

Surrey's Strategic Preventative Approach 2010-2012

Content	Page
1. Introduction	3
2. Vision for Prevention and Early Intervention in Surrey	3
3. Achieving a Common Understanding	4
4. Needs Assessment	6
5. What we are working towards	8
6. Achieving an increased focus on Prevention	8
7. Specific Actions	9
Appendix 1 Evidence from Needs Assessment	
Appendix 2 Children's Social Care Eligibility Criteria	
Appendix 3 Building Resilience: Preventing Statutory Intervention	

1. INTRODUCTION – STRATEGIC PREVENTATIVE APPROACH

For some time we have been discussing the development of a Strategic Preventative Approach in the County. This paper represents a renewed focus on this agenda. In the 2009/10 Children and Young People's Plan, Surrey and our partners agreed to shift the emphasis and resources to early intervention and preventive services and reduce the need for more intensive/acute or specialist support. This document reflects this declared intention and provides a framework by which this can be achieved.

This paper is also designed to enable Surrey and our partners to work towards a shared commitment to deliver and implement an approach to prevention. It provides clarity about what we mean by prevention and early intervention, the role of all partners in delivering this agenda and how we will work together to achieve this. This will enable a holistic and partnership approach to prevention and early intervention in order to effectively meet the needs of children and young people in Surrey

2. VISION FOR PREVENTION AND EARLY INTERVENTION IN SURREY

The vision of the Surrey Alliance for Children and Young People is that:

“Every child and young person will be safe, healthy, happy, creative and have the personal confidence, skills and opportunities to contribute and achieve more than they thought possible.”

In Surrey, we believe it is essential to give children and young people the best possible start in life. Although the majority of children and young people in Surrey experience good health, are safe and are well educated, there are some children and young people that require additional support, provided at an early stage before their difficulties escalate, to counter the effects of disadvantage. Whenever and wherever they experience problems it is essential we are able to respond flexibly to ensure that appropriate support is given and initial problems do not escalate and become barriers that prevent children and young people achieving their potential. We also believe that these barriers should be addressed as early as possible to prevent the need for a crisis response.

Surrey's preventative and early intervention services will aim to support children, young people and their families before they reach crisis, reducing the likelihood of poor outcomes and maximising their life chances. Early identification will be key to achieving this, and agencies will work in partnership to ensure that those who need preventative services can access them easily.

Preventative services will work with families to build upon the positive elements of their lives, offering a flexible and holistic approach to helping them address difficulties, and enhancing their resilience in response to the challenges facing them. We recognise that services need to work in combination to address the various needs of individual children and young people, so partners will work closely together to enable this. We will also involve service users – children, young people and their families, and local communities – in shaping these services.

Definitions

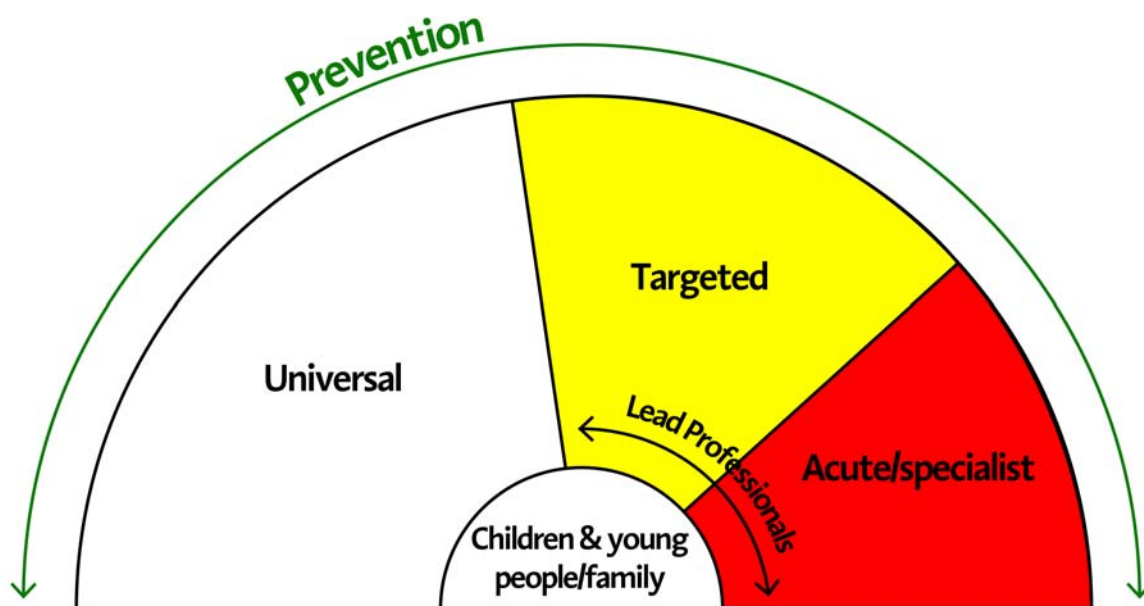
There are a number of definitions of prevention and early intervention. Surrey's preventative Strategy uses the following definitions, which build upon those outlined by the DCSF:

Prevention is the process of boosting positive outcomes for children and young people by focusing on promoting key ‘protective factors’ that help boost children’s own capacity to avoid developing problems.

Early intervention means intervening as soon as possible to tackle problems that have emerged already for children and young people, with the aim of preventing difficulties escalating and becoming entrenched. Early intervention therefore targets specific children and families with an identified need for additional support.

3. ACHIEVING A COMMON UNDERSTANDING ABOUT HOW SERVICES SHOULD WORK TOGETHER TO ACHIEVE THE VISION

The Surrey Alliance for Children and Young People is a partnership of key agencies responsible for ensuring that services for children (ranging from universal, targeted and complex and acute services) meet their needs. Through the Alliance, partners will work together to provide integrated preventative services that offer a flexible and holistic approach to supporting vulnerable children and young people and their families. The section below outlines how partners will work together to achieve this at each level of service provision.



The illustrative windscreen above will be subject to further amendment to indicate proportional numbers of children in Surrey for each category

Universal Services – Level 1

In order to achieve this vision, we should collectively ensure that all children obtain and have access to the universal services to which they are entitled.

Universal services are those services that are provided to, or are routinely available to, **all** children, young people and their families. Typically these include services provided by GPs, health visitors, midwives and school nurses, early education, and childcare and primary and secondary education.

We should also work to ensure that any specialist services that are required are made available at the earliest opportunity. These specialist services include CAMHS, speech and language therapy and other health support services. Partners should always encourage and make efforts to enable young people and families to access and make use of these available services.

Targeted Services – Vulnerable Children Level 2

Children and young people with additional needs that cannot be met by universal services will usually be responded to at the targeted intervention level. It should be possible for children at all levels of the spectrum to be receiving universal as well as targeted or acute services, dependent on their need. It will not be appropriate for universal services to stop responding to children and young people because they are accessing other targeted or acute services.

Targeted services should be accessed individually by children and young people with a specific issue, such as educational underachievement or a particular health condition. Where a number of targeted services are involved in meeting similar or linked needs for a child or young person, a common assessment (CAF) should usually be undertaken. Furthermore, where appropriate, this approach would allow for a team around the child (TAC) or lead profession to be identified and / or established. The aim is to support children and young people for appropriate periods of time, then to meet their needs within universal provision, where possible.

The Surrey CAF guidance and tool kit is under review and will be developed as part of the Strategic Preventative Approach.

Specialist Services – Levels 3-4

Specialist services are provided specifically for children and young people with acute, long term and intense/very high level needs. Specialist services will be provided alongside universal services.

Specialist services include: services provided to looked after children by Children's Social Care, children subject to a child protection plan (CPP), services for children and young people with serious mental health needs provided by child and adolescent mental health services (CAMHS), children and young people subject to court orders by the youth offending service (YOS), specialist health services and learning services for children with additional needs.

Access to specialist services requires an additional level of assessment or referral linked to specific criteria or in some cases a particular diagnosis. Examples of this being the eligibility criteria for Children's Social Care or Child and Adolescent Mental Health Services (CAMHS). (See Appendix 2 for details of the eligibility criteria for social care involvement and assessment).

Specialist responses will include training, guidance, advice and support to referring agencies, because this will allow them to build their own capacity for dealing with children within universal or targeted provision. It will also help to make sure there is greater clarity around when and how to refer to the specialist service for direct support for some children and young people.

The aim is to support children and young people for appropriate periods of time and then to meet their needs within universal provision where possible. It will be possible to adopt a 'step down' approach from acute services to targeted services if appropriate for the child and family.

The National Imperative – Strategic Preventative Approach

The Strategic Preventative Approach is set in the context of a broad legal and national policy framework. For example, the National Children's Plan, 'Building Brighter Futures', sets out the national strategic framework for the development and delivery of effective, integrated services for children and families over a 10-year duration. In relation to prevention it states:

"Some children and young people, often from disadvantaged backgrounds, are still underachieving... too many children and young people suffer unhappy childhoods because of disadvantage or problems that are addressed or picked up too late."

The Plan further stipulates in 1 of its 5 principles that: *"It is always better to prevent failure than to tackle a crisis later"*.

The Local Context

The Strategic Preventative Approach builds on a number of local policy initiatives including the Children and Young People's Plan (2009 – 2010). The approach will be delivered through the Staying Safe priority of the new Children and Young People's Strategy (2010-2014) that is currently being developed through the Alliance. It is also underpinned by a range of key strategies and plans that meet the needs of specific groups of children and young people.

4. NEEDS ASSESSMENT

Our vision has been developed as a result of a detailed assessment of local needs (see Appendix 3 for further detail), which used a range of data and drew on existing analysis such as from the Joint Strategic Needs Assessment and Children's Needs Assessment in order to provide a more complete picture of the needs of children and young people in the County. The assessment revealed that the majority of Surrey's 262,000 children and young people experience good health, are safe, well educated and have good leisure and employment opportunities.

However, despite Surrey's reputation as an affluent County, there are pockets of disadvantaged communities and groups for whom outcomes are significantly poorer than for the majority. In addition, predictors of poor outcomes are apparent and show a need for earlier intervention and preventative actions, and for targeting services at relevant groups and communities.

As is the case nationally, some needs are more highly concentrated in particular geographical populations and where there are higher levels of deprivation compared to other areas of the County. For example, the areas with the highest levels of deprivation affecting children also tend to have:

- Higher numbers of children and young people that need support from Children's Social Care services (such as Children in Need (CIN), children subject to Child Protection Plans (CPP) and Looked After Children (LAC))
- Higher rates of childhood obesity
- Higher rates of mental health problems in children and adults
- Lower levels of breastfeeding
- More children and young people who are affected by domestic abuse
- More young people with parents who misuse alcohol/substances
- Lower educational achievement and higher levels of young people not in education, employment or training (NEET).
- Young people who are first time offenders
- Young people who are not in education and training

Parenting and Family Dysfunction

More detailed analysis has revealed that in Surrey parenting and family dysfunction/acute stress is the main reason for the higher levels of abuse/neglect compared to other Local Authorities – particularly in areas with higher levels of deprivation. Higher numbers of children and young people become Looked After, classed as 'in need' or subject to a Child Protection Plan due to family problems and abuse and neglect (*Surrey has higher numbers of children subject to CPP, LAC, and in need due to family dysfunction and family acute stress than in other LAs and National Average whereas abuse and neglect is below*).

Practitioners Feedback

Engagement with professionals from key organisations across the County revealed a number of key priority areas for improvement. These have been used to inform the development of this Strategic Preventative Approach:

- **Parenting support:** the need for more provision of parenting support and parenting classes across all localities.
- **Domestic abuse:** the need to ensure that support is provided for families suffering from domestic abuse.
- **Mental health services:** the need for more alternatives to CAMHS and difficulties accessing the service, as well as easier access to, and further development of, low level counselling services for children young people and their parents/carers that addresses their emotional well-being.
- **Access to services:** ensuring that services are provided in appropriate child and family friendly venues to make sure that they are accessible, and the need to have information about preventative services held in one place.

Responses to need

Our analysis revealed that there are a range of multi agency services in place that aim to address family dysfunction and family problems and which can be effective in preventing the need for intervention of acute services. A range of partners including Surrey County Council, health agencies, the voluntary sector and schools confederations currently deliver preventative services. These include Parenting Programmes, including those provided by the voluntary sector.

However, preventative services in Surrey have tended to develop organically in response to local initiatives and availability of funding. This had led to gaps in provision and services are

not offered consistently across the County. There is also a need for a partnership approach to the planning and delivery of services to enable a more cohesive approach and ensure coordination between central and local priorities. This will enable services to be linked together by a common understanding about what they are designed to strategically achieve, how they measure achievement, and how they work together to proactively target the communities and groups in greatest need.

In addition, a clear area of concern appears to be in engaging with families early on, so that they are able to find their own solutions alongside relevant professionals. This is a priority in terms of increasing the use of CAF to assess and meet additional needs at an early stage.

5. WHAT WE ARE WORKING TOWARDS

The Surrey Alliance has agreed a number of priority areas that will enable best outcomes for children and young people. These priority areas as listed below will form the basis of the next Children and Young People's Strategy 2010 – 2014:

- Best start in life
- Child poverty/Economic well-being
- Emotional health and well-being
- Raising the tail of attainment (narrowing the gap)
- Reducing number of 16-19 year olds in inadequate and inappropriate housing
- Children and young people with complex needs
- Reducing impact and perceptions of crime and disorder on children and young people
- Keeping children and young people safe
- Parenting
- Reducing numbers of young people not in education, employment or training

The Strategic Preventative Approach will be delivered through the staying safe priority. Based on the findings from the needs assessment, engagement with professionals in Surrey and research, the staying safe priority will focus on improving outcomes for children in the following key areas:

- Improve parenting support and resilience in families to prevent family dysfunction and poor parenting
- Improve services for families and young people where domestic abuse is a feature and may have a detrimental effect on the child
- Ensure that services for children and young people with vulnerable needs are comprehensive, and targeted appropriately so that there is a decrease in those who are at risk of becoming Looked After and needing to be subject to multi-agency protection plans and requiring services at the complex and acute end of the spectrum
- Improve access to services for children and young people who require CAMHS provision to include emotional and behavioural problems
- Provision of services for children and young people who present challenging or offending behaviour
- Provision of services for young people who are homeless
- Improve services for young people so that they remain in education, training or employment
- Ensure that children and young people and their families who abuse alcohol/drugs have access to appropriate provision
- Improving health outcomes for children and young people of all ages

6. ACHIEVING AN INCREASED FOCUS ON PREVENTION

In order for us to meet these objectives there is a need for all partners to shift the emphasis from crisis intervention and reactive services by having earlier identification and response to vulnerable children and families. A key element of this is to focus support and services at an early stage to prevent difficulties getting worse or becoming serious. This objective will be achieved through the following key areas:

- Improve early identification and targeting of children and young people and their families who require additional support
- Move to needs led commissioning of evidence based services
- Provide a comprehensive range of preventative and early intervention services to support needs of children and young people and their families
- Ensure services are responsive and flexible enough to respond to any changes in needs
- Full implementation of the Common Assessment Framework in the County including a stronger focus on the role and identification of lead professionals
- Improve integrated working, with partners working together to meet needs
- Improve knowledge about, and access to, services for children, young people, families and professionals, including greater localism and community engagement
- Develop a valued and multi skilled workforce
- Over time move to needs led commissioning of services where findings from needs assessments, performance management information and feedback from services users are used to inform strategic decisions around preventative and early intervention services that are commissioned.

Actions to deliver each priority will be supported by detailed implementation plans and a number of implementation milestones against which performance will be monitored. Some areas of work are already being addressed through the Children's Alliance (developing directory of services), partnership strategies (CAMHS Strategy) and the Workforce Development Team. The work to develop a Strategic Preventative Approach in the County will link in closely with this work and will be referenced in the implementation plans.

7. SPECIFIC ACTIONS – 2010-2012

In the next two years the following specific actions will be taken:

- Develop the approach to building resilience in families - particularly at level 2 for vulnerable children - by coordinating the work currently undertaken at this level by all agencies, in order to make the desired impact on parenting and family dysfunction (including parenting education and support).
- Develop a concerted drive to achieve the appropriate and consistent use of CAF (as an assessment and service provision tool for children with additional needs) and a stronger focus on the identification of 'lead professional' within the targeted support/additional needs context.
- Enhance the focus of Children in Need specialist practitioners, linked to schools and Home School Link Workers (See appendix 1 for evidence of work to progress this action point). This will also support further school based commissioning of preventative services.
- Address access and knowledge of services by developing a more comprehensive service directory that is useful and accessible to professionals, parents and children and young people.

- Shift from a model where current services grow incrementally over time to a more flexible approach with services that can be responsive, innovative and creative.
- Make wider use of extended services provisioning, including children's centres and extended schools, to meet needs specifically for targeted as well as universal needs
- Address mental health needs by delivering counselling services for children, young people and their parents/ carers where they are needed.
- All of these actions will be underpinned by feedback from children, young people and their parents/carers and local communities.

A Strategic Preventative Approach has as its heart the ability to adapt and change its response to need. This approach will need to be reviewed annually to ensure that actions thereafter are based on an analysis of the extent to which the approach has made a positive difference to vulnerable children. New priorities will then be set along the journey to achieve the appropriate shift to early intervention. Local Alliances will develop any new priorities informed by local needs analysis and driven by the new Strategic Preventative Board that will be established.

APPENDIX 1 - EVIDENCE FROM NEEDS ASSESSMENT

Summary of key findings from the needs assessment

Surrey's 262,000 children and young people mostly experience good health, are safe, well educated and have good leisure and employment opportunities. In a recent survey 83% of the young people responding stated that they thought Surrey was a good or very good place in which to grow up. However, despite Surrey's reputation as a universally affluent and successful county, there are pockets of disadvantaged communities and groups. 10.3% (18,000) of children in Surrey live in low-income households. The needs analysis highlighted that some needs are more highly concentrated in particular geographical populations, and where there are higher levels of deprivation compared to other areas of the County. For example, the areas with the highest levels of deprivation affecting children also tend to have:

- Higher numbers of C&YP that need support from social services (such as Children in Need (CIN), children subject to Child Protection Plans (CPP) and Looked After Children (LAC))
- Higher rates of childhood obesity
- Higher rates of mental health problems in children and adults
- Lower levels of breastfeeding
- More C&YP who are affected by domestic abuse
- More young people with parents who misuse alcohol/substances
- Lower educational achievement and higher levels of young people not in education, employment or training (NEET).

Key challenges emerging from the assessment

Family problems – Analysis revealed that Surrey has higher levels of abuse/neglect and family problems compared to other Local Authorities, particularly in areas with higher levels of deprivation. Family acute stress and family dysfunction in particular have been identified as issues for vulnerable children and their families. In Surrey, the main reasons why C&YP are subject to a CPP, become looked after, or are classed as in need are abuse/neglect and family problems¹.

In 2007/08 the main reasons C&YP in Surrey become subject to a CPP was neglect, with 64% of C&YP subject to CPP for this reason. This was higher than the national average (46%) and the average of our statistical neighbours (43%). However, this could be due to how Surrey classifies cases, using 'neglect' as a more general term rather than the more specific referral reasons. In Surrey, the majority of C&YP become Looked After due to abuse or neglect and this reflects the national picture. However, Surrey's rate of LAC due to neglect (42%) is below the national average (62%), and the average of our statistical neighbours (53%). Following abuse/neglect, the next key reasons why C&YP become Looked After were family acute stress, family dysfunction and absent parenting.

Between April 2007 and March 2008, Surrey Police recorded 10,803 incidents of domestic abuse. Nearly 70% of all new contacts with the Domestic Abuse Teams had C&YP who were affected in some way by the abuse². C&YP who have been exposed to domestic abuse are at risk of physical abuse and long-term damage to their mental and emotional health³.

¹ Family problems include issues with family relationships, family acute stress and family dysfunction

² Surrey CAMHS and Surrey NHS (April 2009) *Surrey Child and Adolescent Mental Health Services Healthcare Needs Assessment*, p67

³ PCT/CYPCP (2007) *An Assessment of Children's Needs in Surrey*, p65

The CIN case file audit found family support services (e.g. Family Support Workers, Homestart, Welcare, Guildford Action for Families and the 0-11 Project) were the most commonly accessed. Family Group Conferencing was identified as a service that practitioners considered would have been beneficial, but was not provided or accessed⁴.

Mental health - The Surrey CAMHS Healthcare Needs Assessment (2009) found that mental health problems were more prevalent in some groups of C&YP including: if they live in areas of deprivation, are suffering abuse, misusing substances, teenage parents, aged 11-16 or have parents with mental health problems. Research revealed that 67% of LAC have some type of mental health problem, this figure is significantly higher amongst LAC in residential provision, 96%⁵. The CIN case file audit (2008) found mental health services for CIN were frequently accessed. For those who were not provided or accessed these services, in many cases practitioners considered that they would have been beneficial.

There are rising rates of teenage pregnancy in Surrey and teenage mothers are more likely to suffer from post-natal depression⁶. National data revealed teenage mothers are three times more likely to develop postnatal depression⁷. Nationally, between 10 and 15% of mothers suffer from post-natal depression after their babies' births, which equates to around 1,200 to 1,800 mothers each year in Surrey. Rates are higher among some groups of mothers, for example, those aged under 20 and those suffering domestic abuse⁸.

Drug and Alcohol Abuse - Research suggests that vulnerable C&YP are more likely to misuse substances. In 2008, 26% of vulnerable young people aged 10 - 16 used drugs, compared to only 5% of young people aged 10 - 16 who are not vulnerable. 49% of vulnerable 17 - 18 year olds used drugs, with 25% of the 49% using Class A drugs.

Nationally, alcohol use by young people poses a significant problem. By the age of 15, 87% of young people in England say that they have had a proper alcoholic drink. Research found that those who had the highest alcohol consumption also lived in the most deprived areas. According to the 2007 Tellus2 survey of Surrey schoolchildren, 6% of 12 to 13 and 14 to 15 year olds had been drunk in the past four weeks⁹. Across Surrey between 3,800 and 5,700 C&YP are affected by parental drug use and between 9,500 and 17,300 by parental alcohol use. Of the 578 Child Protection Conferences in Surrey between 2005-2006, parental alcohol use was a contributing factor in 161 (28%) and drug use in 194 (34%)¹⁰.

Youth Offending - Surrey has had consistently lower numbers of first time entrants to the Youth Justice System (YJS) than other comparable Youth Offending Teams (YOTs). This number is also below the national average and the average of the South East region. In 2008/09 Surrey had a total of 984 first time entrants (0.72% of the 10-19 population)¹¹.

⁴ A Children in Need case file audit was undertaken to outline the services that we provide and need to provide to Children in Need in Surrey. The audit was based on a sample of the completed case file audit forms of Children in Need that were undertaken in July 2008 in four locality teams.

⁵ Prevalence of Psychiatric Problems among Young People in the Care system McCann J., 1998 in Surrey Child and Adolescent Mental Health Service and Surrey NHS (April 2009) *Surrey Child and Adolescent Mental Health*

⁶ A strategy for promoting prenatal mental health in Surrey is being developed. It aims to meet the unmet needs of mothers with mental health problems through early diagnosis and treatment

⁷ Surrey CAMHS and Surrey NHS (April 2009) *Surrey Child and Adolescent Mental Health Services Healthcare Needs Assessment*, p69

⁸ PCT/CYPCP (2007) *An Assessment of Children's Needs in Surrey*, p48

⁹ Ferguson, B., Evans, S., Merrick, D., Halliday, S., Donnaghy, J. & Streather M. (2006) *Indications of Public Health in the English Regions. 5: Child health*. Association of Public Health Observatories in CYPCP p52

¹⁰ Surrey DAAT (2007) *Young People (under the age of 18) and substance use: an estimation of prevalence and service coverage* in PCT/CYPCP (2007) *An Assessment of Children's Needs in Surrey*, p53

¹¹ Based on 2007 population mid year estimates

Early offending by young people is often linked to problems in the home, in education, poor family relationships, unsuitable accommodation and peer influence. Compared to more affluent areas, in Surrey higher numbers of young offenders live in disadvantaged areas¹².

Educational outcomes and young people Not in Education Training or Employment -

Non-participation in education, employment or training between the ages of 16 and 18 is a major predictor of later unemployment, low income, youth offending, alcohol and substance misuse, depression and poor mental health¹³. In March 2008 there were 1,033 young people NEET in Surrey. Surrey has lower numbers of young people who are NEET (3.4%) than the national average (9.4%) and there has been little change in the percentage who are NEET over the last four years¹⁴. Areas of deprivation also tend to also have higher rates of young people NEET¹⁵.

Engagement with professionals from key organisations across the County, as part of the development of the Strategy, revealed a number of key priority areas for improvement. These have informed the development of the strategic objectives and include:

- **Mental health services:** the need for more alternatives to CAMHS and difficulties accessing the service as well as easier access to, and further development of low level counselling services for C&YP and their parents/carers.
- **Parenting support:** the need for more provision of parenting support and parenting classes across all localities.
- **Domestic abuse:** the need to ensure support for families suffering from domestic abuse is comprehensively provided across the County
- **Access to services:** ensure services are provided in appropriate, child and family friendly venues to ensure they are accessible and the need to have information about preventative services held in one place.

¹² PCT/CYPCP (2007) An Assessment of Children's Needs in Surrey, p71

¹³ Surrey Children and Young People's Commissioning Partnership, *Children and Young people's Plan 2009/10* draft v1.6, March 2009, p18

¹⁴ CYPCP, *Children and Young people's Plan 2009/10* draft v1.6, March 2009, p18 & PCT/CYPCP (2007) *An Assessment of Children's Needs in Surrey*, p81

¹⁵ Connexions data on numbers of C&YP NEET by Ward (2008 – 2009)



Children Social Care Eligibility Criteria and overall contextual framework

Introduction:

This document is designed to outline the contextual framework for early intervention with vulnerable children and young people across partnership agencies in Surrey. It clarifies the specific **eligibility criteria** for work to be undertaken by social workers in Children Services with children and young people at the highest levels of need (Level 4 and 3). It does not seek to address specific eligibility criteria for children with disabilities. The managing of services and resources for this group of children with additional needs is likely to be subject to review in 2010; a process that would include more detailed and formal consultation.

Overall Context:

The five principles that underpins Surrey's preventative approach and strategy are captured in the national Children's Plan – Building Brighter Futures (DCSF 2008). These are:

- Government does not bring up children – parents do, so government needs to do more to back parents and families
- All children have the potential to succeed and should go as far as their talents can take them;
- Children and young people need to enjoy their childhood as well as grow up prepared for adult life;
- Services need to be shaped and responsive to children, young people and families, not designed around professional boundaries; and it is always to prevent failure than tackle a crisis later

In addition Surrey's Children and Young People's Plan 2009/10 sets out its vision that:

“Every child and young person will be safe, healthy, happy, creative and have the personal confidence, skills and opportunities to contribute and achieve more than they thought possible”

The Plan outlines five key priority areas underpinned by a crosscutting theme to shift emphasis and resources to preventative services to provide earlier intervention and reduce the need for more intensive or specialist support. Priority 2 being: to **improve family safety, child protection and preventative services**. (SCC CYPP. 2009)

This document is the first in a series that builds upon both national and local intention to address the challenge of embracing a preventative intervention culture in Surrey, by demonstrating the importance of having clearly understood and consistently applied eligibility criteria for specialist services which relates to those instances where children are considered to be highly vulnerable,

may be in need of safeguarding and are thought to require the specialist skills of a social care professional.

This refreshed presentation of the eligibility criteria has been shared and implemented over a number of months. It was in place in its current form at the time of the unannounced inspection of referral and assessment arrangements (August 2009). The issue identified through the inspection was that which continues to exist, namely a need for greater clarity in relation to the use of the common assessment framework (CAF) and the separation of CAF from referral for children's social care. There is an acknowledgement that the pressing issue is a lack of targeted services to fill the gap for vulnerable children in Surrey who do not meet the eligibility criteria of requiring the services of children's social care.

APPROACH:

The council's approach to prevention will identify what events in a child's or young person's life it aims to prevent and to understand the associated risk factors. By doing this it will be possible to map the process of support using presenting risk to trigger early intervention. The council's response or reaction to the event being realised can also be mapped – making it clear at each step what agency does what and how the intervention is recorded.

The approach to prevention will include the following:

- ❑ Family support for families
- ❑ Early identification
- ❑ Consistent use of the Common Assessment Framework (CAF: as an assessment tool),
- ❑ Targeted support services
- ❑ Wider use of extended services provision including children's centres
- ❑ Identification of lead professional and support of role in universal sector
- ❑ Increasing school based commissioning (of family support services)

The preventative approach will offer interventions at a local level to enhance earlier identification and support that prevent an escalation of concerns. Embracing a preventative approach is a journey and will focus upon targeting resources to reduce the number of vulnerable children requiring specialist services, thereby reducing costs which the Children's Alliance will, in time, be able as costs allows, to redirect into other services. It is also about future resource provision being developed based on local need and delivered within communities. It is expected that an effect of reducing the number of children being referred to and supported by specialist services will enable those most vulnerable children to be better safeguarded and for others to be supported by an increasing range of targeted provision centred around community hubs such as schools, children's centres and other extended services outlets.

Context in relation to Specialist Services - Eligibility Criteria

All specialist services are a precious and scarce resource and must therefore be targeted appropriately to ensure that capacity is able to meet demand. This is the case for the children's social care workforce that faces national and local recruitment challenges. It is imperative to restore professional and public confidence in social workers, particularly in the wake of the Haringey Baby Peter tragedy, with partners having confidence that those cases accepted as appropriate social care referrals will be properly assessed and intervention provided where required. This has not been the case in Surrey following a devastating Joint Area Review in 2008, the loss of professional and public confidence and where demand has continued to far outweigh capacity and thresholds for intervention / eligibility criteria are poorly understood and inconsistently applied. Children's Services have refreshed the

presentation of its eligibility criteria and clarified its operational focus because in effect it cannot be all things to all people.

The following principles underpin the Eligibility Criteria for children social care:

- Will provide assessments and appropriate services for level 4 and level 3 cases
- Be clear with referrers about those cases that do not meet the threshold for intervention and / or do not require the services of a social care professional or social worker
- Once a child has been identified as falling within level 4 or 3 the particular assessment or services required to meet that child's needs will be determined by those needs, and will not always be the same
- When we say no, we will signpost, support, advise and redirect
- Champion the roles of others as lead professionals
- Close those cases where the case no longer meets the criteria

A clearly understood eligibility criteria provides a recognised 'gateway' to children's social care services, specifically those requiring assessment by a social worker or allied professional. They will be identified concerns leading to a view that the child is within level 4 or 3. It will not provide a holding position as a gateway to or for other service providers if the case does not come within those levels.

Statutory Duties:

The use of eligibility criteria are applied to situations where the Council has some discretion as to whether to **receive** a service or not. Where the Council has a statutory duty to provide a service, this will need to operate outside of the eligibility criteria. Examples of these duties would include the duties:

- To investigate under section 47 Children Act 1989 where the authority have reasonable cause to suspect that a child in their area is suffering or likely to suffer significant harm- this includes children subject to police protection
- To comply with a Court direction to investigate child protection concerns and consider applying for a care order, in accordance with section 37 Children Act 1989
- To provide a welfare report to the Court in family Court proceedings under section 7 Children Act 1989
- The accommodation of children in need under section 20(1) Children Act 1989 if the relevant circumstances apply
- To be satisfied as to the welfare of privately fostered children under section 67 Children Act 1989
- To safeguard the welfare of looked after children and to advice, assist and befriend those subject to supervision orders or family assistance orders

Examples of acute situations likely to require a child protection investigation (Section 47 of the Children Act 1989) would include:

- Severe neglect
- Children or young people in immediate danger
- Children and young people living with a person considered to pose a risk

- Referrals against carers and professionals, or those in position of trust and responsibility
- Cases requiring joint investigation by police and children's social care e.g. actual physical abuse, sexual abuse
- Cases requiring forensic investigation
- Child protection investigations pertaining to looked after children placed by other authorities

Eligibility Criteria:

This eligibility criteria for social care intervention sets out the range of children who may be in need of the specialist assessment, support or intervention offered by the children's social care team.

There are two particular relevant contexts in which these eligibility criteria can be applied. Firstly, section 17 Children Act 1989 sets out the local authority's general duty to safeguard and promote the welfare of children in need in the area. This duty does not require the authority to provide for the needs of all children in need in their area, but eligibility criteria are permitted to be established to indicate those children whose needs will be met.

Secondly the criteria can also be used to determine those children whom it would be appropriate to provide accommodation for under section 20(4) Children Act 1989. This gives the authority discretion to provide accommodation for any child in their area (even if a person with parental responsibility is able to provide accommodation) if the authority considers that to do so would safeguard or promote the child's welfare. (This is separate from the duty to accommodate under section 20(1) referred to above which operates outside of the criteria).

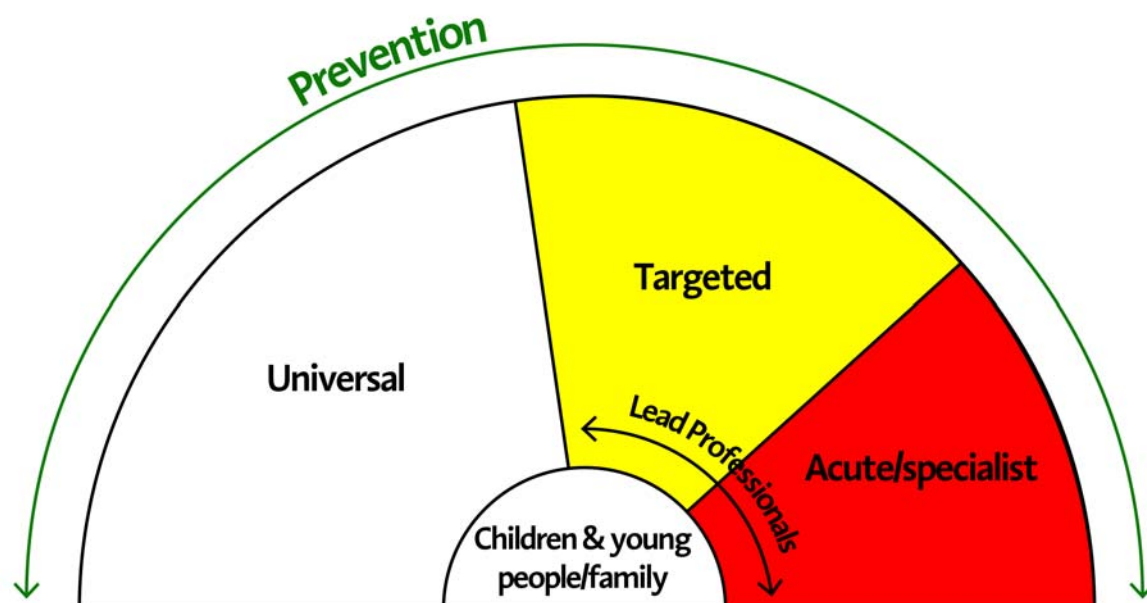
The Children Act 2004 (Every Child Matters agenda) places responsibility on professionals in different settings to support children in need and to intervene early to help stop children's needs becoming more severe. In most cases this will mean providing or helping to gain access to a targeted service to the child on a short-term basis e.g. school counsellor, connexions adviser etc. If a child or young person's needs are complex or acute they will meet the eligibility criteria for input from a children's social care practitioner.

These different levels of need expressed by children and their families are captured in the diagram below, which depicts the range of vulnerability and clearly identifies the point at which children's social care service will be the main source of support (the eligibility criteria). Children and families in need below level 3 should normally receive targeted support from elsewhere, e.g. in the health service, voluntary sector, youth service or at school.

This approach depicted in the diagram below, referred to as a model of prevention, encapsulates the philosophy of early identification of vulnerability and need leading to the provision of timely and targeted support. The Common Assessment Framework (CAF) is one of the tools relevant in these instances. However there are some situations that cannot be prevented or foreseen and may require a more urgent and high-level response.

1. What do we want to prevent?
2. How will we know we are working with the 'right' children, young people and families?

Answering these two questions will give the prevention strategy the focus and meaning it needs in order to support delivery.



2. APPROACH

The council's approach to prevention should identify what events in a child's or young person's life it aims to prevent and to understand the associated risk factors. By doing this it should be possible to map the process of support using presenting risk to trigger early intervention. The council's response or reaction to the event being realised can also be mapped – making it clear at each step what agency does what and how the intervention is recorded.

Levels of need for Children's Social Care Services:

At the most serious end of the continuum of need, levels 3 and 4, we would expect children to be receiving services from the Children's Services, often with a social worker as the lead professional.

Level 4, described as **acute needs**, are those, which will have a significant impact upon a child or young person's safety and wellbeing. It most commonly will include: children who are suffering or at risk of suffering significant harm frequently associated with immediate concerns of physical or sexual abuse or severe neglect.

Level 3 refers to children and young people with **complex needs**. Examples of the characteristics that indicate they will be likely to meet the threshold for social work assessment and time-limited, targeted intervention are: home breakdown, self-harming, very challenging behaviour or situations where harm has been averted but intensive specialist support is still required. The majority of these examples relate to situations that would escalate into the acute spectrum without urgent intervention.

Level 2 refers to vulnerable children who whilst not requiring formal intervention need some additional help and support Attached at Appendix 1 are more detailed examples of need at each level of the intervention windscreen.

When a referral is made to Children's Services, consideration will need to be given as to whether the referral identifies a child in need. The definition for this is in section 17(10) Children Act 1989. This states that a child is in need if he is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him of services by a local authority; or his health or development is likely to be significantly impaired or further impaired without the provision for him of such services; or he is disabled.

If the referral does not identify that the child is in need then the local authority has no obligation to provide any services under section 17 Children Act 1989. In these cases the Local Authority will provide signposting advice. (If the child is identified as being in need then consideration will need to be given as to whether the child is then at level 3 or 4 of the eligibility criteria and only normally then will an assessment or service be provided to meet the child's needs.

It may be necessary to carry out an initial assessment to determine whether the child is in need and the level of need that is relevant if there is insufficient information from the referral.

For the avoidance of doubt, these eligibility criteria replace those agreed by the Council's Executive in May 2001 and amended in July 2006.

Please note that these eligibility criteria do not apply to disabled children. If a referral identifies that the child is disabled, he will be considered a child in need. Separate eligibility criteria are in the process of being devised for these children. In the meantime the current thresholds operated within the Disability Teams will continue to be applied.

In the event that a person is not satisfied by a decision made by Children's Services about them or the child they are caring for in relation to these eligibility criteria, they can make representations to Children's Services in accordance with its Complaints procedure.

Due regard needs to be given to the relevant statutory equality duties.

There are three such duties:

The disability discrimination duty requires the authority to have due regard to the need to eliminate unlawful disability discrimination, to eliminate harassment of disabled persons, the need to promote equality of opportunity between disabled persons and other persons, the need to take steps to take account of disabled persons' disabilities (even where that involves treating disabled persons more favourably than other persons) and the need to promote positive attitudes towards disabled persons and participation by disabled persons in public life.

In this regard consideration has been given to the impact of these criteria on disabled children and disabled carers. It is noted that these criteria do not specifically replace the thresholds applied for the provision of assistance for disabled children. However, as regards disabled carers, the criteria are non-discriminatory and will be applied in practice in a non-discriminatory way in accordance with the Council's commitment to equalities and diversity.

The other relevant duties are the race discrimination duty and the sex discrimination duty. As regards race, this is the duty to have regard to the need to eliminate racial discrimination and to promote equality of opportunity and good relations between persons of different racial groups, and as regards sex to have due regard to the need to eliminate unlawful discrimination and harassment and to promote equality of opportunity between men and women. Again the criteria are non-discriminatory -they are equally applicable to different

racial groups and to children or parents/carers of either sex, and will be applied in practice in a non-discriminatory way in accordance with the Council's commitment to equalities and diversity. "

Eligibility Criteria

Examples of Level 4 needs: (acute needs)

- Children suffering actual or likely significant harm and disclosures of physical, sexual or emotional abuse; this includes concerns in relation to Looked After Children placed by other local authorities in Surrey where the alleged incident is in Surrey and the child normally resides in Surrey
- New referrals in cases of severe neglect- this may include parents with severe and acute mental health and / or drug and alcohol misuse problems; parents with severe learning difficulties
- Very serious or chronic cases of domestic abuse, which are likely to cause significant harm to the child.
- Children in immediate danger or those who require immediate assessment to ascertain whether they need to be looked after by the Local authority to ensure safeguarding
- Children at risk due to actual or likely contact with persons who pose a risk to children and / or young people (e.g. convicted of causing harm to children; sex offenders register) or where there is an allegation made against a professional abusing a child or young person

Children subject to a child protection plan

3. EXAMPLES OF LEVEL 3 NEEDS: (COMPLEX NEEDS)

- Children needing to be immediately Looked After by someone other than their normal care giver
- Pre-birth/post natal assessments where there are concerns for the safety or well being of the unborn / new born child
- Children whose names have been removed from the child protection register but remain in need of ongoing targeted social care child in need services.
- Children who self-harm, run away or whose behaviour places them at immediate risk
- Young carers, where there is a need for a joint assessment with adult services to identify significant unmet need for either the child or parent.
- 'Abandoned ' teenagers who are vulnerable as a result

Examples of Level 2 needs: vulnerable children

There are a significant number of children and young people who at any given time may be considered vulnerable and in need of support services and this is the group referred to as level 2 'vulnerable children' in the model of prevention. There are a wide range of services that can be used to meet the needs of vulnerable children and their families at this level and normally these will be met elsewhere than in Children's Services.

Children and young people at this level frequently require time limited targeted intervention or lower level ongoing support services. Examples of children at this level include:

- Children whose health / development is unlikely to be maintained without the provision of family support from a variety of service providers
- Children where there are parenting difficulties and families experiencing short term crisis, which impacts on the children's health / development
- Children experiencing family instability and changes of primary carer.
- Children where concerns about parental substance misuse have some impact on the child's health or development
- Situations of domestic abuse which might have a detrimental effect on the child
- Children where there are concerns about the environment or the level of parental supervision being adequate.
- Children and young people who present challenging behaviour

In addition there are specific groups of children and young people or presenting concerns that could be met by identified alternative service providers. Examples include:

- Homeless young people (where the duty to accommodate under section 20(1) Children Act 1989 has not been established)
- Behaviour problems in children and young people
- Emotional upset

Alternative support could be provided by:

- Extended school provision
- Health visitors
- GP
- Schools

Working Together

In 2006 the government published 'Working Together to Safeguard and promote the welfare of children'. The document sets out how organisations and individuals should work together to safeguard and promote the welfare of children. Reproduced below are the DOH definitions of abuse and neglect, which should be referred to in considering the eligibility criteria examples, set out above. This Guidance is in the process of being revised by the Government.

Definitions of abuse and neglect - Working Together to Safeguard Children - 2006. (DOH)

What is Abuse and Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely by a stranger. An adult or adults or another child or children may abuse them.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning suffocating, or otherwise causes physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's development. Once a child is born,

neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix 3

Building Resilience: Preventing Statutory Intervention.

INTERVENING AT LEVEL 2

Aim:

To provide a structure/framework that should enable local areas to generate solutions and service provision to meet the needs of children and families at Level 2. This framework is in line with our approach to prevention, which stipulates that we should be working together to identify needs early and at local level so that the best possible outcomes can be achieved for children and young people.

Introduction:

Currently, our response to this level of need is poorly coordinated and understood and it has become increasingly apparent that there are gaps in provision across services since the Children's Service Threshold Criteria was refreshed, to ensure that the service is clearer, about where it will respond to needs defined as being at levels 3 and 4. As part of the Alliance, as well as the LA's statutory duties, we need to become clearer about how all existing services (statutory and voluntary sector) will support level 3 &4, and find ways of utilising existing services within partner agencies to provide prevention at level 2.

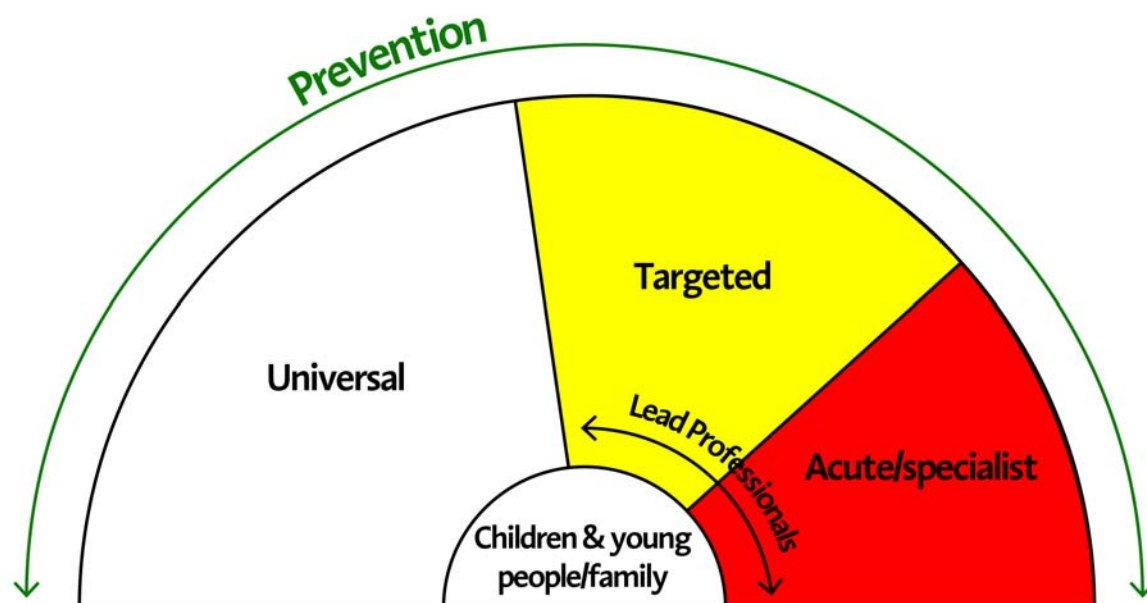
Level 2 Needs

Previously the Area Partnerships were the forum that would have provided the impetus for meeting this level of need. With the reorganisation following the recommendations arising from the JAR in 2008, Surrey has fulfilled its statutory requirement to have Children's Trusts arrangements through the creation of the Children's Alliance. This should become the driver for the development of practice that will meet needs that require the resource of targeted service provision.

Children and young people with additional needs that cannot be met by universal services will usually be responded at the targeted intervention level. It should be possible for children at all levels of the spectrum to be receiving universal as well as targeted or acute services dependent on their need. It will not be appropriate for universal services to stop responding to children and young people because they are accessing other targeted or acute services. Exceptionally, when their needs are long term and intense, acute services will be necessary.

The rainbow below, based on Hardijer Model", outlines a hierarchy of service interventions:

- Universal – available to the general population of children and families
- Targeted – vulnerable groups are targeted for services in order to enable the effective use of universal or community based resources and to address emerging problems before they develop in crisis or require more specialised professional intervention
- Acute – services to address a diverse range of long term and intense difficulties, often requiring high level professional input and multi-agency coordination – these include looked after children and Child protection services



Surrey Prevention Approach - Historical Context

In Surrey, we have for some time been discussing an early intervention and preventative approach. There are certain absolutes that underpin and govern the arrangements that are to be put in place for developing a strategic approach to preventative services:

- There is no new resource available and solutions need to be drawn from the existing provision through remodelling and redistribution of provision based on need.
- Children's social Care Services, specialist social work provision, will only be directed towards the Level 4 and high level 3 needs.
- Service development needs to be co-ordinated and parts of the statutory organisations should not develop services outside the oversight of the Alliance
- Child In Need Services need to be as far as possible, as close to the communities that they serve.

It follows from these that existing services need to be brought under the overall strategic approach and all statutory organisations will need to be prepared to adapt their ways of working and commit their existing provision to ensure the maximum range of provision. Overarching all planning will need to be the Alliances at an area level.

Examples of services that currently meet identified need, the functions of which will be incorporated into a strategic framework are:

- Youth Justice Parenting Programmes
- Family Solutions Service
- Family Links Service

- Home School Link Workers
- HOPE
- Children's Centre Development

Many of these services may be retained as specialist provision in the current format, in other cases over time the need being served may be supported in a different way at a more local level.

Whilst other professionals such as EWOs, Youth Development Workers, Connexions will adapt to meet the needs generated by the area in which they work. Central to the development of the strategic approach will be the development of Children's Services CIN Teams.

The aim over the next two years is to establish these teams outside of the area office structure and in the communities where they can be more responsive to the needs of an area and develop the partnership working relationships that are required to achieve a positive change. Taking that as a goal for Children's Services it would be possible to envisage a movement over time of building up partnership working and gradual integration of the work by the CIN teams with the other statutory organisations.

Approach:

The council's approach needs to place at its' heart the desire to truly move towards a preventative approach. To do so it will transform the CIN service to develop, over the next 18 months to 2 years, a locally based virtual team of professionals clustered around the School Confederations. These will be workers from the Health Services, Targeted Youth Support, Early Years Service and Inclusion and the expectation would be that all would be trained in the use of the CAF and role of the Lead Professional. The CAF must be the tool that will enable any professional to identify early the need that has to be addressed, so that the correct service can then be provided. It will ensure that any response will be needs led and not resource driven.

Central to the development of the virtual team approach will be the role of the CIN teams. Their responsibility will be to address the needs of those children and young people who have complex Level 3 needs, but also for working with schools and their linked professionals to advise and assist them in responding to presenting problems at a lower level. The CIN teams will also provide an ongoing needs-analysis for the individual areas to influence the Alliance in understanding any common themes that will require an area based targeted service.

As the approach becomes more embedded, then the CIN teams will need to become more closely involved with the schools and provide a direct resource to them. The eventual outcome will be of CIN teams consisting of a small group of workers based in either a Children's Services setting, or a Children's Centre - with others based within schools, but line managed and provided with social work supervision within the service.

The development of local specialist hubs in each of the four geographical areas additional provides the opportunity to use these bases to undertake comprehensive and intensive multi agency 'expert' family assessments closer to where families actually live. This model will provide a cost effective alternative to residential placements where it is difficult to evaluate outcome as families are not subjected to the realistic pressure that exist within their own environment. For those families who are successful in learning and deemed safe enough to

have their children at home ongoing intervention will be co-ordinated through the same centre providing consistency of provision and links to the universal services.

Key Actions:

- CAF re-launch in January – March 2010 – following the presentation to the Alliance Executive, Area Heads, together with their CAF Co-ordinators will provide presentations to Alliance partners and key professionals
- Following from this will need to be a launch of the proposed structure for the development of area based Preventative services. These will all have as their overarching remit, the joint approach to Level 2 provision. Within that framework individual Alliances will have the ability to prioritise those areas of need that are most pressing.
- Countywide Services Preventative arm will, in conjunction with the lead Area Head for Preventative Services undertake a review of the existing targeted services within the directorate, in order to agree a set of principles for the future provision. April 2010
- Once agreed then a Preventative Strategic Board should be established to guide the future provision of services across the county, in order to ensure consistency of provision and the allocation of resources is needs, rather than service driven September 2010
- New CIN teams established in Community settings with clearly defined brief (this will need to be written out in a definitive document for all teams – outlining the aims expectations, key partners and types of structures they should be seeking to develop within each borough), to engage partners at local levels in each area – April 2010
- CIN Teams to prepare team plans to meet the requirements of the partnership brief by July 2010.
- Alongside this CIN teams need to establish working partnership arrangements with the Schools Confederations within their areas through regular meetings, with clear terms of reference that shall be agreed across the county. The partnership groups will need to draw in those services that currently support the confederations– July 2010.
- The CIN teams will be expected to provide a swift turn around in casework and continue to reduce the numbers of open cases within Children’s Services. The aim being to reduce the total number of active and open cases to less than 10 per social worker – December 2010
- CIN teams will link Social workers to the schools, as workloads allow; in order to provide advice and assistance to schools and confederations – the purpose will be to divert those children away from specialist social work intervention and towards the more appropriate services currently attached to the schools. January 2011

The ultimate goal will be for a greater majority of the CIN team social care staff being based within or clearly linked to schools, providing support and advice to staff, offering early intervention programmes in partnership with other professionals, offering quality assessments to the schools as part of a multi-disciplinary approach and case managing only a small number of high end child in need cases. Supervision would continue to be from a senior social care professional.