and SSLPs; SSLPs directly go to the Family Centre for parenting assessments	This Family Centre is transitioning into one of the 13 local authority Children's Centres; it is intended to have a strong social care element, with social workers undertaking assessments and making contacts with families dropping into the Centre. It will be managed by a former Advice & Assessment manager.	Formalised and embedded linkages with the transition of the Family Centre to a Children's Centre
Hospital based social work team	Informal linkages between SSLPs and the hospital based social work team.		

Sources: East borough Partnership Local Area Agreement (2006-2009); East borough Council Strategic Plan (2006-2011); Social Services Business Plan (2003-2006); Interviews with key staff

Southshire

Demographic characteristics

Southshire is a County authority with a total population of 1, 300, 000 (Census, 2001). 20% of the population is aged 0-15. At the time of the 2001 Census, over 90% of the population were White British. Only a small minority (2%) are from an ethnic background other than White. As a County, Southshire takes responsibility for running some statutory services, including social services, while the districts, or boroughs, encompassed within it run other local services.

There are 13 settings which will ultimately function as Sure Start Children's Centres. Nine are currently designated and functioning as Children's Centres.

Structure of the Children's Services Departments

Intake and Assessment Teams

Southshire's Children's Services Duty and Assessment Teams are distributed across 14 districts, on the basis that each district has both a Duty Team and an Assessment Team. There is a further layer in respect of 'incoming work' in that a County Duty Service is located in the County Council Headquarters. This acts as the initial access point for people wanting to contact Social Services either on their own behalf or on behalf of others. This centralised Duty team consists of non-social work qualified staff, who will, in line with the County Council guidelines, direct referrals to the appropriate district teams.

The Duty and Assessment Teams in each of the 14 respective districts are made up of qualified social work staff, who will deal with referrals from the County Duty Team, or from other professionals in the County. It is the locally based Duty and Assessment Team who will undertake Initial assessments and Child Protection Enquiries, Core Assessments and provide and arrange provision of services as required.

The intake referral process at the district level

When a call is received at the front desk, a duty social worker screens the call by asking basic details such as date of birth, surnames and addresses of children to determine if they are already known to social services. If that family is not already known to the department, the social worker will create a file on the County electronic recording system. The social worker will ascertain the nature of the concerns and log, on the electronic recording system, all relevant information, including the identity of other agencies involved. The worker will then forward this information on to the duty manager, who will confirm the next stage of work to be undertaken. Depending on the nature of the concerns, the Duty Manager will confirm the original designation of the call as a *contact* or a *referral.* The duty social worker will have provided advice and signposting if the request appears to be a simple one, and will have recorded the call as a contact. If the call is more complex, or, for example, where it is a repeat phone

call about the same family, then the call will be logged as a referral and passed onto the Duty Manager appropriately.

Following a referral, an initial assessment will be undertaken in accordance with the Framework for the Assessment of Children in Need. It must be completed within seven working days. Assessments involve finding out as much about the child and their family as possible, and will include talking to the child's school, family, doctor or other professionals. Parents' permission will always be sought before the team talks to others about a family's circumstances, unless, by delaying assessment, there is a risk of significant harm to the child. If the child is deemed to be in need, but not suffering, or at risk of significant harm, a decision would be made by the Duty Manager as to whether it is appropriate to allocate the case to a social worker for a core assessment. A core assessment is to be completed within 42 working days and this usually requires a home visit and discussion with other professionals and the family. If during the assessment, it is discovered that a family requires services to help their child with a serious problem, the Intake team will not wait until the core assessment is finished before providing help.

Once the child-in-need plan has been established, it will be monitored regularly by the lead social worker, with the aim of ensuring the child's needs are being met as specified in the plan. The child- in-need plan will be reviewed every six months. A review meeting may decide to end social services involvement, and where this is the case, a range of support services should be identified to which the family may be signposted.

If the core assessment concludes that a family needs help for more than a short period, the family would then be referred to the Family Support and Protection Team, who would offer support. In some cases, as appropriate, the case may be referred to the children with disabilities teams.

If at any time during a referral or an initial or core assessment it is deemed that the child may be at risk of suffercng significant harm, consideration will be given to the use of legal measures to protect the child from harm. It is at this point that the Duty Manager would initiate an Initial Strategy Discussion to share information; determine if a s47 enquiry should be initiated; and collect any further information on the child's circumstances necessary.

Long – Term and Family Support Teams

Longer term on-going work is passed onto one of the Family Support Teams in the relevant district within Southshire. These teams are comprised qualified social workers and family support workers, who are responsible for helping families meet the needs of their children at home and who can support the return home of children in the looked after system. They also provide input to cases allocated in other teams and take a key role in locality partnership work. Each district's *Children Looked After Team* works with children who are looked after, subject of a Child Protection Plan or require complex support services.

Implementing the new systems: key elements in the strategic agenda

The role of the Common Assessment Framework

A multi-level CAF and ContactPoint steering group is in place in the County. Their task is to explore how to take these systems forward (Southshire Annual Plan, 2006/07). However, of all the authorities in this study, Southshire's CAF and ISI systems appear to be the least extensively implemented on the ground at this point in time. Interviews with a variety of staff revealed the perception that little progress had as yet been made in implementing the CAF process across the County teams. Neither has training yet begun in respect of this area of work.

The Integrated Children's System

The ICS is in the first stages of implementation in Southshire. As of late 2006, there were still very high level strategic talks and consultation meetings occurring, and consideration was being given to the final design of the system. By the end of our data collection period, the finalised system was still not in place.

Training

Southshire has developed a very accessible training scheme, the details of which are widely disseminated on the county website. In includes details of the individual training courses available. The quote below from the Southshire website captures a flavour of the strategic documentation provided:

> "The Southshire Safeguarding Children Board has a responsibility to ensure that those people who 'work together' in child protection, have opportunities to train together. Research and lessons from enquiries have shown that one of the best ways to understand the roles and responsibilities, as well as the work practices and perspectives of colleagues from other organisations, is to train together. 'Inter-agency' training has therefore long been regarded as a crucial part of child protection activity and all key agencies in Southshire recognise its importance. In accordance with responsibilities outlined in Working Together to Safeguard Children (DoH 1999) the authority commits resources to ensure that a full programme of such training is offered to key and other staff".

In this authority, the training programme is managed by an Inter-Agency Training Manager who is part of the main Committee and who chairs its training group. The training group comprises representatives from the key agencies in child protection (the Social Services, Education, Police, Health and Probation services) as well as representatives from the three Local Child Protection Co-ordinating Committees across the county. All inter-agency training in the County is now administered centrally and, as we explain above, the website provides details of how to access it.

Recruitment and retention

Southshire, by virtue of being a very large county comprising a number of districts, enjoyed some specific advantages in terms of recruitment and retention. It was possible for staff to remain employed by Southshire while experiencing a range of employment settings and having opportunities for professional development. The recruitment and retention rates were not seen as problematic. Explanations proffered by respondents included the 'desirability of many parts of the area to live; affordable housing; and a traditional reputation for high quality public services.

Local Safeguarding Children Board

Representation is based on the fact that the people who have a strategic role within their agency are of sufficient seniority to be able to contribute to the development of their agency's policies and practices around inter-agency child protection. Membership includes:

- The authority Children, Families and Education Directorate (3 representatives)
- Police
- Crown Prosecution Service
- The Strategic Health Authority
- Two area Health representatives
- NHS Trust
- Adult Mental Health
- Child & Adolescent Mental Health
- National Probation Services
- CAFCASS
- Chair of each of the three Child Protection Co-ordinating Committees in the county
- Youth Justice Service
- District Council
- Adult Social Care
- Connexions
- Prison Service Child Protection Lead
- Learning Skills Council

CSCI/OFSTED sends an observer.

The Board adopts a range of approaches to maintain appropriate links to bodies such as the following:

- Children & Young People's Strategic Partnership
- Domestic Violence Forum
- Adult Protection Committee
- Criminal Justice Board
- Youth Justice Board
- Family Justice Council
- Crime & Disorder Partnerships

- Teenage Pregnancy Board
- Children's Champion's Board (this is a forum set up to ensure elected members are informed about child protection issues. It has no responsibilities to the wider safeguarding agenda).

Operational linkages between Children's Services and SSLPs/CCs

At the time of the study, Southshire, the largest of our study authorities, had 12 Sure Start Centres, nine of which are now operating as Children's Centres. The remaining three Centres still function as SSLPs. The three programmes we are studying in this evaluation are already designated as Children's Centres.

In the period of the first two Rounds of SSLPs being established in Southshire, a robust strategy was devised and implemented to maximise collaboration between Children's Services and the Local Programmes (In the earlier phase of the Implementation Evaluation, one programme in Southshire was studied as part of the Case Study phase and data confirmed a high level of enthusiasm on the part of Children's Services senior managers for the building up of close links. Part of the strategy included the secondment of part-time social workers to the SSLPs. The intention was to maximise opportunities for consultation between SSLP staff and social work staff on child protection issues and referrals) (See Tunstill et al., 2005b).

However, following the end of the Case Study data collection we undertook, apparently, within a very limited space of time, it was recognised by Children's Services that there were some major challenges in this system. For example, the seconded social workers reported feeling 'deskilled' and that their time was not being used effectively. Social work managers were unsure of *'what sorts of work our social workers would do in the SSLPs'* (District Manager). Many of our respondents in this current study referred to a cultural divide: *"I feel that sometimes there is a lack of understanding about child protection concerns/procedures from the SSLP that could leave children vulnerable and unprotected"* (Practice Supervisor).

Following the exodus, over approximately a 12 month period, of skilled social workers from the SSLPs, Children's Services replaced them with unqualified social workers (the GSCC requirements for registration now reserve the title 'social worker' to those with a qualification. Other staff are therefore likely to be referred to as 'social work assistants' or, in some cases, 'family support workers'). These unqualified workers are accountable to one of the County Family Support managers, and are given a similar remit as their qualified predecessors to provide consultation to SSLP staff on child protection cases, as well as to assess and identify need and provide appropriate support. There was a tension for all of the stakeholders in the SSLPs between the qualification level of the workers and the expertise they were required to bring to the programme. Perhaps not surprisingly, this new system itself generated different frustrations and these frustrations have impacted differently in the context of different parts of the County.

In some cases, this new model has been found wanting because of the lack of experience and qualifications of the social work assistants, and there has been a subsequent period of attrition. What remains on the ground in Southshire are therefore a mix of models and, in reality, these have generated a set of ad hoc linkages between Children's Services and the SSLPs/CCs in the County. The linkages differ across the County and reflect existing informal relationships between Children's Services and SSLP/CC staff. The social work assistant model is still in place in a minority of Centres. For example, in one area of the borough, there is no specific link worker for the local programme, although key staff from the family support team work jointly with staff in Children's Centres on delivering services. In another area of the county, a Family Support Team is co-located in the same building as the Children's Centre.

This local model provides some evidence of the dangers of co-locating Children's Services with SSLPs/CCs. Staff from both agencies expressed concerns about the very different sorts of clientele who may be coming to the Centre to access services. One Family Support Team leader explained that *"Angry and aggressive parents are coming to the centre when there may be women accessing health services"*. Children's Services staff acknowledged that some of the families who come into the building may appear 'off putting' to the SSLP staff and the families with whom they may be working. However, at the same time, they defended the right of these 'more complicated' families to have access to services that might help them in parenting their children.

In one Centre, where the social work assistant model is still in use, there are two social work assistants based part-time with the Children's Centre. Together, they cover three days a week and work as part of the Children's Centre team. In this Centre, the social work assistant model appears to be 'working out the kinks', despite the historically problematic nature, in Southshire, of having social workers in SSLPs/CCs: *"The work they are now doing together appears to be much more appropriate and the clients with the most need are being identified and assessed. Appropriate support and services are being offered. Providing SWA time has been beneficial to the children's centre team, in enabling them to provide for a more diverse group of children in need, who in some cases manifested child protection concerns"* (Team Leader Family Support).

Some social work respondents in Southshire highlighted tensions around the practice of different parents being '*funnelled down two different routes'* (District social worker). These social workers spoke about the effective existence of '*two parallel service systems*' (District social worker). One system , of which Children's Centres are a part , was seen as being well resourced and as meeting (only) the straightforward needs of the majority of families in Southshire A second system , the one which provided services for families with complex needs, was seen as delivering far more limited services and was associated with social care . One Senior Practitioner in social services framed the situation in terms of '*a parallel universe inhabited by Sure Start and us'*:

"We have really struggled to build good working relationships with the children's centre. Sure Start has always appeared rather self-contained, offering good

services but only to those that live within their area and who meet their criteria". One social work manager, while regretting the lack of access that '*Children's Services families had to Children's Centres services*', had a further concern. He wanted the families with more complex parenting problems to access the centre provision but he wanted 'transparency about the expectations held by centre staff' about parenting capacity . He believed that children's centre staff should be explicit about their own responsibility for safeguarding children and should not duck this responsibility.

"*I think children's centre staff need to be up-front, as we are , as social workers, about their expectations about the quality of parenting……." .*

These perceptions linked to the topic of referrals. Children's Services staff felt that SSLPs/CCs were hesitant to refer their families. *"The Children's Centre, despite encouragement, has referred very few cases to our office in the past 4 years"*. This again reflected a perceived chasm between the work of the two agencies across the County.

While some social workers saw the problem from one perspective, there was evidence in respect of others that they too regarded the families with whom they worked , as constituting 'an entirely different population' from the families who they saw as accessing SSLP/CC services. They saw themselves as working with families who were dangerous to their children rather than as families who could be located on a broad continuum of either lesser or greater need. Indeed, one respondent was adamant that, for him, '*complexity of need is indistinguishable from risk*!' (District social worker). He associated this position with the wider view of a hierarchy of social work skills in which dealing with *risk* merited higher status than dealing with *children-in-need*.

Whichever of these two positions the social workers held, they were in agreement about what they saw as the failure of SSLPs/CCs to engage with more complex levels of need. *"It is not felt that the right parents are being targeted. Further attempts should be made to engage the more difficult to reach parents in the community whose children would undoubtedly benefit most from the expertise available at the centre"* (Family Support Team Leader).

Again, both groups expressed criticism about a perceived absence of inclusiveness in SSLPs/CCs, which further exacerbated the perception that Children's Services families occupy a different world from '*normal families'*: *"The general view from this team is that from the outside, the Children's Centre looks welcoming and family oriented. But the services families receive is not inclusive. Children involved with Children's Services are not always made to feel welcome or part of the centre, when using the centre as a place to meet with other parents"* (Team Leader Family Support). Similarly, a Disabled Children's Strategic Development Manager questioned the inclusiveness of Children's Centres services for children with very complex disabilities: *"For disabled children at levels 1 & 2, the Children's Centres offer inclusive services. However, I'm not sure how successful the inclusion of more profoundly disabled children and their families has been".*

We have earlier described the two key approaches to collaborative working in Southshire, ie.the secondment of a social work assistant to the individual SSLP/CCs and in some parts of the County, the co-location of Children's Services (predominantly Family Support) teams in Children's Centres. It should also be noted that one District Manager for Children's Services sits on each of the Children's Centre management boards, contributing to decision-making around the structure of services offered at a local level. Beyond these three strategic models of collaboration, there were other individual examples which appeared to have their roots in pre-SSLP patterns of work.

These linkages were not systematic and examples included:

- One Children's Services area office jointly funds a number of community projects within the nearby Children's Centres and has Service Level Agreements with them;
- One Children's Services area ran a successful drop-in at the local SSLP/CC. The drop-in unfortunately had to stop due to scheduling difficulties on the part of the SSLP/CC and it has been difficult to re-establish ever since.

Table 2.3: The 'direction of travel' for Children's Services in Southshire

Structure of Children's Social Work Services at the local level, at time of data collection (Sept-Oct 2006)	Key aspects of existing linkages between Children's Services & SSLPs/Children's Centres at the time of data collection (Sept – Oct 2006)	The future vision for Children's Services structures	Implications for future linkages between Children's Services and Sure Start Children's Centres
District Area Office A • Duty & Assessment Team • Longterm Team covering two areas of the district • Looked After Team • Adoption & Fostering Team • Family Support Team, located off site, co-located with a Children's Centre	Having a social work assistant (unqualified social workers) based in two of the Children's Centres In one case, locating a Family Support Team in a Children's Centre building. Informal personal links	Improved provision of early family support services To provide integrated support services to children and families To provide the core offer of early preventative Family Support Services through implementation of a second round of Children's Centres To work towards the development of an over-arching District Preventative Strategy with the School Clusters, Consortium, Health and Voluntary Sectors	Maintaining variety across the county in order to reflect specific characteristics in different parts of the area. Consolidating and further developing links between the various components of the Children's Services Department, especially Education Building on the model of having social work assistants in Children's Centres across the county
District Area Office B • Duty & Assessment Team • Longterm Team, of which covers Looked After responsibilities • Adoption & Fostering	Having social work assistants (unqualified social workers) based in some Children's Centres		
District Area Office C • Duty & Assessment Team • Longterm Team, of which covers Looked After responsibilities	Having social work assistants (unqualified social workers) based in some Children's Centres Ad hoc personal links between professionals		
Children with Disabilities Team – three teams of social workers covering 6 districts in Southshire	Inviting Sure Start staff to core group meetings Joint visits where appropriate		

Source: Interviews with respondents; Southshire council website; Southshire District Business Plans.

Collaborations between Children's Services & SSLPs/CCs around safeguarding: a range of approaches

Exploring policy and practice in four very different local authorities has provided an opportunity to observe a range of different approaches to the development of relationships between Children's Services and SSLPs/CCs, in respect of safeguarding.

In the context of the collaborative work undertaken by local programmes and Children's Services with the aim of safeguarding children, three different broad approaches emerge from our data. For clarity and brevity, we have conceptualised these three approaches in terms of a model of *engagement*. In order to reflect the degree of variation between the four authorities in terms of engagement, we now locate them along a *continuum*.

Figure One: Continuum of Engagement

The location of our four study authorities along this continuum necessarily oversimplifies a complicated picture. These three terms - parallel development, aspirational development and maximum collaboration – denote three main patterns in the data which we have collected on our four study authorities. The following brief summaries highlight the key elements in policy and practice in each of the four authorities which led to us identify these three points on the continuum between which we have located our authorities.

Southshire - This local authority had embraced the idea of a close relationship between SSLPs/CCs and what was then Social Services at an early stage in the roll-out of the Sure Start initiative, from 2000. They had initially sponsored a social worker post in all of the Rounds 1 to 4 programmes. These workers were funded by Social Services but were accountable to Programme Managers and were physically located in the SSLPs. These social workers were in post for relatively short periods of time and left, frequently citing low levels of job satisfaction. They were replaced by unqualified social work assistants. Subsequently, the decision was made to delete these out-posted roles for the moment, and to explore other strategies for collaboration and liaison. While there was a robust commitment across the authority to high standards of safeguarding work, these standards appeared to be being pursued in rather different ways in different districts in the county, including different models of engagement between Children's Centres and social workers. In some districts there were close 'workforce links' in the form of social work assistants in Children's Centres. In other districts, there was a more obvious emphasis on commissioning the voluntary sector to contribute to parenting and family support.

East Borough – The starting point for this borough in terms of its relationships between Children's Services and SSLPs was the implicit assumption that individual collaboration between workers, and a general acknowledgement of each other's existence, would lead to satisfactory collaboration around family support for complex families. No strategic mechanisms were deployed at the outset, however, four years on from the original programmes, linkages were seen to be frail and an alternate strategy was now in the process of being implemented. A dedicated social worker, physically located in the headquarters of Children's Services, was appointed to act as a liaison point, with the responsibility for facilitating closer, collaborative engagement at a policy level and hopes were high that this new point of contact would facilitate more extensive links.

Midtown – From the very outset of SSLP implementation across the city, there was a strategic level acknowledgement of the potential for productive collaboration between SSLPs and Social Services, in the interests of supporting families. Different collaborative models were established across the city between individual SSLPs and their respective area offices. During the course of the transition from SSLPs to Children's Centres, a more uniform city-wide model is being developed in which the neighbourhood locality offices provide a organisational framework, which, brings together on a strategic and operational basis the contribution made by the various complementary parts of the system e.g. Children's Centres and neighbourhood social work teams. A degree of professional tension was still in evidence, although recognised by Children's Services managers. They were in the process of identifying the optimum collaborative arrangements around co-location for staff in some parts of the city, and progress was being made towards even closer links.

City Borough – A consistent policy trajectory was discernable in this borough, taking the form of strategic level commitment from the very outset of the SSLP initiative in 2000. At this stage, the decision was made to outpost .5 of a social worker to two of the very first SSLPs. In the current strategic planning phase, it is intended to roll out this model so that a social worker is co-located in each of the Children's Centre clusters. The underpinning values and strategy had remained unchanged from 2000, and were about a maximum commitment to community based services, alongside a model of social work in which both preventive and protective activities are combined.

Conclusion

In this chapter, we have provided a relatively detailed picture of systems and structures in four authorities in England, with a view to highlighting their efforts to facilitate joined-up working around safeguarding. As can be seen in the detailed accounts, in each of the authorities, much effort and commitment is being applied to this task, even if the respective organisational models vary. The intention in the Chapter has not been to make judgements about the 'quality' of the different approaches, but to highlight the impact of variables such as pre-existing relationships across authorities, demographic characteristics in the area; and workforce challenges. Each of the four

accounts has been written with a view to enabling the reader to take ‘different ideas away from each of the four authorities’. However, in order to set a context for the next two Chapters, we have synthesised the individual authority-level data to construct a model which is capable of incorporating their different approaches, and which we have called a *continuum of engagement*.

Chapter 3 – SSLP and Children's Services collaborations: from policy to practice in individual cases

In the previous Chapter, we have explored in some detail the implementation of the Every Child Matters agenda in our four authorities. We have also described the structures and processes, which have been put in place, including, in some detail, painting a picture of 'gateways to services' for children and families within SSLP areas, some of whom may be in need of a safeguarding service. The focus of the Chapter was primarily on systems themselves. However, it is also important to explore how those systems may work in reality at the day-to-day level and how they may impact on decision-making and/or service delivery in respect of individual children.

This Chapter presents the data we collected in the study of files, which we undertook in each of our four study authorities. This data provides a 'close-up' of the implications of these changes at the level of individual children and families. It can only hope to provide a one-off snap-shot, at 2005-2006, and there are limitations to the extent to which it can reflect the impact of the new systems. It provides examples of the ways in which SSLPS/CCs are involved in the various stages of work aimed at safeguarding children; and it highlights the specific contribution some SSLPs/CCs are able to make to packages of services for children and their families. It should be noted that the key emphasis of the file study is on *identifying the range of overall SSLP/CC contributions* to the task of 'working together to safeguard children'. It is not intended to capture either case histories or outcomes for individual children.

In order to ensure standardisation of the data collected, a template was developed for studying the files which drew on work already undertaken by Cleaver et al. who studied the implementation of the common framework for assessment (2004). This approach facilitated the systematic collection of data from files in each of the 4 study authorities. The template for file study included the following items (a full list of data collected can be found in Appendix C):

- Reason for referral/source of referral
- Was the family known to any of the key agencies
- Was the family previously/already in receipt of any services
- Nature of previous work undertaken with the family
- What type of involvement SSLPs had in the study cases
- Amount of inter agency collaboration, including, where appropriate, SSLPS involvement

It is important to note one feature, common to all four authorities. Without exception, in all of their recording systems, SSLPs/CCs were not used as an identifier on the electronic referral records. This 'invisibility of SSLPs/CCs' was mirrored at the SSLP level where there was no apparent consistent recording of the referrals made by local programmes to Children's Services. This gap in the data held by both agencies in each of the authorities had

particular significance for us as researchers, as it had consequences for the study (these are discussed at greater length in Appendix B. However it can also be interpreted as reflecting the overall nature of the relationships between the two agencies, and indeed between different stakeholders associated with them. For activity to be valued, it needs, in the first place, to be recorded, and for joint collaborations to have the best chance at success, the collection of sound data is obviously a prerequisite. Some of our respondents were highly articulate on this point.

> *"There should be an identifier for sure start. At present, when we take a referral in our assessment team we give it a need code and we say who the referral is from, but we don't say whether that person is part of the Sure Start team. Our IT team will be having a nightmare about this!!!! I think it's a weak point in our system, as it's a simple thing to do. Now!!" (*Service Development Manager, City Borough).

Even in the same borough, the absence of data could constrain the analysis of respective input.

> *"What a shame it was that we never quantified the Sure Start Implementation and what I see as a drop in referrals. I've been on this team over 5 years, and a duty manager for 4, and now team manager for a year. I have definitely seen a decrease in referrals for the under 5's following the implementation of Sure Start in the little patch we have"* (Intake Manager, East Borough).

> *"I'm not sure what sort of impact the SSLP has had in terms of the work that we do and level of referrals that we have had from them. I don't think they've had a major impact on our workload. Our referrals rates have not changed over a number of years. The number of children on the child protection register has always been the same-we have one of the lowest numbers in the country" (*Family Support manager, East Borough).

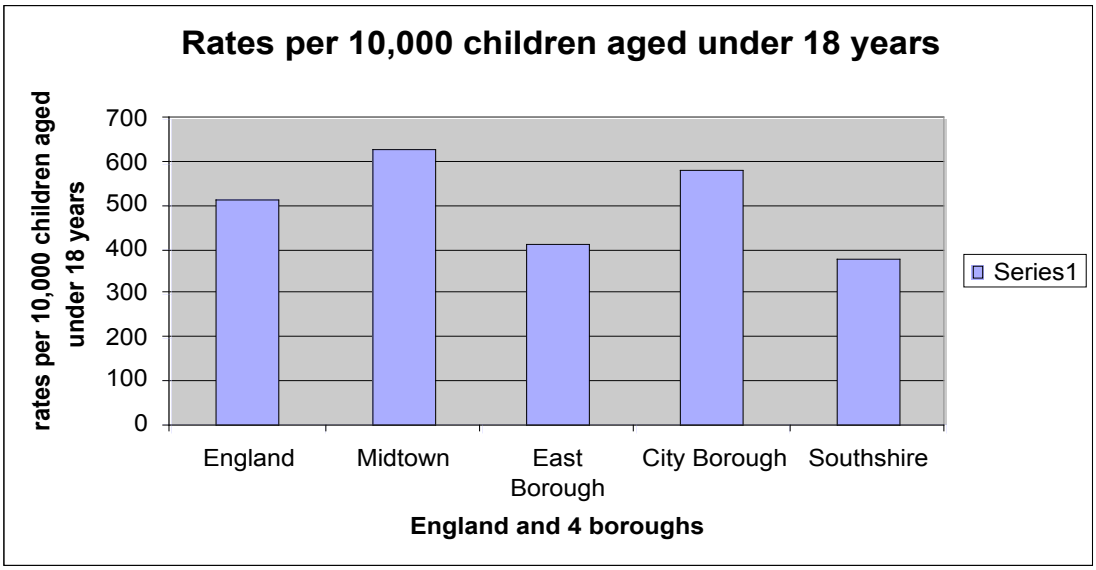
The limited scale of data presented in the following sections inevitably reflects these deficits in recording practices , which of course we had not anticipated. However it provides some insight into the range and content of work involving children's services and SSLPs/CCs.

The local and national context

The two graphs below represent the most recent national and local authority data on referral rates (Graph 6.1) and child protection registrations (Graph 6.2) of children and young people to social services departments during the year ending 31st of March 2006. Although our file study only spans six months, it falls within the timeframe of this national data (October 1st 2005 – March 31st 2006), allowing a timely context to be set. Overall, Midtown had the highest rates of both referrals of children and young people to social services departments as well as child protection registrations (628 and 32, respectively). City Borough follows with 580 referrals and 30 child protection

registrations per 10,000 children. East Borough had 411 referrals and 29 registrations and finally, Southshire has the lowest rate of referrals, at 383 and the lowest number of child protection registrations at 28.

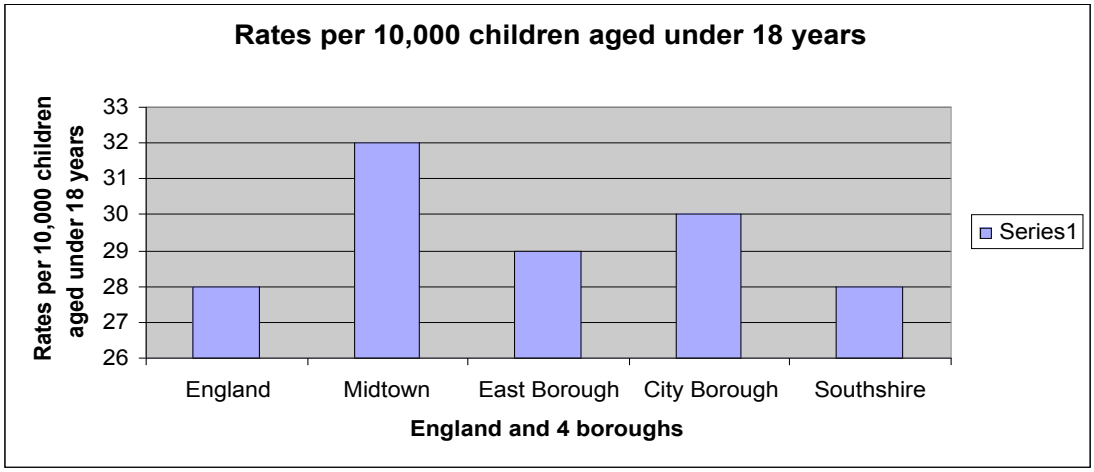
Graph 6.1 Referral rates of children and young people to social services departments during the year ending 31st March 2006



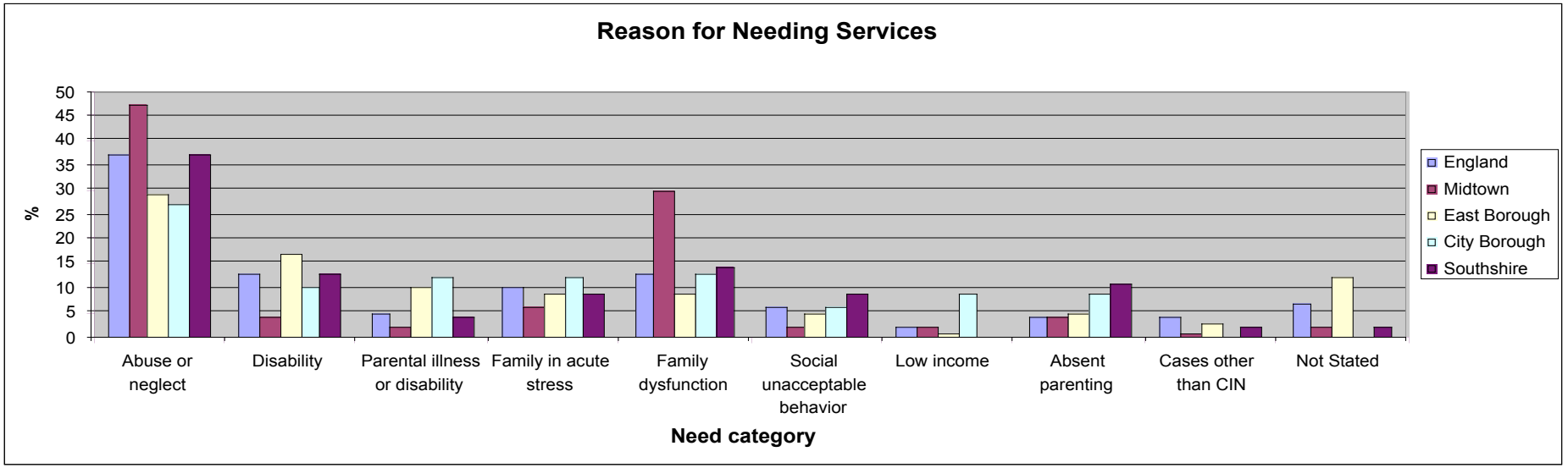
It is important to take into account the acknowledged national differences between authorities as to how they process/categorise incoming work. For example, what constitutes a 'contact' in one authority may represent a 'referral' in another. In other words, these differences may be functions of processing systems. At the same time, nationally, there tends to be a pattern of high rates of referrals for more deprived areas. In our study, the lower rate for East borough, an area with high rates of deprivations, is explained to some extent by the ethnic mix of the population. South Asian families are less likely to be referred or refer themselves for services than is the case for white families or those of other minority ethnic groups.

In respect of registrations, Midtown has the highest rate, over the national rate, at 34 per 10,000 children; and East Borough with the lowest rate at 16 per 10,000. City Borough and Southshire share the middle range at 28 and 26 per 10,000 respectively. Again, similar considerations apply as with referrals. There are widely different rates of use of the child protection registration system amongst areas with otherwise similar populations. These charts provide background information but are not particularly helpful for making comparisons between our authorities.

Graph 6.2 Registrations to child protection registers during the year ending 31 March 2006



Graph 6.3 Children Receiving Services in Week, by Category of Need: All Children in Need



We were anxious to understand how broadly representative, in terms of 'reason for referral', the referrals in the SSLP areas were, of referrals across the local authorities. In order to meet this objective, we designed a two-stage process. Firstly we asked each of the four local authorities to initially provide us with 2 separate lists of referrals made in the six month period between October 1st 2005 and March 31st 2006: A) a list of *all referrals,* including the reason for the referral, of families living *outside* SSLP postcode areas made to Children's Services in the study period; and B) a list of *all referrals* of families living in SSLP postcode areas made to Children's Services in the same six month period. (see Appendix B for a full account of the methodology, which, in the event was modified slightly to take account of the challenges involved in accessing the files in the four local authorities). The *total number of referrals* are shown in Table 6.1 below.

Table 6.1: Total number of referrals in *SSLP* and *non-SSLP* areas in the six month period of October 1st 2005 to March 31st 2006.

Study authorities	Total no. Rounds 1 – 4 SSLP-area referrals	Total number of referrals to Children's Services in the study period	Rounds 1 to 4 SSLP area referrals as a percentage of all referrals
East borough*	287	981	29%
City borough**	54	803	7%
Midtown***	151	698	21%
Southshire****	303	Missing	Missing

*Includes three Rounds 1 – 4 SSLPs
**Includes one Round 1 – 4 SSLP
***Includes two Rounds 1 – 4 SSLPs
****Includes three Rounds 1 – 4 SSLPs

It is important to note that in each of the study authorities, there were, inevitably, different numbers of programmes eligible for our study sample. This is because the focus of the Implementation Module of the National Evaluation is only on Rounds 1 – 4 programmes, and these are, of course, distributed differently across authorities. For example, in City Borough, only one programme was eligible for our sample, whereas in Southshire, we were able to study referrals in three programmes. In fact, 4 SSLPs/CCs were eligible for our sample in Southshire on the basis they were Round 1 – 4, but research team resources meant we were only able to study 3 – see Appendix B for a full account). This internal variation in sample size will inevitably have had an impact on the total number of referrals available for study but other factors also need to be acknowledged. It is likely, on the basis of earlier studies (Oliver, Owen, Statham & Moss, 2001; Cameron & Statham, 2006), that these differences in numbers of referrals will primarily be associated with differences between respective local authority policies in respect of threshold levels.

Secondly, from the list of referrals provided to us by the four respective Children's Services Departments, in each authority, we chose a 10% sample of files from the SSLP areas included in our study (i.e. only Rounds 1 – 4 programmes). In addition, in each authority, with the exception of Southshire (see methodology), in order to ensure broad representativeness, we selected a sample of files from outside the SSLP areas, broadly equivalent in size to the number of files from the SSLP areas. These figures can be found in Table 6.2 below. The numbers are *approximate* because, in some cases, where Children's Services were supplying us with the requested files, not all files could be identified and/or accessed. For example, in one borough, East Borough, our fieldwork coincided with a major relocation from four area offices to one central social work quarters in the east of the borough.

Table 6.2: Sample referrals in *SSLP* and *non-SSLP* areas in the six month period of October 1st 2005 to March 31st 2006.

Study authorities	Total no. SSLP-area referrals	Total no. non-SSLP-area referrals
East borough	28	18
City borough	17	13
Midtown	19	20
Southshire	28	Missing

Main sources of referrals to Children's Services of families in SSLP areas

The following table provides an overview of the main source of referral for all families from SSLP areas to Children's Services Departments in our study authorities, in the six-month period of October 2005 to March 2006. Due to technical problems arising from the transfer of electronic files to a new electronic system, Southshire were unable to provide us with a full list of referrals in SSLP areas in the study period.

We have included in the table, both percentages and actual numbers, even though the latter are, as can be seen, very small. The percentages may be helpful in presenting the range of file numbers across the study authorities. At the same time although the actual numbers are indeed small, they do 'tell a story' of different patterns across local authorities in respect of the individuals and/or agencies who made referrals to Children's Services. For all three authorities for which we have data, a significant number of referrals come from the Police, usually related to calls in respect of domestic violence. Police referrals are, however, particularly prevalent in Midtown, and are identified as the source of referral in nearly half of the referrals in our study period. (The design of the study precluded us looking in detail at the pattern of relationships between Police and Children's Services in Midtown, including exploring reasons for the frequency of domestic violence referrals).

Where there are incidents of domestic violence, Police are required to complete a form which is sent to Children's Services if they encounter a domestic violence situation and a child is present in the household. Not all of the reports to Children's Services made by Police become referrals. In some cases, Children's Services, may take the decision to record the call as a 'contact' and for the moment, keep the contact as a record. In other cases, where domestic violence is on-going, acute or reported by a number of callers, the call may be logged as a referral and further assessment made.

Self-referrals constituted the highest percentage of all referrals in the SSLP/CC area, during the study period, in City Borough. By comparison, only a small percentage (4%) of referrals were self-referrals in Midtown, and there were no self-referrals made during this period in East Borough. Given the exploratory nature of this study, we can only speculate as to reasons for these differences. For example, the SSLP/CC areas in East Borough have particularly high percentages of Asian ethnic minorities living in the community. It may therefore be, as some of our respondents indicated, that cultural beliefs around family and gender restrict the number of self-referrals made in this borough. In addition, a greater degree of suspicion and scepticism of formal authorities, including Social Services, may exist in areas where there are high numbers of non-British ethnic minorities and immigration status may be an issue.

In the three study authorities where we have available data, it is interesting, and perhaps surprising to note, the very low percentages of referrals from health professionals, including health visitors and midwives. These numbers were lower in each of the three local authorities than the numbers of referrals made by other departments in the local authorities. (Earlier implementation data has

highlighted the particular challenges around the engagement of Health in the implementation of SSLPs (Tunstill et al., 2005b), of which these numbers may be an example. However, again we can only speculate).

Table 6.3: Main sources of referrals of *all families* in SSLP areas to Children's Services Departments in the study period from October 1st 2005 to March 31st 2006

	City Borough	East Borough[a]	Midtown	Southshire
Accident & Emergency	0 (0%)	0 (0%)	2 (1%)	Missing
Anonymous	0 (0%)	3 (2%)	6 (4%)	Missing
Community Nurse	0 (0%)	0 (0%)	2 (1%)	Missing
Family/Friend	**	13 (10%)	5 (3%)	Missing
General Practitioner	3 (5%)	5 (4%)	0 (0%)	Missing
Health Visitor	5 (9%)	8 (6%)	0 (0%)	Missing
Hospital	3 (5%)	7 (5%)	1 (<1%)	Missing
Midwife	1 (2%)	0 (0%)	1 (<1%)	Missing
Not recorded	0 (0%)	3 (2%)	0 (0%)	Missing
NSPCC	0 (0%)	0 (0%)	1 (<1%)	Missing
Occupational Therapy	1 (2%)	0 (0%)	0 (0%)	Missing
Other	6 (11%)	1 (<1%)	10 (7%)	Missing
Other Local Authority	2 (4%)	3 (2%)	2 (1%)	Missing
Other Local Authority Department	4 (7%)	17 (14%)	20 (13%)	Missing
Police	**9 (17%)**	**49 (39%)**	**87 (58%)**	Missing
Probation	0 (0%)	3 (2%)	2 (1%)	Missing
Self-referral/Carers[b]	**12 (22%)**	0 (0%)	6 (4%)	Missing
Education Services	2 (4%)	0 (0%)	1 (<1%)	Missing
Housing Department	1 (2%)	4 (3%)	1 (<1%)	Missing
School	3 (5%)	4 (3%)	4 (3%)	Missing
Total number				
Total referrals	**54**	**125**	**151**	Missing

[a] Data on referral source is missing in 92 cases for East Borough, therefore the percentages reflect data on 125 out of 217 total referrals in the study period.

[b] 'Self-referral' and 'carers' have been combined in this table; however, it should be noted that there are slight variations among local authorities in defining categories of referral source. City Borough, for example, uses the category of 'carers' to further define 'self-referrals', whereas the other study authorities do not.

The next table provides an overview of the referral source recorded in the sample of the individual case files to which we were given access and which we studied in more depth.

Table 6.4: Main sources of referrals of families in SSLP areas to Children's Services Departments

	East borough*	City borough*	Midtown	Southshire
Referral Source				
SSLP*	0	29	0	0
*As we have explained, no authority recorded by SSLP, but we deliberately maximised, in our file sample, the proportion of referrals categorised as 'other' with a view to capturing SSLPs in this 'indirect way'.				
Self/family	7	0	5	25
Police	18	0	79	44
Health visitor	0	29	0	<1
Midwife	18	23	0	<1
Social services	0	0	0	0
School	14	0	11	1
Hospital	0	0	0	1
Permanency team	11	0	5	0
Specialist addiction unit	4	0	0	0
Other Local Authority Department	7	0	0	<1
Other Local Authority	0	0	0	0
GP	0	6	0	0
Voluntary organisation	0	6	0	0
Child Development Centre	0	6	0	0
Mental Health Centre	0	0	0	<1

*Contains some missing data

Some interesting patterns emerge from this table, on which it is helpful to briefly comment. As explained at greater length in our account of applying the methodology, in Appendix B, we deliberately sought to maximise the chances of identifying an 'SSLP input of any sort' including referrals. Whilst trying to collect a representative sample of referral sources, mindful of the challenges we faced it seemed sensible to look at case files on families which had been referred by some specific professionals, e.g. health visitors, we knew from our earlier data on Implementation that health visitors have been key stakeholders in programmes nationally. Therefore it is probably unsurprising, in the light of the

strategy we adopted, that there appears to be a much higher number of health visitors, at least in City Borough. In respect of Midtown, Table 6.3 reflects the reality that in the six month study period, there were no referrals made by health visitors. In East Borough we experienced particular access problems to the records held by some of the area offices, and especially the local hospital, where there is a social work team.

City Borough was the only one of our authorities where children's services received any referrals at all from SSLPs/CCs. Possible explanations for this situation are offered later in this chapter.

Finally, a very large number of Police referrals are evident in the sample we studied in Southshire. It is impossible for us to even speculate on the extent to which this reflects specific cross-agency relationships between Police and Children's Services, as in Southshire, we had no researcher discretion over the selection of the sample. Electronic record constraints in Southshire required them to select an arbitrary sample for us.

What are the main types of contact between SSLPs/CCs and Children's Services?

We acknowledged at the outset of this report, the findings of earlier studies which have thrown light on variations in referral rates across different Local Authorities. Cameron & Statham (2006), for example, argue that these variations have their roots in structural and/or procedural differences in local authorities rather than in the characteristics of individual children and families. We expected this would apply to our four study authorities and we knew that there were considerable differences in the location and access policies of social work area teams. On the basis of our existing knowledge of service delivery involving SSLPs/CCs and Children's Services (Tunstill et al., 2005a), we also anticipated there would be two main types of contact between SSLPs/CCs and Children's Services. One type of contact would be through the referral process itself; the other would be contact arising from on-going joint work in respect of families. The referral process itself probably represents the most *visible* point at which one organisation intersects with another, and we expected this would be true of SSLPs/CCs and Children's Services. We wanted, therefore to explore the extent to which SSLPs/CCs were making referrals to their colleagues in Children's Services and vice versa. In the context of on-going collaborations around the delivery of service packages, we wanted to be clear about the nature and degree of collaborative activity. In both cases, referrals and on-going work, we anticipated the construction of working relationships would constitute an important task and we wanted to understand how respective stakeholders perceived their mutual relationships.

The table below provides an overview of the resulting sample of cases where we were then able to study the files in depth. Our file study produced an overview of the nature of the respective '*inputs*' by the two organisations.

Table 6.6 Respective involvement of SSLPs/Children's Services in a 10% sample of files in the four authorities

	Total number of files studied	Number of cases where there was ***any involvement on the part of SSLPs*** i.e. referral and/or on-going work	Number of ***referrals to*** Children's Services by SSLPs	Number of ***referrals from*** Children's Services to SSLPs	Number of cases involving ***on-going work*** excluding referrals
East Borough	28	4	0	3	1
City Borough	17	13	5	6	2
Midtown	19	7	0	5	2
Southshire	25	8	0	4	4

We now turn to looking in more detail at the characteristics of referrals in our four local authorities, both between SSLPs/CCs and the Children's Services Departments, and vice versa.

i) Specific referrals from Sure Start local programmes *to Children's Services* from October 1st 2005 to March 31st 2006

There was a clear difference among the study authorities in respect of referral trends. As table 6.4 shows, only one of our four study authorities, City Borough, revealed any referrals being made by SSLPs/CCs to Children's Services in the period we were examining. In East Borough and Midtown, there were no families in our sample where we could identify a referral having been made from an SSLP/CC to Children's Services.

When considering referrals in the other direction, there was overall evidence of a low level of activity around direct referrals to SSLPs /CCs on the part of Children's Services in all of our four study authorities. In the following pages, we describe in some detail the nature of this two-way referral process.

Direct referrals <u>from</u> Sure Start to Children's Services

<u>City Borough</u> Although we were only looking at one SSLP/CC, as explained in Chapter One, the same model is adopted by all of the SSLPs/CCs in this Borough. Referrals in City Borough *to* Children's Services *from* SSLPs and *from* Children's Services *to* SSLPs are passed /processed by a Children's Services social worker who is out-posted in the SSLP/CC. This half-time social worker meets regularly with SSLP/CC staff to consider the needs of families and children in the area, and undertakes a filtering function in order to ensure the appropriateness of referrals.

Before we describe the characteristics of families who were referred to Children's Services in City Borough, it is important, in terms of understanding the data, to note a specific feature of the City Borough 'service system'. City borough was the only one of our four study authorities where children's services were responsible for both providing as well as assessing entitlement to sponsored day care. Inevitably, this system may have inflated the number of referrals in City Borough by comparison with the other three authorities, where different approaches were adopted.

City Borough accepts referrals from any agency on behalf of a family for a limited number of day care places. An assessment is undertaken, involving the service user and a member of social care staff. If approved, Children's Services will allocate the child to a child minder or nursery and fund the place for a maximum of 18 hours per week. The Borough strives to ensure day care placements are regarded as part of a broader package of support, which can be combined with other types of parenting support. *"I applied for a day-care place for one of my families, a 2 year old, and the dialogue with the day-care manager was that day-care will help with this, but it's not going to help with that. The manager asked what work I would be doing with the family…it was clear that day-care was not going to answer all the problems, but it might help things a bit"* (Half-time SSLP Social worker).

Five of the sample files in City Borough indicated a direct referral from an SSLP to Children's Services. Of those five, three were referrals for a Social Services day care place. The remaining two referrals related to a child protection concern for two siblings in one family. All of these referrals were made by the resident .5 social worker at the SSLP.

Case Study One: A two year old middle eastern boy was referred to Children's Services by Sure Start, who had recently been involved with the family. The SSLP had been providing physiotherapy services to the child's mother, who was suffering from depression and living with complex physical disabilities. Due to her disabilities, the mother was unable to take her child out-of-doors often, and she expressed concern to Sure Start staff about her child's lack of interaction with other adults and children. The SSLP requested a day care place which they believed, would be beneficial to the child, by increasing his opportunities to play with other children. It would also benefit the mother by providing some respite. During the course of the day-care provided, Children's Services staff recognised a need for further parenting support services, and re-referred the family back to the SSLP.

Case Study Two: A three year old girl was referred to Children's Services by Sure Start staff for a social services day care place. The child's mother is a single parent, suffers with depression and cannot always cope with her demanding child. The SSLP had already been involved with the family for some time, providing counselling to the mother. SSLP staff considered that a nursery place would help the child interact with other adults and children and also provide respite for the mother, who often found it difficult to provide her child with all the attention she needed and wanted.

Case Study Three: A three year old boy was referred by a half-time social worker at the SSLP, requesting a day care place for the child and his sibling to provide respite for the mother who is due to go into hospital for an operation. The child's mother is separated from his father and cannot rely on him for support. The SSLP thought a day care place would assist in caring for the children while the mother was recovering from her operation. Social services approved a nursery place for the younger sibling, while the father agreed to look after the boy.

Case Study Four: Two siblings were referred in connection with a child protection concern. A three year old Somalian girl and her one year old brother were referred to Children's Services by the SSLP because of stressful circumstances at home. Their mother looks after them alone, but still experiences domestic violence incidents when the father visits the family home and there is a history of repeated police involvement. Sure Start had been involved already with the family, although the files do not specify the nature or extent of their involvement.

Although we found only a small number of Sure Start referrals to Children's Services, the referrals that we did study reflected a mix of families where the parent was experiencing isolation and depression as well as one specific child protection concern. This may show the importance of identifying problems at an early stage and there was evidence of the SSLP /CC using its relationship with Children's Services to find additional ways of providing support. This support might include respite for parents and opportunities for children to increase their interaction with other children and adults in the community.

Children's Services referrals <u>to</u> Sure Start

<u>City Borough</u> Seven referrals were made by Children's Services to Sure Start in City Borough. One of these families had been referred for very specific help (case study five). The rest were referred to Sure Start for access to a wider range of parenting/ family support and child development services.

Case Study Five: A four year old girl, of 'other white' background was referred by a health visitor originally to Children's Services for a day care place. During the assessment process, a social worker identified the child as having speech problems, and subsequently referred the child onto the Sure Start Speech & Language Therapy programme.

Case Study Six: A 5 year old boy of Arab origin, was originally referred to social services by a Danish paediatrician, in Denmark, before the family moved to London, on the basis of suspected child abuse. Social Services completed an initial assessment, and closed the case after referring the family to Sure Start to attend parenting classes, even though the child was over Sure Start age.

Case Study Seven: A three year old Bangladeshi boy was referred by a health visitor to Children's Services after speech problems were identified. In addition, the father had recently left the family home, leaving the mother to care for her son while working at the same time. Children's Services referred the family on to the Sure Start Speech & Language Therapist, in addition to other parental and family support services.

Case Study Eight: A mother and her two newly born twin babies, had been referred by a health visitor to Social Services just prior to the birth. The mother was isolated, had no family or friends in the area, lacked proper accommodation or sleeping arrangements for her or her babies, had no transport home from the hospital and no money. In addition to Social Services providing a range of services and financial help for this mother, they also referred her to Sure Start for parenting classes, but were also keen that she have the opportunity to meet new people as one way of reducing her isolation from the community.

In two cases the Children with Disabilities Team made referrals to Sure Start as part of a package of support for families. These referrals appear to reflect the nature and extent of Sure Start collaborative involvement with Children's Services.

Case Study Nine: A family was referred by Children's Services to Sure Start for a range of services in order to assist them in coping with a recent diagnosis of their newborn child with Down's Syndrome. The parents are in a very supportive relationship and there are no concerns in respect of their other two children. The mother is receiving support from a family therapist at Sure Start to help her come to terms with the diagnosis, as it has left her depressed and anxious about the future. Sure Start have been present at numerous multi-agency meetings about the family, and have taken on the role of monitoring the progress of the family in accessing services.

Case Study Ten: Children's Services were working with a family with a child who has complex physical disabilities. The mother is a lone parent, experiencing depression and without any support from other family members, who live abroad. The Children with Disabilities social worker referred the mother to Sure Start to access learning opportunities which she thought would increase her confidence as well as her opportunities for meeting others. She has also encouraged the mother to use the Sure Start drop in to meet others.

East Borough

The data collection process in East Borough coincided with a number of major organisational developments and changes in the authority. Of particular relevance to the study was the introduction of a Sure Start 'link worker' role who had been in post when we met her, for less than six months. It is likely that this new arrangement was still 'bedding in' unlike the longer established formal linkages in City Borough. The relative newness of this strategic link may well have contributed to the low level of collaborative activity visible in the study period in East Borough. It is impossible to be certain. To maximise the file data which might be relevant to our study aims, we recorded the details of work with families even though it was not strictly eligible, being outside the time scale for the study period adopted in the other authorities. These cases in fact were drawn to our attention by workers in the area offices while we were there collecting data. These examples may be helpful in painting a picture of developing activity around new ways of collaborating parts of the children's services system in this borough.

Three referrals were made by Children's Services to SSLPs/CCs in the referral period.

Case Study Eleven: Two siblings, a boy and girl, were referred by the police to Children's Services as Children in Need, under the category of neglect, on the basis of on-going Domestic Violence between their parents. An Initial Assessment was due to be completed, but the mother was difficult to reach and was not attending meetings. The mother appeared to be isolated and depressed, so the social worker referred both her and the children to Sure Start for services.

Case Study Twelve: Children's Services received a referral from a hospital social work team about a newborn whose mother suffers from chronic mental illness. An Initial Assessment was completed, raising further concerns about the mother's mental health and issues around Domestic Violence by her ex-partner. A core assessment was recommended. The mother is isolated and finds it difficult to set up simple routines around the home for her children. Children's Services referred the family to a range of agencies, including Sure Start, for help around the home, as a point of contact for meeting other people in the community and to get her children involved in play groups and outings.

Case Study Thirteen: A two-year old boy of African origin was referred by a health visitor to Children's Services around concerns of neglect and domestic violence. Although the children appeared well cared for, they were not in regular contact with other children and have limited opportunities for social interaction. A Core Assessment was undertaken and recommendations were made for referral to Sure Start to inform and assist the family to access community resources, in particular family support, health services, day care and immigration advice. Following the referral to Sure Start, the family moved to another borough and the case was closed.

Social workers told us about five other referrals recently made by them to an SSLP/CC, although these referrals were made after the study period. These referrals were the first to be made on a new standardised referral form developed by the borough's Children's Centres.

Case Study Fourteen: a four-month old girl was referred to Children's Services by a Specialist Addiction Unit on the basis of concern about her mother's drug use, and the effect it was having on her and her siblings. Although the mother has been receiving treatment and was on methadone, a recent split with her partner had left her depressed, and she relapsed onto heroin use . She was finding it hard to cope with the children, and uses heroin once a week to manage the stress. The social worker in East Borough referred her to Sure Start parenting groups, which, she felt , could help with the children and allow the mother to meet others in the community.

Case Study Fifteen: a three year old girl was referred by a hospital social worker to Children's Services for suspected child abuse. Her mother had separated from her father and was struggling with basic parenting capacity. She was very tired and stressed, and unmotivated to work with the strategies recommended to her by the health visiting team. There are safety issues at home, and the children sometimes appeared bruised . The family's social worker referred them to Sure Start, hoping this would provide the family with a link into community services and reduce their isolation and mother's stress.

Case Study Sixteen: A two year old Bangladeshi girl was referred to Children's Services by a health visitor because of physical injuries committed by an uncle who has autism. It was decided a Core Assessment would be undertaken, but in the mean time, the family has been referred to Sure Start for parenting classes and advice.

Case Study Seventeen: A one year old girl was referred to Children's Services over concerns about domestic violence occurring in the home. Although the father was ordered to leave the house, there were still concerns due to the mother's depression and the fact that her multiple disabilities prevented her from coping well with two small children. The family's social worker referred them to Sure Start, who could help them access services such as respite for the mother, advice services and play groups for the children.

Case Study Eighteen: Children's Services received a referral on a two-year old Bangladeshi girl from a hospital social worker as a result of an admission due to a broken arm. The mother was not in the room when the child fell, leading to concerns over safety in the home. The family was referred to Sure Start for assistance with accessing safety equipment for the home as well as parenting classes, advice and support.

Midtown

Five files in Midtown reflected referrals made by Children's Services to an SSLP/CC.

Case Study Nineteen: A referral was made by a Domestic Abuse Unit to Children's Services for a one year old boy and his older brother. Two visiting friends were involved in a Domestic Violence incident; both were intoxicated and using drugs in front of the children. A joint visit was made by a social worker and health visitor, who worked with the mother to make her aware of the emotional impact that on-going domestic violence can have on children who witness it. The mother indicated she would like some nursery accommodation for her children, and was referred by the social worker to Sure Start for a nursery place. In addition, Sure Start would be providing a grant for the mother to purchase additional bedroom furniture for the children. The case is now closed.

Case Study Twenty: A two-year old white British boy was referred by Police to Children's Services on the basis of a domestic violence incident in the home. An Initial and Core Assessment were undertaken and the case transferred to the Longterm Team. As a part of on-going support, the family was referred to Sure Start for a range of services, including parent-toddler groups and counselling for the mother.

Case Study Twenty One: A one-year old white British girl was referred by Police to Children's Services after a domestic violence incident at the home. A joint home visit was made by a social worker and a health visitor, followed by another joint visit with Sure Start. An Initial Assessment was undertaken and the case was closed, on the basis that the family would be enrolled at Sure Start, who would monitor their progress and provide access to a variety of services.

Case Study Twenty Two: Police referred a four-year old white, British girl to Children's Services for health concerns for the children following a domestic violence incident. There had been on-going domestic violence in the home, and counter-allegations made by the father of child neglect by the mother. An Initial Assessment was completed, identifying some hygiene concerns, for which the parents requested assistance. The parents were referred to Sure Start who became involved in helping the parents with safety and hygiene issues around the home. This case was notable for the high level of collaboration between Children's Services and Sure Start, as recorded in the case file notes. Sure Start were involved in all meetings regarding this family, and updated Children's Services about their progress on a regular basis.

Case Study Twenty Three: A Community Psychiatric Nurse referred a four-year old white British girl to Children's Services on the basis of concern about the child's emotional needs. Her mother suffered from post-natal depression and required support in caring for her children. After an Initial Assessment was completed, it was planned that a multi-disciplinary package of support would be put in place, including a referral to Sure Start for a nursery place and toddler play groups.

Southshire

Case Study Twenty-Four: Police referred a 2 year old boy of mixed heritage to Children's Services after attending a domestic dispute between his mother and father. His mother told Police that the father also hit the child. A Core Assessment was completed. The lead social worker expressed concerns around child's weight and health and identified that he was missing appointments to the doctor. There were also concerns expressed around his playing habits, which were destructive and aggressive, and he had no interest in books. He had no self- control or boundaries, and his parents do not respond to his behaviour. It was recommended that parents need support in managing their child's behaviour and improving his social skills. Recommendations included a referral to Family Centre for assessment of their parenting capacity, and to provide parenting programmes; a referral to Sure Start to provide the child with constructive social interaction and his mother with an outlet of support; a referral to a relationship counsellor; support from a health visitor.

Case Study Twenty-Five: Police referred a white British three-year old boy to Children's Services when they arrived at the family home to arrest his mother. The Police felt the home conditions were shockingly unsafe and unhygienic. The mother is also pregnant with her next child. A Core Assessment was undertaken, and concerns raised about the inability for the mother to care for her children's basic needs. Recommendations suggested she needs support to keep the house clean and safe and the children need support in learning basic hygiene.

Case Study Twenty-Six: White British boy of three. Lives with mother, brother and father. Police referred the family, as the mother was arrested on a warrant for failure to appear. Police reported 2 young children who were neat and tidy but the flat was a mess, with tools with sharp edges lying around and dog faeces on the floor. Mother is also pregnant. Core assessment undertaken. Mother appears to sporadically care for her children's needs…she needs support to keep house clean and safe and children need support in basic hygiene. Boys are generally well behaved and healthy. Social worker referred family to Sure Start to offer support and advice and to ensure that she maintains a clean and safe home condition. Mother has agreed and will visit sure start. No further action from SSD at this time.

As is clear in the above account, the numbers of referrals we have been able to study are limited. The size of the sample means it would be inappropriate to draw any concrete conclusions from these accounts of individual case studies of children being referred from Sure Start Local Programme areas. However, they indicate that City and East Borough appear to have a broader mix of referrals and be more likely to be taking cases on the grounds of 'family in acute stress, parental illness or disability, and low income', whereas in Midtown and Southshire, most referrals are for reasons more closely associated with child protection, such as abuse and neglect.

(ii) The extent of Sure Start involvement in delivering services packages to children and families known to Children's Services in the study period

As can be seen below, very few of the case files which fell into our study period contained information about on-going or previous involvement with a family by Sure Start. It is possible that more activity may have been occurring than was recorded in the files. Without 'matching' families already known to Children's Services and to Sure Start, it is difficult to know this and our methodology did not enable us to undertake a more extensive exploration.

On-going involvement by Sure Start in families referred to Children's Services

City Borough - Where Sure Start was already involved with families, even before they were referred to social services, we found little information had been recorded in the case files about the extent or nature of Sure Start involvement. Again, Sure Start appeared most likely to be involved in families where at least one parent was experiencing depression and/or isolation. Two files recorded specific services already being provided to families by Sure Start; in one case Sure Start parenting classes and in another, speech and language services.

Case Study Twenty Seven: A three-year old middle eastern girl was referred, from a social worker in Children's Services, for access to a day care placement(which would be processed by her departmental colleagues) . The mother was suffering from depression, stemming from on-going physical problems with her shoulder and leg, for which she receives physiotherapy. The social worker felt a daycare place for her daughter would be useful in providing respite, as it has been difficult for the mother to cope with her young children as well as the pain and depression. The case file notes indicated that this family had been involved with Sure Start for some time, although limited information was recorded.

Case Study Twenty-Eight: The circumstances of this referral (a three year old girl) are similar to the previous example. Children's Services referred this family to be assessed for a daycare place, as the mother suffers from pain in her knee, and subsequently developed depression. The case file notes recorded that a Sure Start social worker has been involved with the family already on an on-going basis.

East Borough

Case Study Twenty Nine: This family has a history of on-going Domestic Violence and has been known to Children's Services for over three years. All four siblings have been on the Child Protection Register for emotional abuse and this case sits with the long term family support team. Children's Services have referred the family for a range of services, including, a local Asian family counselling service, to a mosque, to a dentist and an audiologist. The family's health visitor had originally referred them to Sure Start who are 'supporting' the family in a variety of ways. They are assisting the mother to complete child maintenance and housing forms and being assisted by a Sure Start advocate who will be supporting the mother to come into the community. The Children's Services case file does not record any joint visits with Sure Start, nor does Sure Start appear to be attending any of the recent case conferences.

Midtown

Case Study Thirty: A four- year old white British boy was referred to Children's Services by his school for inappropriate sexualised behaviour acted out on another child of the same age in his class. An Initial Assessment was undertaken, followed by a Core Assessment. At the same time, Children's Services referred this case to the NSPCC who became involved and organised a strategy meeting, which, at the time of data collection, had yet to take place. The family has already been involved in its local Sure Start programme already for two years, using services such as the parent and toddler group and community café.

Case Study Thirty One: Police referred a one –year old white, British boy to Children's Services around concerns about a verbal altercation at the family home. The child's mother was intoxicated and subsequently arrested. A month later, a social worker undertook a joint visit with Sure Start, where they were able to address safety and hygiene concerns around the home. A further joint visit was undertaken, alongside an Initial Assessment, after which Children's Services closed the case. It was not recorded to what extent Sure Start would remain involved with the family.

Southshire

Case study Thirty-Two: A four-year old white British girl was referred by an anonymous source to Children's Services. The referrer expressed concern about the child's welfare, suggesting very poor and unsafe home conditions and that the child was always dirty and not dressed appropriately. It was also suggested the mother was not taking her to necessary hospital appointments for on-going kidney problems. In the Core Assessment, the mother denied all allegations, and it was agreed by the lead social worker that the care was 'good enough'. Although the children appeared slightly dishevelled and the house was a bit shabby, the children behaved well, were healthy and had a close relationship with their mother. The family has been attending Sure Start drop-ins and nursery, agreeing to request additional parenting support. After further referrals to other community resources, the case was closed to Children's Services.

Case Study Thirty-Three: A self-referral was made by the mother of a three year old white British girl with Cerebral Palsy, and who is also blind. The family requested a range of support from Children's Services. The child is already receiving portage at home and attends a Children's Centre once a week, in addition to their summer playscheme. They are a close and supportive family, though they feel their daughter could benefit from increased social opportunities and time away from them. The mother appears to be coping well, but would like extra support in place to prevent any further stress on the family. The Core Assessment recommendations include a referral to KIDS for home support 2 hours a week; Occupational Therapy; and several other local community voluntary schemes.

Case Study Thirty-Four: A four year old boy (ethnicity unrecorded) was referred by a Police Special Investigation Unit with concerns around the mothers alcohol problems. She attends an alcohol treatment centre and has been attending Sure Start activities for some time. There was evidence of information being shared by the social worker and Sure Start.

Case Study Thirty-Five: A white British boy, aged two, was referred to Children's Services by a school after his sister disclosed abusive behaviour by their mother. The mother is violent with both the children and her partner. The school also had concerns about the living arrangements, as the child reported that there were many people living in her flat. An Initial Assessment was undertaken, which recorded crowded living conditions and that the mother is pregnant. The children have also witnessed several domestic violence incidents between their mother and her partner. The social worker helped the family apply for new housing and referred them for family support sessions around behaviour management. The family had previously been involved with Sure Start and found the services useful, and will continue attending drop-in sessions and play schemes.

Case Study Thirty-Six: A white British boy of four was referred to Children's Services by Police after workers at a local mental health centre reported a domestic violence incident which occurred between the mother and her partner. Both had been drinking and were violent in front of the children. There is a history of on-going domestic violence in this family, and both the mother and partner suffer with mental health problems. There was considerable recorded activity between Social Services and Sure Start. The social worker liaised frequently with Sure Start about the family. Some years before, the children had been taken into care and when this information came to the attention of a Sure Start worker, she contacted Social Services to see if she could be of any help.

What can we learn from the individual cases we have studied in our four areas?

Given the limitations of the study, we must be very realistic about the conclusions which can be drawn from a relatively small number of individual case files. At most, we can hope to highlight the really obvious characteristics of the families receiving services.

Firstly, as we have suggested above, there was some obvious variation in the numbers of referrals across the local authorities. In the study period in City Borough there were fewer overall referrals to Children's Services than the other authorities. At the same time, there were more families whose files indicated a degree of mutual Children's Services/SSLP input in terms of on-going work. It may however be he case that the range of gateways in City Borough which we describe in earlier chapters, facilitated the reduction in formal referrals because families were having their needs identified and met through mechanisms such as the Family Support Panel. This could explain why the lower level of referrals co-existed with a higher level of on-going work found in the sample files. The level of need in the City Borough sample appeared overall to be lower than for the other authorities. Typical family situations included maternal isolation and depression, and as far as we could see, the level of need was also identified earlier on in the 'history of the problem'. This variation raises questions about the breadth and diversity of gateways into services. Our data is too limited to

make sweeping conclusions, but points to the likelihood, in City borough, of appropriate referrals being made for early intervention. This may show the potential of 'the system in this borough' (such as Family Support Panels) for identifying potential problems at a very early stage, rather than only when serious child protection concerns had already been identified. The SSLP /CC appeared to be using its relationship with Children's Services to find additional ways of providing support, including respite for parents and opportunities for children to increase their interaction with other children and adults in the community.

Although the numbers of referrals described above are limited, it would appear that they reflect two main issues to take into consideration in understanding the overall picture. Firstly, while we are cautious about drawing inappropriate conclusions, there would appear to be some differences in the level of need in respect of referrals in the different local authorities. The referrals we studied in City Borough appear to have been made at a fairly early stage of concern arising in respect of families. The City Borough referrals are not predominantly about more serious child protection concerns but relate to emerging challenges in families such as maternal depression or isolation, for example. While there are obviously differences between the profiles of referrals in East Borough and Midtown, there were some obvious similarities. Firstly, there was rather more evidence of concerns around domestic violence and substance abuse, for example. Overall the level of need in the referred families which had triggered the referrals appeared to be higher and of a potentially more complex nature.

Secondly, it may also be the case that in respect of the emerging referral trends in East Borough, two new complementary organisational developments were beginning to bear fruit. (We were informed about a number of 'pending referrals' to Sure Start not yet made). Firstly, the activity of the SSLP/CC link worker may already have been having an impact. The fact that there was now a visible point of reference for staff in SSLPs/CCs may well have encouraged a higher level of referral than had been the case. Secondly, the establishment of this new *link post* coincided with the introduction of a new standardised referral form intended to be helpful for agencies in the community, including Children's Services, to make referrals to SSLPs/CCs.

In respect of Southshire, the low number of referrals and instances of on-going SSLP/CC input, inevitably reflect the more complicated structure of counties. As we have explained, there was considerable variation across this very large county in respect of its 'modes of linkages' between Children's Services and SSLPs/CCs. The pattern of referrals in Southshire, somewhat similar to Midtown, may have reflected the diversity between areas, which was common to both these authorities. The other two authorities were London boroughs.

In the final chapter, we revisit the organisational data we collected through the lens of our file data, and seek to reach some tentative conclusions about the nature of good practice in the context of collaborations between SSLPs/CCs and Children's Services.

Chapter 4: Understanding safeguarding policy and practice at the programme level: how far did our four authorities reflect indicators of good collaborative working?

This study of the role played by SSLPs and Children's Centres within the overall set of local authority responsibilities for safeguarding children has sought to answer some of the questions raised by earlier phases of the Implementation Evaluation of NESS. Some of these questions had arisen in the context of interpreting the data collected by NESS on outreach strategies in general and the emerging consensus that SSLPs had been less successful than hoped in terms of engaging hard-to-reach families. The purpose and breadth of data collected in these earlier study phases, precluded a specific focus on the task of safeguarding, which may well be associated with the continuing challenges around outreach which still confront SSLPs and Children's Centres. Neither in the context of mapping the overall implementation of the first 260 SSLPs , was it possible to focus specifically on working relationships between staff in social services departments (now in many cases, reorganised and re-designated as Children's Services Departments) and staff in Sure Start Local Programmes (SSLPs).

At the same time, there has been growing public discussion about the failure of SSLPS to reach the most vulnerable families (NAO; 2006). The on-going roll out of 3,500 Children's Centres has only underlined the need to understand this interface, not least of all because Children's Centres will serve significantly larger populations than SSLPs. Sure Start Children's Centre Practice Guidance (November 2006) identifies groups of 'families that are experiencing particular challenges that mean their children may be at risk of poor outcomes'. These are: teenage parents; lone parents; families living in poverty; workless households; families living in temporary accommodation ; parents with mental health, drug or alcohol problems; families with a parent in prison or known to be engaged in criminal activity; families from minority ethnic communities; families of asylum seekers; parents with disabled children; disabled parents with children.

In Part One of the report we outlined seven indicators of '*good practice in respect of good collaborative working around safeguarding'*, which we had developed from our study of 8 individual Sure Start Local Programmes. We now 'turn the lens around' to provide an overview of the extent to which our four local authorities could be seen to reflect those eight elements of good practice in their own on-going collaborations with their local SSLPs around the task of safeguarding. In Chapter 2, we have explored the overall safeguarding polices and structures, including organisational linkages between the children's services departments and individual SSLPs. We have also traced, in Chapter 3, the impact of access to safeguarding services and joint working, on a small sample of referrals of specific children and families.

This data at organisational and family level enables us to reflect on the relevance of our 'good practice indicators' to the design and implementation of safeguarding systems in the future. In particular it is intended to throw light on

the ways in which 'hard to reach' families are, or are not, engaged by children's services. Where appropriate in this Chapter, we have cross-referenced our data on *organisations* and *systems* to individual case examples where we feel the latter illuminates the former. This has not been done in respect of every one of our indicators of good practice, but where we have, it can reflect individual examples of good practice by individual workers.

1) Clarity and agreement around respective aims and objectives

As we concluded in Part One, joint working around child protection should be based on clear philosophies, aims and objectives, which are understood and accepted by all the agencies and individual professionals involved, and there could be three key dimensions to such a consensus.

a) Having a widely shared and articulated understanding of the concept of safeguarding and child protection

The pattern which emerged across the four local authorities was a diverse one, and it is probably best understood, as we explain in Chapter 2, along a broad continuum. At one end we found two authorities (Midtown and City Borough) whose children's services staff, along with the staff working in the SSLPs, shared a common vision of the objectives and scope of safeguarding activity. Although the degree of experience they had on a day to day basis in the area of child protection work varied, all the responses from a range of different staff groups reflected a high degree of consensus about definition. They expressed similar aspirations about the concept of *safeguarding*, and actively welcomed its *breadth*. It was felt to be a more inclusive term than child protection and one in which there was scope for a range of professionals to play a role. Even if the social worker was the professional with the most extensive knowledge around child protection, this did not mean that only social workers were responsible for child protection. All staff in Children's Services shared the responsibility.

A third authority, East Borough, revealed a more complex picture, with some staff espousing enthusiasm for the concept of safeguarding, in that it provided, at least in theory, scope for combining *proactive* with *reactive* work. Although individual respondents were as committed as respondents in Midtown and City Borough to the idea of *department-wide responsibility for safeguarding,* this philosophy did not appear to be a homogenous one in the borough.

Cross-agency co-operation around safeguarding

Case Study Twelve: Children's Services received a referral from a hospital social work team about a newborn whose mother suffers from chronic mental illness. An Initial Assessment was completed, raising further concerns about the mother's mental health and issues around Domestic Violence by her ex-partner. A core assessment was recommended. The mother is isolated and finds it difficult to set up simple routines around the home for her children. Children's Services referred the family to a range of agencies, including Sure Start, for help around the home, as a point of contact for meeting other people in the community and to get her children involved in play groups and outings.

Cross-agency co-operation around safeguarding

Case Study Twenty-Six White British boy of three. Lives with mother, brother and father. Police referred the family, as the mother was arrested on a warrant for failure to appear. Police reported 2 young children who were neat and tidy but the flat was a mess, with tools with sharp edges lying around and dog faeces on the floor. Mother is also pregnant. Core assessment undertaken. Mother appears to sporadically care for her children's needs…she needs support to keep house clean and safe and children need support in basic hygiene. Boys are generally well behaved and healthy. Social worker, concerned to support the mother and meet the obvious needs that she had, so referred the family to Sure Start to offer support and advice and to ensure that she maintains a clean and safe home condition. Mother agreed and will visit Sure Start. The social worker did not envisage further action on her part at this stage, given the contribution of the other agencies.

In only one authority, Southshire, was there explicit disagreement with some of the assumptions built into the concept of 'safeguarding'. Some social work respondents argued that the notion of safeguarding was actively unhelpful, in that it blurred the respective statutory responsibilities they and their colleagues had for what they continued to call 'child protection'. Furthermore the breadth of safeguarding was seen as 'de-skilling' and to pose a threat to the understanding of people in the community about the professional role of the social worker. Indeed, in some cases, this lack of clarity was argued to threaten the civil rights of parents who may not be aware of the potential actions which could follow their contact with a social worker. Indeed, this position could be seen to have the same degree of *philosophical integrity* as the other views, and to reflect a wariness about the sorts of concerns about 'net-widening', which have been articulated in previous policy and practice eras.

b) The existence of easily accessible policy statements about child protection in the area c) Evidence of a robust dissemination strategy for policy statements around safeguarding

Inevitably it was unrealistic in our four study authorities to disentangle *accessibility of policy statements* from *strategies for dissemination*. We therefore combine our conclusions about these two areas of work.

While the preceding section (a) explored the degree of consensus amongst respondents, here we focus on formal documentation including hard copy or web-based material on policy and procedures in respect of safeguarding. The picture across the four local authorities was diverse and they had different approaches and strengths. For example, one authority (Southshire) had developed a very impressive and easily accessed web-based explanation of the work of its Safeguarding Board. Through this website, it was possible to find information including the board structure; inter-agency training opportunities and events; a bulletin board; procedures manual and a safe parenting handbook. None of the other three authorities had exploited the potential of the internet in this way and relied largely on paper-based dissemination of protocols and procedures. For example, Midtown was able to quickly supply a disc containing documents which were regularly updated and disseminated to staff.

It is tempting to equate dissemination with written publicity, mail shots and email approaches. However, as importantly are the channels for information, provided by well-informed staff working with other professionals. In City Borough, the .5 social worker fulfilled a crucial role as a disseminator of information. Her accessibility in the Centre meant she was easily available for the obtaining of information, both formally and informally. In Midtown there was a schedule for social workers to regularly visit the local programmes and update them on policy on safeguarding.

In some cases, different initiatives had been tried and subsequently abandoned because of pressures of time and/or lack of interest on the part of the audience. Area teams in East Borough had developed a schedule for inviting into the office, relevant workers in the area, in order to help them understand what social workers do in the context of safeguarding. However, this pioneering initiative had ceased by the time we were collecting data, because of lack of interest and/or pressure of work. Thought was being given to designing new ways to disseminate information.

2) Transcending barriers generated by traditional ways of working

The challenge of developing new ways of working lies at the heart of the Every Child Matters change agenda and is the focus of this study. These new approaches include inter-agency working; inter-disciplinary working; and sometimes multi-disciplinary working. Sometimes these concepts overlap, but in many other circumstances, they don't. Distinguishing between the different 'new approaches', as well as understanding how they were implemented, were two tasks central to our understanding of activity in the four study authorities.

In many ways, it was clear from the data we collected that the concept of multi-disciplinarity was often more readily understood and embraced than the concept of inter-agency work. This may be to do with the fact that, while *individuals* could both introduce and sustain multi-disciplinary collaborations, the level of commitment and organisational change involved in *inter-agency* collaborations could be more cumbersome and long-term.

However, to some extent this statement anticipates the description in the rest of this section of the data we collected. It is therefore necessary to integrate our data on the philosophical ideas about children's services with the data on specific organisational mechanisms on the ground. For example, by operational linkages, we mean the extent to which organisational policy and practice seek to make a tangible reality of the aspirations articulated by staff. In other words, we have succeeded in identifying a range of organisational mechanisms in each of the four authorities which shared a common aim of seeing families along a single axis with family support at one end and child protection at the other. Conceptualising the needs of families in this way would facilitate the ability of local authority services to meet different levels of need at different points in time for the same families. The data we present here will therefore relate simultaneously to the following four indicators.

- ***Operational linkages between child protection and family support***
- ***Frequency with which staff talk about 'family support' rather than child protection***
- ***Managing staff with a view to developing flexible forward thinking about the task of safeguarding children***
- ***Seeing safeguarding services in terms of 'packages' rather than as isolated services***

In reality, it is difficult to disentangle each of these four indicators, as we found on the ground evidence of a virtuous circle, or its converse. If staff talked about services in terms of packages rather than regarding them as one-off services, they were highly likely to be working in an overall local authority system where their managers encouraged them to develop flexible forward thinking about the task of safeguarding. This in turn was likely to mean they could access services through a range of operational linkages between different elements of the system.

For example, in City Borough, there was evidence of long-standing, high level strategic management commitment to transcending the various barriers generated by a more traditional way of working. All of the interviews with managers at the most senior levels revealed a complementary set of ideas. This was borne out by interviews with staff managed by the Head of Child Protection Commissioning and by the Head of Family Commissioning. The impression was of staff distributed across various parts of the system sharing a common view of the range of their statutory responsibilities towards *children in need and children in need of protection*. In terms of day-to-day collaborations between SSLPs/CCs and Children's Services, as can be seen in the Chapter 4, City Borough provided many examples of the provision of 'services as packages'. The clearest example of an operational linkage was the seconding of a .5 social worker into the SSLPs right from the start of the Sure Start initiative. Similarly, this borough had developed a Family Support Panel with a membership drawn from Children's Services, SSLPs/CCs and a range of other agencies whose brief is to respond at the earliest possible stage to concerns raised by panel members in respect of individual families. Where appropriate, a package of services would be constructed in order to forestall the development

of more serious problems. Any professional working within the borough could access this entry route for families with whom they were working.

An alternative model was in evidence in Southshire. It had the same internal coherence as the City Borough model and here, different ways of thinking about family support and child protection had led to the evolution of specific ways of working. In this local authority, the staff we interviewed in Children's Services were more likely to distinguish between need and risk, and to be less likely to think in terms of an axis between the two. Part of their sense of professional identity derived from their confidence about their ability to manage risk. They tended to equate *risk* with *complexity of need* and to have a sense of their unique responsibilities for child protection in the community. The converse of this was that both Children's Services and SSLP/CC staff regarded families using SSLPs/CCs as relatively unlikely to have complex needs. Therefore the organisational linkages between the two agencies were relatively 'frail'.

3) Strategic level commitment

The previous two dimensions of good practice have implicitly if not explicitly underlined the crucial importance of strategic level commitment, and in particular, the crucial role that managers play in facilitating and sustaining pro-active ways of responding to the needs of families in the community. Therefore, we have integrated the two aspects of strategic level commitment in order to indicate the range of different approaches in our four study authorities.

- ***Joined up working as a priority for mainstream managers***
- ***Establishing trust between managers from SSLPs and social services***

There was a mixed pattern across our four authorities, in this as in other aspects. For example, the model of policy and practice in East Borough appeared to reflect an absence of high level commitment to collaboration. This is not to say there were no examples of individual staff in SSLPs and area teams striving to engage with other parts of the children's services system, but these efforts were more likely to appear to be made *inspite* of rather than *because* of managerial support. There were other factors at work, including a recent departure of the Director of Social Services with no permanent post holder yet appointed; and the reorganisation into one central location of Children's Services. However, this relocation could itself, be seen as a reflection of the lower degree of commitment to joined-up and neighbourhood-based working in this borough. In turn, a possible lower commitment was likely to minimise rather than maximise the degree of trust between managers in different parts of the children's services system. For example, a brand new Children's Centre had opened the week before we interviewed an area manager. We were told that no senior manager in Children's Services had informed the area manager of this development, although she remained optimistic about the potential of joint work.

At the other end of our spectrum, it was clear from the experience of two of our study authorities (Midtown and City Borough) that managers could, and did,

model inter-professional sensitivity and respect, and their example was adopted by other staff. For example, in City Borough, similar attitudes and values meant that from the very outset, senior Children's Services managers had been committed to joining the SSLP board and very regularly attending board meetings. Their support for the SSLP was seen by staff in both Children's Services and the local programmes as an example of the serious commitment and support for collaboration between the two. At a different level of the organisation, in Midtown, the practice had been established, as a result of a decision taken by one of the area office managers, to 'diary-in' the planned visits to the area office of a local SSLP staff member. Simple as this mechanism apparently is, it meant that both staff in Children's Services and parents in the community could have access to the SSLP worker. Not only was access facilitated to the SSLP worker, but 'important messages' were relayed about inter-professional respect and the complementarity of roles. This opened up important channels for Children's Services to make referrals to SSLPs/CCs, should they wish to, and vice versa.

4) Clearly identified roles and responsibilities

The previous examples underline the crucial significance of how individual staff undertake their role in the organisation, and we could see the symbolic significance, for the encouragement of collaboration, of the systems we have described. However, as importantly, there needed to be clarity about the specific remit of individual roles and understanding of the limits of responsibility attaching to them.

a) Designating a central point of contact

As we recorded from the perspective of the SSLP in Part One of this report, having a central point of contact within Children's Services, is seen as invaluable to stakeholders across the system. Our four study authorities had evolved different versions of ensuring that such a contact point existed. In City Borough, the function was fulfilled by having an area team social worker out-posted for half her time in the SSLP. In another authority, Southshire, there were social work assistants in place in some areas, who fulfilled some of the functions of the .5 social worker, and the authority was giving thought as to how to expand this work to ensure that all levels of complexity in family problems could be addressed.

b) Sharing information about roles and responsibilities

c) *Co-working arrangements*

Our data suggested it was difficult to separate these two aspects. There was evidence in our study authorities of increased networking between Children's Services and SSLP/CC staff. This had served to enhance mutual understanding about the roles and responsibilities of respective staff. In Midtown, for example, 'reflections' meetings brought together staff with the aim of a range of professionals being able to talk through current cases and understand how hypothetically they might each contribute to the 'greater good'.

The half-time social workers in City Borough found it useful to attend meetings with SSLP/CC staff in order to broaden their understanding in the same way, and where appropriate, to take this understanding into the next stage of collaboration, i.e. allocating different roles. In two of the local authorities, we found recurrent examples of joint working around a family. This frequently took the form of joint visits, during which the two members of staff could share their respective expertise. This could be very helpful where an isolated mother had been the victim of domestic violence. The social worker could offer counselling and social case work around the unhappiness and fear being experienced by the mother. At the same time, the SSLP early years specialist was able to work with the children on play activity in order to address their concerns and to provide home-based developmental opportunities through play. At the level of assessment, co-working was also evident in two of our study authorities. Completed assessments reflected the input of staff in Children's Services area teams and the SSLP. The following Case Study provides one clear example of the extent of joint input between the two staff groups.

An approach to joint working

Case Study Nine: A family was referred by Children's Services to Sure Start for a range of services in order to assist them in coping with a recent diagnosis of their newborn child with Down's Syndrome. The parents are in a very supportive relationship and there are no concerns in respect of their other two children. The mother is receiving support from a family therapist at Sure Start to help her come to terms with the diagnosis, as it has left her depressed and anxious about the future. Sure Start have been present at numerous multi-agency meetings about the family, and have taken on the role of monitoring the progress of the family in accessing services.

5) New protocols/procedures for assessment, referral and information sharing

The period of our data collection coincided with the rolling out across the country of the Common Assessment Framework and ContactPoint Guidance (following the information, retrieval and tracking (IRT) pilots). Work on these was at different stages of development in the four authorities. One of the study authorities was a pilot site for the CAF and a second authority had made very substantial progress towards its implementation. In the remaining two authorities, work was at an early stage.

At the same time, for cases accepted as referrals, children's team social workers were attempting to implement the more complex practice and recording systems introduced by the Integrated Children's System). In the circumstances, it was difficult to entirely separate out progress being made towards these three respective initiatives, only the first two of which impacted directly on the SSLP/ area team interface.

a) Information sharing with Social Services Departments

The experience of all of the study authorities as expressed in face-to-face interviews reflected the ambivalence that staff had about the general issue of sharing information about families with whom they were working, and their specific views about the ability of the new initiatives coming on stream e.g. CAF, ICS, being likely to *help*, as opposed to *hinder*.

A minority of respondents in SSLPs were particularly exercised about the implications of sharing any information with Social Services at all, and spoke in terms of their anxiety that to do so would prejudice the nature of the relationship they had with families. Staff who expressed these views were probably impervious to the potential benefits of beginning to work within the system of the Common Assessment Framework, with its objectives of engaging a wide variety of workers in the community as well as engaging parents and/or carers, and referring on when needed.

b) The Common Assesment Framework

However, for many respondents, the CAF instruments for collecting and analysing information alongside family members, were seen to offer some positive opportunities for establishing better working relationships with colleagues in the area. They tended to be viewed positively by the Tier 2 workers who we interviewed as a recording and assessment tool and a set of referral forms, where appropriate. The Family Support Panels in City Borough were a particularly good example of this, and enabled the SSLP/CC to act as lead professional in appropriate cases following an assessment using the CAF instruments.

c) The Integrated Children's System

However, in some ways the responses we collected about the Common Assessment Framework were overshadowed by the Integrated Children's System (ICS), which was at different stages of implementation in our four authorities.

Each of the four study authorities were at a different stage in moving over to the new electronic systems, and for all of the study authorities, this process was a difficult one. Perhaps the most worrying feature of the introduction of the ICS was the reduction in time for face-to-face contact with families, which it was seen to entail. This system and the accompanying guidance were seen to pose a threat to face-to-face, or at least over-the-telephone contact with other staff in the course of information sharing on a more traditional basis.

Staff found themselves spending very considerable periods of the day inputting data into computers and most respondents felt very strongly that this had two negative consequences for them as social workers. Firstly it meant that they were trapped in front of their computers, rather than talking to people, either to families or to other staff. Secondly, the introduction of the ICS could act as a block to the early stages of establishing relationships with families referred from

a SSLP for a 'child in need' service, since this system requires social workers to record very detailed information on all family members at the very first stage of engagement. There was a discernable impression, even if it varied in intensity across the four authorities, of social workers seeing the ICS as an onerous additional set of documentation/forms to complete, rather than as a process, within which a range of activities could take place as appropriate on the basis of sound feedback and data about family circumstances and need. There was also continuing confusion as to how the data collected through the CAF assessment framework prior to a referral, for example, from an SSLP worker, was going to feed into the ICS assessment conducted by the area team social worker.

We were exploring the issues associated with information sharing in a particular time scale, during which there was considerable pressure on staff in different parts of Children's Services Departments, generated by the introduction by a range of new ways of working. It was easy for staff to confuse one or more issues. Given that the ICS was primarily impacting on social workers, the most articulate views about this tended to be expressed by them. However, it would be a shame if the disadvantages of the ICS are allowed to disincentivise or undermine the developing networks we found around the use of the CAF instruments.

6) Having a multi-disciplinary team based in one building

A key emphasis in the literature on improving Children's Services is on the physical location of both individuals and teams. There is a tendency for the concept of co-location to be easily confused with the notion of multi-disciplinary working. While the former may facilitate the latter, they are different ways of organizing service delivery. In this report, we have used the term co-location to denote the fact that different teams from different agencies can be based in one building and we have used the term multi-disciplinary team to denote staff with different professional backgrounds, working as members of the same team or agency. For example, an SSLP/CC will have a range of professionals working together, however, this will not depend on their being in one building. As we have emphasized in earlier work (Tunstill et al., 2005b), being based in the same building does not necessarily lead to better working relationships or, indeed, 'better joined-up working'.

a) The advantages of co-location/multi-disciplinary working for informal contact
b) The advantages of co-location/multi-disciplinary working for formal contact

Our four local authorities spanned a range of approaches to both co-location and multi-disciplinary working. In one authority, East Borough, (with the exception of a Children's Centre, which was being created from a Family Centre, and where multi-disciplinary working was planned), there were no co-located teams. Indeed, the 'model of physical location' in this borough constituted an additional challenge to multi-disciplinary working in the view of

many Children's Services respondents. In the study period, all Children's Services workers were being located in one building, seen by many respondents to be relatively inaccessible to much of the borough. Respondents from both SSLPs and Children's Services saw this as unhelpful and as providing a barrier which they would have to overcome on the basis of their own personal commitment. While this borough did provide some examples of individual collaborative aspirations on the part of Children's Services workers, these tended to be in the minority and, as can be inferred, to have arisen in spite of, rather than because of, the location policies in the authority. It could not be argued that this strategy on the face of it was helpful to the development of multi-disciplinary work on either a formal or informal basis, even if individual workers overcame the challenges involved.

By comparison, City Borough, while not yet having co-located teams on the ground (these were part of the next phase of policy development), had devised sophisticated processes to facilitate multi-disciplinary working. The .5 social workers in the SSLPs/CCs, provided clear examples of the positive advantages of multi-disciplinary work. They could not be said to be co-located, as they were, as can be seen, individual social workers, but they contributed a discernable social work input to the overall SSLP/CC workforce.

The other two study authorities reflected aspects of both of the above examples. Midtown had one Children's Services team co-located with a Children's Centre, although, ironically, this did not seem to have produced automatic benefits. There had been a prolonged and somewhat strained debate as to 'which bit of the building' ('better or worse?') the Children's Services team were to occupy. This served to underline the limits of physical co-location as a *guarantee* of multi-disciplinary work, even if strenuous efforts were made to facilitate closer working relationships through study days and reflection sessions. Again, by comparison, even in the same authority, in the absence of physical co-location, we found clear evidence of multi-disciplinary working, which took the form of visiting sessions from the SSLP staff being welcomed into the Children's Services area office on a regular weekly basis. In advance of their arrival, the Children's Services team would have booked them appointments.

Both Midtown and Southshire provided an example of the extra tensions which could be generated by co-location if careful thought were not given to the implications of families using the same building in different levels of 'personal distress'. In both these authorities, some tensions had arisen where SSLP/CC staff were unhappy at the behaviour of some of the families visiting the building to use social work services rather than, for example, access breastfeeding support. Families in crisis might behave in a way which was unfamiliar, and potentially disconcerting to SSLP/CC staff and some of the parents who use their services.

7) A robust training strategy

In the first Part of this report, we identified the importance of robust, creative and accessible training strategies for stakeholders in the SSLPs. The workforce

who we were studying in the SSLPs, by definition, were not, for the most part, qualified social workers, even if a social worker was part of the team. The majority of the team members, for example early years workers, health visitors and literacy and numeracy specialists, would not have been exposed to child protection work *as a major component of their own discipline*, even if they had undergone some child protection training. By comparison, the Children's Services workers who formed a large part of our interview sample, were qualified social workers for whom child protection would have been a major component in their own qualifiying and, in many cases, post-qualifying level training.

In the context of the SSLP/CC, these children's social workers became part of the *supply* as well as the *demand side*. In other words, their own skills, knowledge and experience left them well-positioned to offer training and development to their non-social work colleagues in respect of basic child protection knowledge. At the same time, their own needs for training were expanding in parallel with each new government initiative coming on stream. Their own training needs derived from the need to operate systems such as the CAF, the ICS system, the Information Sharing Guidance, as well as to develop their own existing level of professional expertise in various aspects of children's social work.

a) Programme-wide encouragement and enthusing of staff to access opportunities for training

The social workers we interviewed who expressed the most committed as well as realistic attitudes towards' safeguarding as everybody's business', stressed the importance of training. They were enthusiastic about accessing opportunities for their own training. They also gave the impression of engaging with wider debates about training in the agency. In some cases, they themselves were in the process of undertaking post-qualifying child care award courses; in other cases, they were providing input into work-based training for their colleagues from early years and/or health. This was true, to a greater or lesser degree, across the four authorities.

d) Having a strategic plan to make good any gaps in capacity through training
c) Harnessing the potential of induction training
d) Having a comprehensive and integrated training scheme in place

Where there was evidence that an authority had a strategic plan to make good any gaps in capacity through training, they were also likely to be undertaking the other two tasks above, i.e. harnessing the potential of induction training and having a comprehensive and integrated training scheme in place. In other words there was a virtuous circle linking *overall strategic planning*, and being sensitive to individual training requirements. This was also associated with providing accessible information about training: for example, Southshire and Midtown are distinguished by their very informative websites, which provide extensive information about their respective training strategies.

Such formalised systems are only part of the story. At the same time, it was obvious in City Borough, for example, that individual social workers could themselves, through their own work, provide a day-to-day 'model' of high quality practice in respect of safeguarding. This constituted a form of training in the widest sense, a fact confirmed by SSLP respondents who indicated that they were influenced by such examples. Seeing their social work colleagues providing casework and other services to families, served as an example of good practice. It also served to demonstrate very tangibly, what could 'be gained' from undertaking training. Working alongside a qualified, but accessible social work colleague, was seen by other staff as a very valuable resource for themselves and their colleagues in the SSLP/CC.

8) Using referral systems to build bridges, not barriers

One additional lesson emerges from the data we describe above. It is about the importance of valuing the contribution which every member of a multi-disciplinary team can make to improving outcomes for children. This sense of worth can only be developed if different workers avoid the temptation to stereotype colleagues, by for example, only seeing social workers as responsible for services when there was a question of abuse or neglect. In this case the allocation of a social worker was seen as *inevitably conveying stigma*, and early years workers were seen as *only capable of work with very* '*straightforward ' families*. Such unhelpful views of each other could extend to similarly negative views of each others' agency systems, and mean for example , that a 'referral' was seen as necessarily a negative, if not invasive and oppressive strategy. We have described some of these attitudes in earlier reports (Tunstill et al 2005b, Chapter 6) . For example, as we found in earlier phases of implementation data collection, even the word *referral* was overlaid with negative connotations by some SSLP staff, as they equated it with the involuntary use of services by families, imposed by social workers.

What was therefore required, (in the interests of children and their families), was a multi-layered strategy, capable of overcoming stereotypes and of facilitating the development of a sense of mutual respect, which was based on accurate knowledge of each others' roles and responsibilities. It appeared from responses in all four of our authorities that for this strategy to be effective, three key components needed to be in place. However in reality the three are closely associated with each other. Fundamental to many of the issues around collaboration in the task of safeguarding is the need to share an understanding of thresholds for the provision of services and allocation of work to different professional groups and agencies.

a) Shared understanding and acceptance of thresholds

As Stevenson (1998) has commented, although the word 'thresholds' is increasingly used in the field of child protection and it raises a variety of issues about definition and implementation. "For all concerned, whether the professionals or those in the judicial system, difficult and crucial discussion on thresholds, in the end, remain a matter of judgement in which opinions may unfortunately differ…" (p 96).

It is commonly used to refer to a judgement about the seriousness of the child's need using Children Act definitions about actual or likely harm or impairment and moreover, is linked to priority categories established within an individual authority which determine whether a service which may be needed will actually be provided. Eligibility criteria describe, for those people who are eligible for service provision, the type of service they can expect to receive (linked to the judgement about seriousness/priority).

In many ways therefore, thresholds represent either a gateway or a potential barrier into services if they are seen as being set at the wrong level. If they are too high, then social services input will be reserved for cases manifesting only the highest levels of concern and risk.

In our four authorities, it was clear that the Children's Services Departments had clear and accessible documentation laying out the various levels of need at which access to services would be triggered. We found two or three main strategies for disseminating this information about thresholds. The most popular by far was a written statement easily available from the authority website. Secondly, all of our authorities had provided face-to-face information sessions and discussion groups around the topic of thresholds, although they varied in their regularity and the extent to which they attracted staff from a range of professional groups. In the third case, the task of explaining and articulating the rationale of thresholds was undertaken by the seconded Children's Services staff. For example, in City Borough, the out-posted social worker had obviously played a key role in minimising tension around thresholds. Similarly, in East Borough, the link worker had begun to provide a similar, although less on-the-spot service (This was intended to address some of the reluctance identified in that borough, on the part of SSLPs/CCs, to make referrals to Children's Services other than in a relatively informal, anonymised way, which left Children's Services in the position of acting on only partial information).

It was clear that the opportunity to have a discussion about thresholds, rather than just read about them, did help. However, the most 'sympathetic attitudes' towards thresholds were associated with a parallel ease of access into universal or level 1 and 2 services. For example, in City Borough, the rationale of the Family Support Panels (see Chapter 2), was almost entirely to keep these other doors open and avoid a situation where *threshold*s themselves were the only determinants of access to services. In other words, in a system where there were several opportunities for non-children's services staff to help their families access a range of less complex services (at the same time, as appropriately, access child protection services), inter-disciplinary tensions were minimised. The converse of this is that when other SSLP staff had concerns about child protection issues in a family, they were comfortable with the idea of making referrals.

b) Confidence in information sharing both with parents and other professionals

As we have indicated in the paragraph above, information sharing is an early casualty of confusion around thresholds. Of our four authorities, it was clear two of them had succeeded in forging trust and reciprocal information sharing practices between SSLPs/CCs and Children's Services. The basis for this 'success' appeared to have two aspects. On the one hand, it was clear that the presence, even on a part-time basis, of a social worker in the SSLP/CC played a huge part in breaking down resistance, and providing opportunities for the early eliciting of advice and sharing information about concerns. At the same time, this needed to be complemented by Children's Services workers being seen to look outside of their own systems and to demonstrate their awareness and appreciation of community based family support services.

Information sharing can work

Case Study Twenty Two: Police referred a four-year old white, British girl to Children's Services for health concerns for the children following a domestic violence incident. There had been on-going domestic violence in the home, and counter-allegations made by the father of child neglect by the mother. An Initial Assessment was completed, identifying some hygiene concerns, for which the parents requested assistance. The parents were referred to Sure Start who became involved in helping the parents with safety and hygiene issues around the home. This case was notable for the high level of collaboration between Children's Services and Sure Start, as recorded in the case file notes. Sure Start were involved in all meetings regarding this family, and updated Children's Services about their progress on a regular basis.

This sense of mutual awareness and respect led to a two-way traffic for information. Not only were SSLP/CC workers well-positioned to share information with Children's Services, but Children's Services could draw on the advice of their SSLP/CC colleagues in planning service packages for families.

It would be a mistake to equate progress in this respect with co-location because, even being in the same building was not a guarantee of sharing information, and similarly, not being in the same building did not preclude it. Midtown provided a very good example of this dynamic. In one area, the social work team was co-located in the Children's Centre, and a range of tensions had surfaced which appeared to be impeding any real collaborative work. On the other hand, in another area of the city, close relationships had been established where the SSLP did not share premises, but where SSLP staff were welcomed and had been given a very positive and clear role in the work of the area team.

Where the two-way transmission of information was happening, it had clearly been facilitated on the basis of explicit and frank accounts of people's different roles, not through sacrificing 'accuracy' by fudging job descriptions and denying some of the specific responsibilities of Children's Services for aspects of safeguarding work with families with more complex needs. Southshire were addressing this task and social workers were concerned not to mislead either

their colleagues or families in the community as to their statutory responsibilities.

c) Systematic recording systems

Finally, the same issue in respect of recording systems emerged across all of our four authorities. As we have described in Chapter 2, they were at different stages of implementing new electronic systems, and were facing particular challenges such as in East Borough where the re-location of every area office into one building had huge consequences for paper-based records. Training was in place to facilitate record keeping in every authority.

However, perhaps the key finding from this whole study was the selectivity of recording systems, as demonstrated by the fact that none of the four authorities recorded SSLPs/CCs as a referral source on their electronic systems! It might be noted that our questions on this issue typically elicited the following response "*yes, you are quite right, we could have done this, it would have been helpful*…" (Intake Manager).

In the first part of our study, we had identified the need and the feasibility for SSLPs/CCs and Children's Services staff to develop shared and systematic recording systems which facilitated their day-to-day collaborations. In the second part of the study, our data collection in the file study revealed the high standards of record keeping on the part of Children's Services staff. While these individual child and family-level records are crucial, it is important not to overlook the symbolic significance of 'what gets recorded' on the electronic systems. It is probably the case that the picture that we have been able to construct in Part Two of this report would have been more expansive and inclusive of examples of good practice had the identifier "SSLP/CC" been in place. It is also likely that the four authorities would have benefited from the information in their strategic planning, as City Borough demonstrated by supporting an evaluation of the use of SSLP/CC and Children's services in the borough. The evaluation findings were helpful in subsequently supporting the efforts of Children's Services to make joint plans for service design and delivery.

Conclusion

This section has provided a synthesis of the data collected across our four authorities within the same framework which we used to identify and explore good practice in 8 individual SSLP/CCs in respect of safeguarding. The 'template' we adopted has, for the most part, proved as relevant to understanding policy and practice in Children's Services departments as in individual agencies such as SSLPs/CCs area. This perhaps demonstrates the common challenges which face all of those staff in agencies associated with the delivery of services for children-in-need, including child protection services.

The nature of good practice remains remarkably consistent no matter which 'end of the lens' one looks through. In other words, although the nature of good practice can be seen more sharply at the individual agency level, there need to be appropriate, underpinning supports in the form of authority-wide policies and

protocols. The final section will highlight those supports necessary for the sustaining of safeguarding services across the authority, likely to be helpful in meeting the needs of children and families in various circumstances.

Chapter 5: Study Summary and Implications for Policy and Practice

This study of the safeguarding activity of Sure Start Local Programmes, and of their children's centre successors, was designed with the following objective:

to explore the existing and planned contribution of SSLPs to the objective of staying safe, and to examine their strategic and operational inter-relationships with social services departments, in order to identify existing good practice, and identify pointers for further developing good practice within the context of Children's Centres.

In the event it has provided an opportunity to hold up a mirror to an important aspect of the implementation of the Every Child Matters change programme at a crucial period in time- the joining up of child protection services with the broader family support agenda. In this period the SSLPs which we studied were in the process of moving into the wider children's centre framework. In fact in some of the areas we studied, the SSLPs had already become part of children's centre clusters. In other areas this process was either just beginning, or was part of the way through. Therefore, as well as it's specific focus on *safeguarding*, the study has provided an opportunity to identify and explore some of the overarching issues around inter –agency collaboration which are raised by ECM , as well as to identify and explore a number of the specific organisational and procedural changes involved in respect of children under four .

These changes include the move from the notion of *child protection* towards the broader conceptual framework of *safeguarding;* the sharing of information about individual children; the impact of thresholds on joint working*;* and the role of training. Therefore, although we have focussed on the role of SSLPs /CCs, in many ways the study is a complementary one to the earlier studies of children's trusts (University of East Anglia & National Children's Bureau, 2006) and of the implementation of the Common Assessment Framework (Brandon et al, 2006). It also complements (some of) the thirteen studies just getting under way within the current Safeguarding Children Research Initiative, commissioned by the DfES in 2006 . Most importantly, the study findings will have relevance to a range of the agencies in children's services networks at the local level, including children in older age groups, whose safeguarding needs, it is envisaged, will be met in part by services delivered by extended schools under arrangements not dissimilar to those that have been used for younger children via the SSLPs.

- **Main findings**

As we have explained at the end of Chapter 2, the four authorities we studied had approached the task of designing collaborative relationships between the different parts of their children's services provision in rather different ways, which reflected local characteristics and existing relationships. These emerging "organisational styles" included *local area emphasis*; *a single point of access model*; and a single *cross authority service design*. However regardless of the

individual model adopted, as we have shown in the previous chapters, a range of common issues can be identified which emerged across all four authorities.

Before describing the detailed policy implications which emerge from our analysis of the data, it is important to highlight three overarching issues which we identify below:

(1) forging inter-agency links between different parts of the Children's Services system is a lengthy, complex, multi-faceted and on-going process;

(2) the forging of inter-agency links requires the existence of efficient, complementary mechanisms around assessment and recording e.g. the Common Assessment Framework, and appropriate, reliable and sensitively designed IT systems;

(3) the specific policy era within which the study was undertaken has been very costly in terms of the *change management* systems involved , which have for example, required experienced staff to join a number of committees at the local level and/or to undertake a range of training courses. Inevitably there have been some steps back in the process of introducing these new systems, particularly so in the case of large non-unitary authorities (exemplified in this report by Southshire) with their more complex partnership arrangements.

Specific findings

a) the role of the Common Assessment Framework

The Common Assessment Framework process is intended to make an important contribution to the delivery of integrated front-line services, as outlined in the statutory guidance around interagency co-operation and safeguarding and promoting the welfare of children under the Children Act 2004. It is a framework and a set of tools for a shared approach to assessment and referral to be used across all children's services and all local areas in England. The intention is that every practitioner working with children should have an understanding of the CAF process and every organisation delivering services to children should ensure at least some of its staff are trained to complete assessments, using the CAF instruments.

It should be noted that this requirement may have additional implications for staff within those authorities who have developed 'customer service or call bank' approaches for the initial sifting of referrals (the case in Midtown) as these systems will need to adapt to the more 'neighbourhood' and 'network' approach to referrals encouraged by the CAF systems.

One important potential barrier in maximising access to services is the issue of stigma. In the earlier section of this report, we have recorded responses from SSLP/Children's Centre staff which indicate their level of reluctance to 'encourage' people who use their services to go to Children's Services (social work services). All too often, social work input is equated unhelpfully with

issues around inadequate parenting and/or child protection in the minds of both community members as well as members of the workforce. As we explain above in Part One of this report, it is important to support the construction of 'bridges' to services and minimise such possible barriers. The CAF, properly implemented, has considerable potential for beginning to erode the perceived stigma associated with accessing *social work* services. It *can* provide a bridge for communication between members of the children's workforce who are in a position to look beyond the stereotypical image of such services in respect of individual children, and to transmit this positive message to families with whom they work. At the same time it can help underpin, to the benefit of children and their parents, the provision of a "seamless service" across service activity at Tiers 2 and 3.

For this to work to the benefit of families and to facilitate the cost effective use of staff time, further work is needed to explore how the CAF approach and referral systems fit with ContactPoint, which is now being introduced as the assessment and recording system which underpins children and family services, in respect of work at Tiers 3& 4. This will be a particular challenge for first line and middle managers whose contribution will be pivotal in encouraging the *opening up* rather than *closing down* of service options.

b) the impact of recruitment and retention challenges

All four authorities were aware of the need to keep the staff they already had and to remain competitive as recruiters of new staff. There were variations between the recruitment and retention 'situation', even within authorities. For example, while recruitment was largely buoyant in Midtown, some of the area offices found it more difficult to recruit or retain staff than others. London boroughs faced traditionally more challenging scenarios in respect of recruitment and retention, but City Borough had, up until very recently, managed to retain key staff, in particular at the most senior levels, over a very long period. Regardless of turnover rates, where there were diverse populations, authorities had acknowledged the need to recruit a workforce whose ethnicity and/or other characteristics would be helpful. There was universal acknowledgement of the strengths which having a stable and well-established workforce could bring to the development of inter-agency collaborations. 'Ancestral memories' could be very useful in setting in context the nature of current anxieties and help staff keep in perspective the demands generated by new ways of working.

c) the need for sophisticated IT systems for recording

Accurate record-keeping in this area would have enabled the four authorities to have a clearer picture of the accessibility/flexibility of the entry points into Children's Services and to facilitate a 'whole systems view' of recording to which various workforce stakeholders feel they can contribute, and from which they see 'their families' as benefiting. Record keeping, while regarded by many practitioners as time-consuming offers a pathway in to the 'right service packages' and should be seen as proactive and capable of providing a helpful response to emerging family problems in the community. At the same time, it

can improve collaborative working. In particular being able to easily quantify and therefore to reflect on the policy and practice implications of referrals from the SSLPs/Children's centres would have been helpful to the local authorities in a range of ways, whether they were considering service, or indeed staff development, issues.

However, for the most part, the challenges around IT systems were generated by factors outside of the control of the local authorities. They were extremely dependent on the quality of the IT packages available to them and the phased implementation process for some of these systems meant that staff were often working with 'one hand tied behind their back'. They all acknowledged there was no alternative and were, for the most part, trying to remain optimistic about the potential benefits which would accrue when the systems were fully bedded in.

d) the need for clarity of language

Many of the responses from staff and managers with whom we spoke underlined the lack of precision with which a number of important terms are currently being used. Although such ambiguity will have an obvious impact on the collection of data such as that presented in our study, confusion on the part of workforce stakeholders can also have an impact on day- to- day collaboration. In particular a blurring of the terms, *co-location* ; *attachments*; *multi-disciplinary teams*; and *out-posting* can influence workers' expectations of each other, and make it difficult to be clear about lines of accountability. The task of clarifying such issues might well be addressed in induction training, and revisited in the course of supervision sessions and appraisals.

Particular importance attaches to the use of the word 'family support worker'. This area of work is assuming a central role in the context of current policy developments, including around both Children's Centres; and extended schools. The term can be applied to both individuals and teams, and as we have shown tends to be currently deployed differently in different authorities. A family support worker may mean a social care worker who works under the supervision of a qualified social worker, while a family support team may comprise a combination of social workers and family support workers. (It is likely that the dissemination of findings from a Children's Workforce Development Council-commissioned *Scoping Study of the Family Support Workforce*, recently completed by one of the researchers (Tunstill et al., 2007) may be helpful in maximizing cross workforce understanding.

e) the strengths and limitations of co-location and of multi-disciplinary teams

As we commented in section two on page 116, there is great potential for confusion between the overlapping concepts of multi-disciplinary and multi-agency working. Many of the current policy initiatives associated with Every Child Matters, including Children's Centres, stress the potential advantages of specific *multi-disciplinary* teams as well as *co-locating* teams from different parts of the children's workforce in one set of premises. While co-location (not

synonymous with multi-disciplinary) can bring benefits (both for workers, and for those for whom they provide services) for staff to be able to be accessed in the same building, there are some instances where some users of services may be disadvantaged. Co-location should certainly not be seen as a 'magic solution' and it's consequences for different groups of families should be carefully thought through. Some families, as our data have shown, may be going through especially stressful and difficult periods, including being the subject of formal child protection inquiries. In these circumstances their level of distress, and in some cases of aggression, may mean they require a more discrete and/or confidential entry point to services than through the front door of a children's centre. Conversely parents using a children's centre to access (only) day care provision may be deterred if they encounter angry parents whose circumstances they do not understand. It is therefore crucial for service planning to acknowledge the diverse nature of parental /family needs at different points in time and in the context of different personal circumstances. Service planning needs to ensure there is an adequate degree of choice for parents. One option may be to ensure that local provision includes, alongside Children's Centres, a continued mix of family centres, i.e. drop in *and* referral; as well as referral only.

A related point in respect of co-location and of multi-disciplinary teams, attachments of social workers and/or out posting of staff, is the set of challenges posed by the nature of area team boundaries. Where area team boundaries are drawn in such a way that more than one team covers the area of a children's centre, this may make some or all of these organizational arrangements more complex than they at first seem. Careful thought needs to be given to building on existing linkages as well as to forging new relationships, if some families are not to receive a less high quality safeguarding service than would have been the case under existing arrangements.

f) bridging the gap across age groups

One of the acknowledged limitations of SSLPs was the unhelpful rigidity of the age and geographical boundaries within which they were required to operate. This was seen to have constituted a barrier to the development of broader based work with 'the whole family' and especially where an older child was the focus of concern .Whilst their children's centre successors offer a service to a slightly larger age group, they still focus on pre-school children, although they cover larger geographical areas. Some of the innovative approaches towards the provision of safeguarding children services, which we identified from our data on the four study authorities, related only to younger children. Some, such as the Family Support Panels in City Borough, have the potential to operate across age divides, by developing family support plans which include older children in the families. Children's Centres, along with other agencies, can form one part of a coordinated network of children's services, relevant to children of different ages. Given the speed of roll-out of the *Every Child Matters* initiatives, the need to ensure that lessons are learned from the ways in which SSLPs and children's services teams succeeded in working together for the benefit of children who may be in need of protective services, is a particularly urgent one.

The study findings clearly underline the fact that staff across our four authorities shared the belief that ‘safeguarding is everyone’s business ‘ and staff in different parts of the children’s workforce acknowledged their potential contribution to this task. At the same time, while broadly sharing this common philosophy, the organisational means to the desired end varied: different authorities had developed different approaches. What is clear is that each of these strategic styles have much to offer other authorities in terms of *lesson*s *learned* and *approaches tested out*. We believe that the data we have described can help inform the implementation by other agencies, of flexible policies to meet the needs of the most vulnerable children - those whose development is likely to be impaired without the provision of co-ordinated safeguarding services.

REFERENCES

Abbott, S. (1997) *The Castlefields Social Care Project: An Evaluation.* Liverpool: HaCCRU.

Aldgate J & Tunstill, J (1997) *Making Sense of Section 17- implementing services for children in need within the 1989 Children Act*. London: HMSO.

Aldgate, J, Jones, D, Rose, W and Jeffery, C. (2006). The Developing World of the Child. Jessica Kingsley Publishers: London.

Allnock, D. , Tunstill, J., Meadows, P., Akhurst, S., Chrysanthou, J., Garbers, C., & Morley. A. (2005). *Implementing Sure Start local programmes: an in-depth study.* London: DfES.

Appleton, P.L., Boll, V., Everett, J.M., Kelly, A.M., Meredith, K.H. & Payne, T.G. (1997). "Beyond child development centres: care and coordination for children with disabilities. *Child: Care, Health and Development,* 23 29-40.

Atkinson, M., Doherty, P., and Kinder, K. (2005). "Multi-agency working: models, challenges and key factors for success," *Journal of Early Childhood Research* 3(1) 7-17.

Audit Commission (1994) *Seen But Not Heard: Co-ordinating Community Child Health and Social services for Children in Need*. London: HMSO.

Ball, M. & Niven L. (2005). *Buildings in Sure Start Local Programmes.* DfES: London.

Barnes, J., Cheng, H., Howden, B., Frost, M., Harper, G., & Dave, S. (2006). *Changes in the Characteristics of SSLP Areas Between 2000/01 and 2003/04*. London: DfES.

Birchall, E., & Hallett, C. (1995). *Working Together in Child Protection*. London: HMSO.

Brandon, M., Salter, C., Warren, C,. Dagley, V., Howe, A., & Black, J. (2006). *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation, 2005-2006*. London: DfES.

Brandon, M, Lewis, A, Thoburn, J, Way, A. (1999) *Safeguarding Children with the Children Act 1989*. London: TSO.

Cameron, A., and Lart, R. (2003). "Factors Promoting and Obstacles Hindering Joint Working: A Systematic Review of the Research Evidence," *Journal of Integrated Care,* 11 (2) 9-17.

Cameron, C., & Statham, J. (2006). Variations in duty arrangements to respond

to concerns about children's welfare. *Health and Social Care in the Community*, **14**, 167-176.

Carpenter, J., Brown, S., & Griffin, M. (2007). Prevention in integrated children's services: the impact of sure start on referrals to social services and child protection registrations. *Child Abuse Review* **16**:1, 17

Carpenter, J., Griffin, M., and Brown, S. (2004). The Impact of Sure Start on Social Services. Durham Centre for Applied Research.

Challis, D., Chessum, R., Chesterman, J., Luckett, R. & Traske, K. (1990). *Case Management in Social and Health Care: The Gateshead Community Care Scheme.* Canterbury: Personal Social Services Research Unit, University of Kent.

Children's Workforce Development Council. (2006). CWCD Induction Standards. www.cwdcouncil.org.uk/projects/inductionstandards.htm.

Cleaver, H & Walker S. with Meadows P (2004) *Assessing Children's Needs and their Circumstances: the impact of the assessment framework*. London: Jessica Kingsley.

Colton, M., Drury, C., & Williams, M. (1995) *Children in Need: Family Support under the Children Act 1989*. London: Aldershot Gower.

Commission for Social Care Inspection (2005a). Safeguarding Children: The second joint Chief Inspectors' Report on Arrangements to Safeguard Children. CSCI: London.

Commission for Social Care Inspection (2005b) Making Every Child Matter – Messages from Inspections of Children's Social Services. London: Commission for Social Care Inspection

Commission for Social Care Inspection (2006). *Supporting Parents, safeguarding children: Meeting the needs of parents with children on the child protection register.* CSCI: London.

Connor, A. & Tibbit, J. (1988) *Social Work and Health Care in Hospitals.* Scottish Office: HMSO.

DfES. (2006a). *Referrals, Assessments, and Children and Young People on Child Protection Registers, England - Year ending 31 March 2006.* http://www.dfes.gov.uk/rsgateway/DB/SFR/s000692/index.shtml.

DfES. (2006). Planning and Performance Management Guidance for Children's Centres. http://www.surestart.gov.uk/publications/?Document=1852.

DfES (2003) *Every Child Matters Green paper*. DfES: London

DfES (2004). *Every Child Matters: Change for Children.* DfES: London.

Department of Health (1990) *Patterns and Outcomes in Child Placement: Messages from Current Research and their Implications*. London: HMSO.

Department of Health (1995) *Child Protection: Messages from Research*. London: TSO.

Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office

Frost, N (2004) "Professionalism, partnership and joined-up thinking: a research review of front-line working with children and families," in *Research in Practice Signposts 1.* Devon.

Hardy, B., Leedham, I. & Wistow, CI.J. (1996). Care manager co-location in GP practices: effects on assessment and care management arrangements for older people. In: R. Bland (Ed) *Developing Services for Older People and their Families* pp161-78. Jessica Kingsley: London.

Henricson, C., KatZ, I., Mesie, J., Sanderson, M and Tunstill, J. (2001) *The National Mapping of Family Services in England and Wales.* London: NFPI.

HM Government. (2006). *Working Together to Safeguard Children*. London: TSO.

HMT (1998) *Comprehensive Spending Review: Cross Departmental Review of Provision for Young Children*

HMT (2004) *Ten year strategy for childcare: Guidance for local authorities*

Murphy, M. (2004). *Developing Collaborative Relationships in Interagency Child Protection Work*. Russell House Publishing: Dorset.

National Audit Office (2006). *Sure Start Children's Centres.* London: TSO.

Office of National Statistics. UK 2001 Census. http://www.statistics.gov.uk/census/default.asp.

Oliver, C., Owen, C., Statham, J., & Moss, P. (2001). *Figures and Facts: Local authority variance on indicators concerning child protection and children looked after: Understanding Children's Social Care 1.* London: IoE.

Øvretveit, J. (1997). Planning and managing teams. *Health and Social Care in the Community,* 5 (4) 269-83).

Parker, J, and Bradley, G. (2004) *Social Work Practice: Assessment, Planning, Intervention and Review*. Learning Matters: Exeter.

Parton, N (1997). *Child Protection and Family Support: Tensions, Contradictions and Possibilities. The Children Act Now*. Routledge: London.

Quinton, D. (2004). *Supporting parents: messages from research.* London: Jessica Kingsley Publishers.

Sinclair, R. and Bullock, R. (2002) *Learning from past experience: a review of serious case reviews*. London: Department of Health

Sinclair R, Garnett, L, Berridge D (1995) *Social Work and Assessment with Adolescents.* London: National Children's Bureau

Sinclair, R., Hearn, B., Pugh, G. (1997). *Preventive Work with Families: the role of mainstream services*. London: National Children's Bureau.

Stevenson, O. (1998). *Neglected Children: issues and dilemmas.* Oxford: Blackwell.

Thoburn, J., Wilding, J., & Watson, J. (2000) *Family Support in Cases of Emotional Maltreatment and Neglect*. London: TSO.

Tunstill, J., and Aldgate, J. (2000) *Services for children in need from policy to practice*. TSO: London

Tunstill, J., Allnock, D., Meadows, P., and McLeod, A. (2002). Early Experiences of Implementing Sure Start. DfES: London.

Tunstill, J., Meadows, P., Akhurst, S., Allnock, D., Chrysanthou, J., Garbers, C., and Morley A. (2005a). Implementing Sure Start Local Programmes: An Integrated Overview of the First Four Years. DfES: London.

Tunstill, J., Meadows, P., Allnock, D., Akhurst, S., Chrysanthou, J., Garbers, C., Morley, A., & Van de Velde, T. (2005b). *Implementing Sure Start Local Programmes: An in-depth study.* DfES: London.

Tunstill, J., Tarr, S., & Thoburn, J. (2007). *A Scoping Study of the Family Support Workforce: A Study for the Children's Workforce Development Council.* Unpublished.

University of East Anglia and National Children's Bureau (2006). *Managing Change for Children through Children's Trusts.*
http://www.everychildmatters.gov.uk/resources-and-practice/rs00017/

Valente, M (1998) ‘Child protection: Inter agency working’ in *Practice.* British Association of Social Workers: Birmingham

Ward, H. & Rose, W. (eds) *(2002) Approaches to Needs Assessment in Children’s Services.* London: Jessica Kingsley.

Wenger, E. (1998). *Communities of Practice.* Cambridge: Cambridge.

Appendix A

The Methodology

Overall objective

To explore the existing and planned contribution of SSLPs to the objective of *staying safe*, and examining their strategic and operational inter-relationships with social services departments, in order to identify existing good practice, and identifying pointers for further developing good practice within the context of Children's Centres.

Specific aims

- To examine the extent to, and the ways in which, SSLPs and social service departments work in collaboration with each other , including the existence of specific arrangements such as direct referral routes between the two.
- To examine the extent to which SSLPs are represented in local structures such as Area Child Protection Committees/Safeguarding Boards.
- To explore the nature of concerns about individual children, which are likely to trigger a referral to social services departments, from SSLPs.
- To explore the nature of referrals from social services departments to SSLPs, and, where appropriate, identify the range of supports requested.
- To explore the range and nature of the contribution of SSLPs to positive outcomes for children, both before, as well as following, referral to SSLPs and, where appropriate, initial assessment.
- To identify and describe examples of good practice in this area of collaboration. .

Methodology
The study involves a range of methods:

- Documentary analysis;
- The collection of qualitative data from telephone and face -to -face interviews with key stakeholders;
- A study of a sample of referrals from SSLPs to social services departments.

There are 5 inter-linked phases:

1) In order to provide a national context for our study we will undertake a review and synthesis of all relevant existing data from the Implementation Module, i.e. National Survey data; Case Study Data; Themed Analysis data; as well as from local evaluation reports. We will also draw on the work in this area of colleagues in the Local Context Analysis Module to provide a *national* statistical context across all the Rounds 1-4 SSLPS. This phase will also enable us to identify important gaps in our data of which account will need to be taken in subsequent phases.

2) We then consulted with the Sure Start Unit (now known as the Sure Start, Extended Schools and Childcare Group in DfES) and the 9 Regional Development Officers in order to identify a sample of SSLPs (these 9 Regional Development Officer posts no longer exist in the same way). This sample will comprise a maximum of eight programmes, who, in the view of the RDOs, merit exploration of the progress they have made towards joint working with social services departments in the area of Child Protection/Safeguarding. We would undertake a focussed case study of each of these areas. A key focus of these studies would be to collect data which would enable us to identify the policy and practice activities and characteristics which are associated with progress along the following commonly acknowledged pre-requites of successful inter-agency child protection work (Hallett 1995; Murphy 2004):

- A shared perspective and culture
- clarity/understanding about appropriate roles and responsibilities
- absence of stereotyping and prejudice
- overcoming different professional and organisational priorities
- negotiating different sources/levels of power
- good communication and construction of a shared language
- collaboration around training

In each of the programmes we would undertake the following:

(i) Analysis of the relevant documentation on policies and procedures with a view to creating a detailed picture of local policy and practice, including systems; inter –agency and inter-departmental relationships; specific local issues. (in order to ensure consistency of data we would construct a template)

(ii) a series of interviews with the following in each of the programmes:
- Programme managers
- Child Protection Co-ordinators
- A sample of local front-line social workers
- A sample of key personnel such as teachers and police personnel.

3) We then plan to draw on the following data to select a sub-set of four local authority social services departments for more detailed study:

The four local authorities will be balanced as much as is possible to ensure that the study includes at least one local authority in London; at least one shire county authority; and one Metropolitan district. We know that approximately one third of SSLPs included in the National Evaluation (33%) are in metropolitan districts, one quarter (25%) are in shire counties, one fifth (20%) are in greater London and just over one fifth (22%) are in Unitary authorities. We will also take into account data on the development of Children's Centres in the areas, and aim to select areas where there are

'more' rather than fewer centres already in existence. We can use the list of designated Children's Centres supplied by Sure Start Unit for this purpose.

4) Again we plan to construct a template to analyse the relevant documentation for these four areas on policies and procedures with a view to creating a detailed picture of local policy and practice, including systems; inter –agency and inter-departmental relationships; specific local issues. Having identified the key personnel, we will then seek to interview the following in each of these 4 authorities:

- Programme managers in each of the Round 1-4 SSLPs within the local authority
- Social services managers responsible for Intake/Initial Assessment
- Child Protection Co-ordinators
- A sample of team leaders
- A sample of front-line workers

Through these respondents, we will also identify other key stakeholders in both the SSLP and Child Protection/Safeguarding systems, and interview them. All these interviews will be designed to elicit information on the contribution to safeguarding work of SSLPs; and on the extent to which local systems and structures facilitate or impede this task. We will develop a semi-structured interview schedule for this.

5) We will then, following the eliciting of the necessary ethical and organisational approvals, study the Initial Assessments on file, of all those children referred in the preceding six months, by SSLPs, as well as a random sample, equal to the SSLP referrals, of all those other children who, in the same six month period, have been referred by other agencies, to the six Social Services departments.

This study of files is designed to provide a snap-shot of the extent to, and the way in which SSLPS are involved in the various stages of work aimed at safeguarding children; and to highlight the specific contribution SSLPs are able to make to packages of services for children and their families. It should be noted that the key emphasis of the file study is on identifying the range of overall SSLP contributions in connection with the task of working together to safeguard children, and not, as such, on the case histories or outcomes for the individual children. These will only be studied where they illuminate policy and/or practice challenges or achievements of SSLPs in the context of *working together*.

In order to ensure standardisation of the data collected, a template will be developed for studying the files which will draw on the work already done by Cleaver et al. in studying the implementation of the common framework for assessment (2004). This will enable consistent information to be collected across files in each of the 4 authorities. It is likely to include the following:

- **Reason for referral/source of referral**

- Was the family known to any of the key agencies
- Was the family previously/already in receipt of any services
- Have any children in the family previously been registered on the S47 register
- Nature of previous work undertaken with the family
- Amount of inter agency collaboration, including, where appropriate, SSLPS involvement
- Result of referral, e.g. no further action; provision of a family support service package; a core assessment; a S47 enquiry.

Timetable/staff resource/approvals

The proposed time-scale is 18 months. It should be noted that we already have some of the data, and that there will be a degree of timetabling-overlap in the earlier phases.

Timetable

June - August 2005:
Study and synthesis of existing data held within NESS; selection of sample of SSLPs in consultation with RDOs. Design of schedules for/carrying out of interviews

August - December 2005:
Identification of key respondents in the initial sample of SSLPs, including local authority staff; collection of case study area documentation; undertaking interviews.
During this period we will also identify the sub-set of four authorities for in-depth study; negotiate the necessary permissions; and obtain ethical approval.

January – March 2006:
Collection of documentation and design of schedules for interviews in the four authorities

March - August 2006:
Interviewing key respondents in the four authorities and relevant SSLPs and study of files on relevant referrals.

August – March 2007:
Data analysis and report writing.

Staffing

Professor Jane Tunstill (50%)
Debbie Allnock , NESS Research Officer.(100%)
Sofie Akhurst, NESS Research Officer.(100%)

Outputs

The intention of this study is to identify and describe both the challenges involved in this area of work but most especially to identify examples of good practice. To that end the research team will be anxious to elicit the views of participating agencies as to what would be helpful dissemination strategies for the eventual report (subject of course to DfES approval).

Ethical Approvals

Necessary approvals and permissions would be sought through the relevant routes. We will not need health service ethics approval because all data and interviewees will be accessed via either SSLPs or local authorities. The research therefore comes under the parameters of governance for social care research. The study proposal would be submitted to the Birkbeck Ethics Committee; to individual Directors of Social Services/Directors of Children's Services. Technically the latter is not necessary as there will not be a national survey of all SSDs and the SSDs where there is an SSLP will already be engaged in the NESS research. However, ADSS permission should ease the way to access to records on individual cases which will be needed for Phase 6 of the work. We will in the meantime be undertaking phases 1-4.

(The research team has been successfully CRB checked)

Appendix B

Applying the methodology: the reality of the file study

Four Local Authorities agreed to participate and we set a timetable working with all four building in, where possible, some overlap of data collection in order to meet the final study deadline. This was initially December 31st 2006 but following the departure of one of the research officers, DfES agreed to a three month extension to March 31st 2007.

In each of the 4 authorities, the following became clear as soon as we began to interview key stakeholders:

1) Crucially, and a valuable finding in its own right, of relevance to the wider concerns of the study, we discovered that none of the four Local Authorities had recorded SSLPs as a distinct referring body; in other words, they had continued to record by traditional stakeholders such as health visitors, police, other Local Authority departments and hospitals etc...The miscellaneous category of *other* included, we found out rapidly, referrals by SSLPs.
2) Arguably as crucially, we simultaneously discovered that either some Sure Start local programmes had not kept formal records of referrals they had made to Social Services or, in a small number of cases, were not prepared to let us have the identity of these families.
3) We had made the assumption, based on the experience of Cleaver et al., (2004) that sufficient data for our study objectives could be collected from the electronic data systems within Local Authorities (e.g. SWIFT). We were only seeking to collect relatively limited data on variables such as reason for referrals; agencies involved at the time; initial assessments; family demographics etc. However, access to the electronic systems proved not to be a viable data collection strategy given the complexities of Local Authority data recording systems. "*We can't provide the lists you need… this is because we have transferred over to (well known IT supplier). I am sorry about this but am not sure what we can do in the absence of a fully functional Management Information System*" (Southshire).
4) This situation led us to decide that the most sensible way to proceed, in order to gather the data needed, was through access to hard copies of files.
5) Access on a physical basis to the files, in fact, also proved to be a less than straightforward task, more complicated in some than other cases as files were located all over the geographical area of the Local Authority. In one department, particular challenges derived from the process with which we coincided of centralising all social work services in one building in the borough. (Ultimately, we were very grateful to the Local Authorities who took responsibility to gather together files which we needed to study.)

In the light of these challenges, and following discussions with key managers in each of the Local Authorities, we further refined our methodology along the following lines:

1) Agreement was reached that we would furnish them with the entire range of Sure Start local programme postcodes in respect of the Rounds 1 – 4 programmes in their authorities. Having received the postcodes, they would then provide us with a list of all referrals they had received in the relevant 6 month period (October 1st 2005 – March 31st 2006) of children aged 0-4. In order for us to understand the relationship between the nature of referrals received from *within* SSLP areas and referrals received from *outside* SSLP areas, we asked for a list of all the referrals received by Social Services, in the same time period and for the same age group of children.
2) These processes for identifying files in the 4 authorities resulted in a very large number of referrals being identified for our study. This large number could not be assumed to include referrals from SSLPs to Social Services and indeed our parallel interviews about policy/practice with staff in the areas increased our scepticism that the referrals we wanted to study were 'in the mountain of files being provided'. As our primary objective in the file study was to understand *the way in which SSLP staff approached the task of safeguarding the welfare of children in their area, including the extent to which they involved social workers*, we took the following decision. In order to avoid being overwhelmed by an unmanageable sampling frame, i.e. data which may well not have been relevant to our purposes, and to enhance our understanding of SSLP/Social Service safeguarding collaborations, we adopted a purposive sampling strategy. There was a further reason for doing so, which concerned the different number of Rounds 1 – 4 SSLPs in the 4 Local Authorities. These ranged through one programme in one Authority; two programmes in a second authority; three programmes in a third Authority; and four programmes in the last Authority. Our sampling strategy involved stratifying the list of referrals *by referring agency/individual*. From each category of referrers, we took a random sample across all the referrals to create a manageable number of files for study. In the light of the data we were seeking to collect, and in the context of the different totals of referrals in the 4 Local Authorities, in fact, we selected an appropriate percentage in each of the four authorities.

Appendix Table 1

Local Authority	**Total number of referrals *in the* SSLP areas within the 6 month period**	**Total number of referrals *outside* the SSLP areas within the 6 month period**	**Number of files *actually looked at* in the SSLP areas**	**Number of files actually looked at outside the SSLP areas**
East Borough (3 SSLPs)	287	694	28	18
City Borough (1 SSLP)	54	749	17	13
Midtown (2 SSLPs)	151	547	21	21
Southshire (3 SSLPs)	303	Missing	25	Missing

Studying the files

In order to ensure standardisation of the data collected, a template was developed for studying the files, based on work already undertaken by Cleaver et al. in studying the implementation of the common framework for assessment (2004). This enabled consistent information to be collected across files in each of the 4 authorities. It included the following:

- Reason for referral/source of referral
- Was the family known to any of the key agencies
- Was the family previously/already in receipt of any services
- Have any children in the family previously been registered on the S47 register
- Nature of previous work undertaken with the family
- Amount of inter agency collaboration, including, where appropriate, SSLPS involvement
- Result of referral, e.g. no further action; provision of a family support service package; a core assessment; a S47 enquiry."

Locating our data within the context of national data

Local Authorities are required to return numbers of children in various categories to DfES on an annual basis in order for the production of 2 key annual data sets. 1) Referrals, Assessments and Children and Young People on Child Protection Registers; 2) Children in Need in England: Results of a Survey of Activity and Expenditure as Reported by Local Authority Social Services Children and Families' Teams.

We have drawn on both of these two different sets of data. By doing so, we have been able to focus on our study data within the context of the 'bigger picture'. We have constructed the following graphical representations, which describe the work of our 4 Authorities (in partnership with their SSLPs) against a national backdrop.

Appendix C

Template for data collection in the File Study

Contact or referral?
Age of referred child
Gender of referred child
Already known to Children's Services?
Circumstances of child (who residing with, circumstances of parents/carers)
Reason for referral
Referral source (e.g. health visitor, police, Sure Start)
Already on the Child protection register?
De-registered?
On Disability Register?
CPR code (e.g. abuse/neglect)
CIN code
Initial assessment undertaken?
Outcome of initial assessment
Core assessment undertaken?
Outcome of core assessment
Section 47 inquiry information
CAF (if done)
Any Sure Start involvement described in case file?
Any Sure Start referrals to Children's Services?
Any referrals from Children's Services to Sure Start?
Other agencies involved
Sure Start involved in any case conferences or other planning meetings?

Appendix D

Overview of the 8 SSLPs in the first phase of the study

Programme A is a round 4, urban, medium sized (861 children 0-4) inner city London Borough programme, consisting of two adjoining wards. The programme works among a diverse population, with one in three children from minority ethnic communities, of which a rising and significant number are refugees. Housing in this SSLP is characterised by a mix of owner occupied, private rented, council and housing association dwellings. Important challenges for this programme are the poor outcomes in primary school attendance and attainment in key subjects. A distinct advantage for this programme is the existence of several active community organisations in the area already providing a range of valuable services for young children and their families, upon which this Sure Start programme builds. The accountable body and lead partner is the Local Education Authority.

Programme B is a round 3 urban London Borough programme and its accountable body/lead partner is the Local Authority. It is a largely white, British population, with only 1.58% who are non-white, minority populations and is of medium size (902 children). It is in an area that has low educational achievement, long term unemployment and high levels of people dependent on state benefit. The programme is in a good location in the town centre, and is spread across 2 sites opposite each other. One building is high up but has ramps for easy accessibility. The programme focuses a lot on advice on staying healthy for parents and children. It offers lots of exercise classes like aerobics and aqua aerobics and even offers line dancing lessons! Other key initiatives are healthy eating classes and smoking cessation, parenting skills programmes and an out-of-hours service during evenings and weekends.

Programme C is a round 3, small sized urban programme (362 children 0-4) in the North West of England, with the Borough Council acting as lead partner/accountable body. Its population is predominantly white, with less than 1% who are non-white community members. This programme has the highest level of children living in workless households out of our 9 programmes. It has a high percentage of children living in lone parent households, high levels of unemployment and poor health and education outcomes. It has a range of universal services, and a very unique strategy of targeted services and packages of support.

Programme D is an urban programme located in the South West of England. It is a round 3 programme, has a 2.20% non white population and is of medium size. It is located in the middle of an estate, and is comprised of a brand new building with excellent facilities. It has a large kitchen, also used for cookery classes. The programme employs lots of parents from the local area. There is easy access to the centre from the road, with off street parking. Services include family support, counselling, individual and group-work, social work, psychology, speech and language development, physiotherapy, domestic

violence support, benefits and money advice, day nursery, father's workers, breastfeeding support group, smoke stop groups and homeopathy.

Programme E is a round 3, urban, medium sized programme (804 children 04) in the West Midlands. The accountable body/lead partner is a voluntary organisation. It is a homogenous community (white, British) with less than 1% of its population being non-white. The local area consists of council housing that in some cases has been privately bought. It is located on a residential street, and has a very large brand new building with 4 separate crèches that cater for 4 different age groups. There is a well stocked outdoor play area with lots of paintings on the ground and lots of things to climb up and over. There is also a "Jungle Bungle" – a large indoor play area with lots of huge stuffed toys and a padded climbing frame with toy snakes and vines twined through it. Next to it is a seating area for mums to drink coffee. There is a sensory room which any children with disabilities from the area can use, with flashing lights, buttons which make noises and a bubble tower of water that changes colour. There are 2 sites – 1 is at a health centre (where the old "community centre" was) so parents have the benefit of the familiarity of the old centre and state of the art facilities of the new centre.

Programme F is an urban round 4 programme in the North East of England. It is medium sized, with 667 children 0-4 in its catchment area. It is an ethnically homogenous community, with 99.9% being white British. There are high levels of unemployment. The programme is at a considerable distance from the main urban centre, and transport is poor. There has been a long positive history of partnership working with local voluntary agencies, to the extent that the programme manager has called the actual building 'Family Centre' out of respect for the views of the Salvation Army who are active partners in the programme. The lead partner is the local council.

Programme G is a rural round 2 programme in the Midlands. It's a medium sized programme (794 children 0-4) and is predominantly white British (only .31% non-white community members). There are three geographically separate - and highly distinct - neighbourhoods served by the SSLP, and housing tenure is therefore mixed across each area. Access to services is challenging for parents, due in part to a lack of services but also poor public transport in the area. To remedy the geographic isolation, Sure Start has provided each distinct neighbourhood with its own 'main' Sure Start building, across which staff work to deliver services. In addition, Sure Start has responded to local requests for more childcare by providing a number of places in two pre-schools in the area, as well as drop in sessions and they have also broadened their outreach service in order to access parents who might be even more isolated.

Programme H is a semi-rural round 4 programme, which works within five ex-mining communities in the Midlands. It's a largely white British population, with just under 1% minority ethnic community members and is a small to medium sized programme, with 436 children across the villages. All of the villages have areas of high deprivation with two experiencing some of the highest levels in the region. Other challenges faced include the isolation of the communities, high rates of domestic violence and minimal services for children and families. This

programme has responded to community need by developing local drop ins, a core family support team with specific emphasis on domestic abuse and a range of education and health activities to support families with small children. The lead partner is the LEA and the EYDCP acts as the accountable body.

Appendix E

Ethnicity of the children in the file study

Ethnicity of the sample of children *living in SSLP postcode areas* from the file study in the four local authorities

Local Authority	n	White British	Mixed heritage	Bangladeshi	African	Middle Eastern	Other
East borough	**28**	**17.9**	**17.9**	**57.1**	**0**	**0**	**7.1**
City borough	**17**	**0**	**17.6**	**0**	**35.3**	**17.6**	**29.5**
Midtown	**19**	**100**	**0**	**0**	**0**	**0**	**0**
Southshire**	**25**	**39**	**Unknown**	**Unknown**	**Unknown**	**Unknown**	**Unknown**

**Sixty percent of the files in Southshire had not recorded ethnicity

The table above describes the ethnicity of the children in the sample of files which we looked at in-depth. It should be remembered that the aim of the study was to explore *process* rather than outcomes for individual children. On this basis, we used, as a primary sampling filter, the *source of referral,* in order to maximise the chances of identifying SSLP referrals. Thus, although the sample of children are not representative of the ethnic characteristics in the study authorities, we were not looking at differential access to services for individual children, where ethnicity may be an important factor. Furthermore, due to the small sample size, increasing the number of strata in the sampling strategy to include ethnicity would not have produced any significant statistical advantage.

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