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**Education and Children’s Services**

**SOCIAL CARE AND EARLY HELP**

**DUTY AND ADVICE SERVICE (DAS)**

**PRACTICE STANDARDS**

**2016**

**OUR MISSION:**

**‘*To improve children and young people’s lives by working in partnership to raise aspirations, build achievement, and protect the most vulnerable’***

***Chapter 1 - Introduction***

Leicester City Council is committed to achieving excellence through continual improvement where children and their families are at the heart of everything that we do. Therefore, we need to provide improved and sustained early help, safeguarding and child protection, looked after services which facilitates a focus on supporting and promoting the interests and welfare of children and young people in Leicester City.

In order to achieve our aim for services to children and families to be of high quality, easy to access and provided by skilled staff, Leicester City Council’s Children Services has undergone a realignment of services at the front door. In June 2016, the Single Assessment Service was created to add resilience to the existing Duty and Advice Service (DAS) and the Child In Need Service. Consequently, this led to significant changes within the service delivery and remit of the DAS service.

The document outlines the practice standards and expectations from the DAS practitioners and should be read in conjunction with Leicester City Tri-X policies and procedures and the Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland found at this link: [LLR LSCB procedures manual](http://llrscb.proceduresonline.com/chapters/contents.html).

***Chapter 2- Service’s Aims***

The main objective of the service is to comply with the current legislation and government’s guidance by ensuring that all children, young people and families (CYPF) who are referred to the authority are provided with appropriate, timely advice/help/protection which is proportionate with the needs/risks that have been identified.

The overall aim of the service is to ensure that children and young people identified as requiring help and protection receive a swift, responsive and effective service that protects them from harm.

The Duty and Advice Service provides:

* front door advice and services at the point of initial contact and referral;
* out of hours services to children and families within Leicester City.

Leicester City Council DAS prides itself on the consistency of advice and services as the same qualified Social Workers provide cover 24hours a day, 7 days a week. This practice model follows the recommendations made by David Thorpe (‘Thorpe model’) in 2013. An enhancement to the model has been agreed whereby management oversight is available at the point of initial contact as well as referral.

The DAS makes a decision in relation to an initial contact within 24 hours from receipt as per the ‘Working Together to Safeguard Children’ guidance. It is the expectation for cases identified as meeting the threshold for Strategy meeting to be processed by DAS within 4 hours timescale to ensure swift response and actions.

The service is also the single point of contact for a number of statutory processes for example court notifications of reports required to be completed by the Local authority, notifications of children missing or living in ‘our area’ etc.

***Chapter 3 - Routes of referral***

A child or young person can be brought to the Local Authority’s attention as possibly requiring support, safeguarding or protection via the 24/7 Duty and Advice Service (DAS). The DAS accepts telephone calls from professionals and members of the public relating to queries and concerns for children within the borders of Leicester City.

All initial contacts are received and processed by qualified Social Workers, trained and experienced to discuss with other professionals and members of the public concerns that they may have about children and to identify the best way to meet their needs.

Following information being gathered from the referrer, this is reviewed within the context of the family history of involvement from Children’s Services and Early help Service and any other evidence available. The DAS Social workers would then:

* Reflect on and analyse the information available
* Refer to the Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland’ March 2015
* Provide a professional view in relation to the case progression

**Appendix A** provides an overview of the ICs’ standards

1. Where referrals do not meet the threshold for children’s services, the Social worker will either:

* Provide information on parenting issues through the provision of leaflets and website/ support groups
* Provide advice and guidance to the referrer
* Signpost to other services as appropriate including the Early Help and Prevention Services.

All decisions made at the point of Initial Contact will be overseen by the Duty Team manager and written feedback will be provided to parents/ carers with PR and referrer.

1. When initial contacts are escalated to referrals, the DAS Team managers oversee the social work activities undertaken by the DAS Social workers. (Appendix D)

If a referral meets the threshold for a further statutory assessment (via Section 17 or Section 47 of the Children Act 1989) the case is transferred to the Single Assessment Team. (Appendix A)

All **initial contacts and referrals** will have an outcome within 24 hours and are subject to management oversight and scrutiny.

***Chapter 4 - Guiding principles***

1. **Initial contacts/ Referrals from professionals**

When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, alongside the early help assessment, which may have been carried out prior to a referral into local authority children's social care (CSE RAT, Neglect Tool, DASH assessment). Where an early help assessment/ CSE RAT/ DASH etc has already been undertaken it should be used to support a referral to local authority children's social care, however, this is not a prerequisite for making a referral.

The quality of the information provided by the referrer is crucial in enabling the Duty Social Worker in making a proportionate and infromed decision relating to the child. Professional referrers will be asked to provide clear, concise and relevant information relating to a child based on what they have witnessed, what they have learned from discussion with the young person/ family and their professional judgement. The DAS Social Worker will support practitioners in their decision making and agreeing a way forward.

1. **Parents’ engagement - Informing parents of the referral**

Working Together to safeguard Children clearly highlights the responsibility of the professional referrer to inform the parents of the concerns relating to the child. It is the responsibility of the referrer working with the child and family to speak with parents orcarers about their concerns – unless by doing so will place the child at risk of signficant harm . The parents' permission should be sought before discussing a referral about them/ their children with other agencies, unless permission-seeking may itself place a child at risk of suffering significant harm.

Situations when informing the parent would potentially place the child at risk includes (but not limited to) concerns around disclosure of sexual abuse made against a parent or carer, significant physical abuse perpetrated by carer, fabricated induced illnesses; forced marriage or honour based violence; Female Genital mutilation etc.

Further guidance available in DfE document: ‘[Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers’ guidance (April 2015)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf)

1. **Advice and guidance from DAS**

A professional can contact the Duty Social Worker for advice only, without providing any details of the child. This advice will not be recorded on Children’s Services’ system and the professional would be provided with a consultation on a hypothetical situation; this could impact on the quality of the advice being given

There are situations when professionals may contact the Duty SW without prior to any discussions with the parent/ carer about making a referral to children’s services:

* If the concerns are of a safeguarding nature, the referral will be accepted, recorded and immediately processed by the DAS;
* If the concerns are NOT of a safeguarding nature, no record of the discussion will be recorded on our system and the referrer will be advised to discuss the concerns with the parent, inform them of the contact being made with Children’s Services (NB. Parent/ carer needs to be informed of the referral but their consent/ agreement are not required. If a parent objects to a referral being made THIS should **not prevent** the referrer to contact DAS)

1. **The Service’s Key responsibilities**

* Provide caring and inclusive services to children and families, taking into account particular factors such as the child's race, ethnicity, language, disability or any other special needs (e.g. interpreter);
* Management oversight and scrutiny will be applied at the point of initial contacts and referrals.
* All strategy discussions occurring during the out of hours working hours will be chaired by the Duty DAS Team Manager within 4 hours of referral. All Section 47 Enquires must be completed and recorded on LL within 3 working days of the Strategy Discussion.
* The DAS will work closely with Early Help Services and other partner agencies to ensure children, young people and their families receive the most appropriate level and nature of support at the right time.
* The outcomes of the DAS will be communicated to the families/child and other relevant professionals in writing (emails between professionals are acceptable) within 48 hours of completion.
* The LCC ‘10 Safeguarding Practice Standards’ (July 2015) and Working Together to Safeguarding Children (April 2015) provide the guidelines and auspices of all activities undertaken by DAS practitioners and managers.
* The DAS will consider, advise and make recommendations about Leicester City Council’s responses to changes in policies, National and local Serious Case Reviews, guidance affecting the front line service delivery.

***Chapter 5 - Output From Duty and Advice Service***

**All decisions made by the DAS practitioners and managers are based on the guidance provided by the ‘Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland’ found at this link:** [LLR LSCB procedures manual](http://llrscb.proceduresonline.com/chapters/contents.html).

**i) Request for information**

DAS will receive a range of requests for information from various organisations (CAFCASS, other Local authorities, probation etc). It is the responsibility of the DAS social Worker to provide within 3 working days, a chronology of involvement from the Early Help and Children’s Services’ Liquid Logic records. Alternatively, in highly complex cases, arrangements will be made for the person who has requested the information to come to a secure Leicester City Office and view the service user’s files.

*Following the written request of information, DAS SW will create an Initial contact only. This will be finalised once the information has been compiled and forwarded to the referrer.*

**ii) Providing advice and guidance**

The provision of advice and early help services should form part of a continuum of help and support to respond to the different levels of need for individual children and families. Where need is relatively low level, DAS worker will advise the referrer to liaise with other professionals for individual and universal services to provide timely support.

*The advice and guidance provided to the referrer will be recorded in an Initial contact alongside the rationale for the decision (with reference the Pathways to services document) and management oversight.*

**iii) Provision of Early Help**

For other emerging needs a range of early help services may be required, coordinated through an early help assessment (EHA).

*The recommendations and advice provided to the referrer and/ or others could be recorded in an Initial contact or referral form depending on the extent of activities undertaken by the DAS SW written within the 24 hour period.*

*A clear rationale for the decision (with reference the Pathways to services document) and management oversight will be recorded in the Initial Contact or the referral form.*

**iv) Assessments under Section 17 of Children Act 1989 (Single Assessments)**

In reaching a decision about whether or not to undertake a statutory assessment the DAS practitioners and manager must consider all available evidence. In this context consideration must not only be given to the exceptional nature andcircumstances of an individual case but also the evidence submitted for consideration must be substantive and all available options, by way of universal and targeted provision, must have been exhausted over a reasonable period of time*.* If the concerns identified in relation to the children at the point of referral require further exploration via a single assessment the case is transferred from DAS to the Single Assessment Service.

*All single assessments are generated by referrals.*

**v) Enquiries under Section 47 of Children Act 1989 (Section 47 Enquiries)**

Under Section 47 of the Children Act 1989, if a child is taken into [Police Protection](http://trixresources.proceduresonline.com/nat_key/keywords/police_protection.html), is the subject of an [Emergency Protection Order](http://trixresources.proceduresonline.com/nat_key/keywords/emerge_prot_order.html) or there are reasonable grounds to suspect that a child is suffering or is likely to suffer [Significant Harm](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), a Section 47 Enquiry is initiated. This is to enable the local authority to decide whether they need to take any further action to safeguard and promote the child’s welfare. This will occur following a [multi-agency Strategy Discussion](http://trixresources.proceduresonline.com/nat_key/keywords/strategy_discussion.html), with contributions from social care, police, health, education (if applicable) and other relevant professionals involved.

*All strategy discussions are generated by referrals.*

The majority of children and families identified as requiring further statutory intervention from Children’s Services will transfer to the Single Assessment Service. However, there are a range of children identified as in special circumstances and their pathways may differ. Please refer to the below list:

**vi) Children and Young in Special circumstances**

* 16/ 17 year old young people presenting as homeless. The SA will be undertaken by The Single Assessment Service jointly with the Housing Department. Based on the level of risks/need identified a decision will be made regarding case progression. The current 16/17 year old YP Homeless protocol will be followed;
* Young carers - The SA will be undertaken by the Single Assessment Service and based on the level of risks/need identified a decision will be made regarding case progression (EH/CIN/CP);
* Disabled children – The SA will be undertaken by the Single Assessment Service and based on the level of risks/need identified a decision will be made regarding case progression (EH or disabled Children Team);
* Step parent adoption – transfer from DAS directly to the Adoption Team;
* Unaccompanied minors – transfer from DAS directly to the Looked After Children service
* Relinquished babies will transfer directly from DAS to the Single Assessment Team
* Section 7 and 37s requests will be transferred to the CIN services at the point of referrals from DAS
* Referrals relating to unborn babies meeting the threshold criteria for statutory intervention will be accepted at the point of initial notification (this applies to pregnancies in the first trimester of gestation)
* Request for a Receiving In Conference will be immediately processed by the DAS and transferred to the Single Assessment Team for an assessment ( Receiving –In Conference pathway will be selected as the outcome of the Referral)
* Request for Step parent adoption will be transferred from the DAS to the CIN service via a single assessment.

The current Transfer Policy will be amended to reflect these changes and shared with all practitioners and managers.

***Chapter 6 - Governance and accountability***

The practice and functioning of Duty and Advice Service is overseen and supported by the following governance arrangements:

The responsibility for the daily operations and activities of the DAS Social workers lies with the Duty DAS Team managers

**Further guidance available:**

* **Leicester City Council procedures link:** [**Contacts and referrals**](http://www.proceduresonline.com/llr/childcare/leicester_city/p_contacts_referral.html)
* **LSCB procedures link:** [**LLR LSCB procedures manual**](http://llrscb.proceduresonline.com/chapters/contents.html)
* **DfE Working Together to Safeguard Children (March 2015) guidance:** [**WT2015**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
* **How to refer a Child to DAS: see** [**Appendix C**](#appendixc)

**Appendix A - Initial contact and Referral standards**

Duty SW will:

**Initial contacts:**

1. Gather Information from the referrer (professionals) to include:

* Contact details of the referrer
* Details of the children within the household –
* Ethnicity, nationality and gender to be recorded accurately (not unknown unless unborn) or each child
* Ensure address/ contact telephone numbers are updated on LL
* Details of the parents (including non-resident parents) and other significant others (parent’s partner, grandparents etc)
* Narrative of the concerns
* Explore any potential protective factors
* Identify the team of professionals involved with the child/ family
* Has an Early help assessment been completed or considered? If not, why not?
* Category of need identified – DO NOT USE N0 (need yet not identified)
* Confirm parents have been informed of the contact with Children’s Services by the professional referrer
* Explore with the referrer the desired outcomes for this child and how would they contribute to these?
* Advise that written feedback with the outcome of the referrer will be emailed to them

1. Chronology of Children’s Services and early Help involvement compiled by accessing both CS and EH Liquid Logic Modules
2. Contact parent/ carer if required (always ensure the consent issue is addressed/clarify)

* Provide the parent the opportunity to respond to concerns

1. If a decision can be reached in relation to this child at this point - initial contact is completed. This decision needs to have evidence based rationale & management endorsement.
2. An Initial Contact will be progressed to a Referral where the social worker or manager considers an assessment and/or services may be required for a child/family

**Any required SW activities:**

* to include welfare checks with other agencies (consent to be ascertained if - child in need)

For children’s cases where **domestic abuse** is the presenting issues: DAS SW to liaise with the Police re the DASH assessment – copy of the assessment to be provided to the DAS

For children’s cases where **CSE** is the presenting issue: the referrer or DAS (while on the phone with the referrer) completes the CSE Risk Assessment Tool

For children’s cases where YP present as **Homeless:** ensure that contact with parents has been made at the point of referral to establish the threshold for Southwark assessment

For children’s cases where **neglect** is the presenting issues: the referrer or DAS (while on the phone with the referrer) completes the LLR neglect Tool

1. An Initial Contact will be progressed to a Referral where the social worker or manager considers an assessment and/or services may be required for a child/family

**Any required SW activities:**

* to include welfare checks with other agencies (consent to be ascertained if child in need)

For children’s cases where **domestic abuse** is the presenting issues: DAS SW to liaise with the Police re the DASH assessment – copy of the assessment to be provided to the DAS

For children’s cases where **CSE** is the presenting issue: the referrer or DAS (while on the phone with the referrer) completes the CSE Risk Assessment Tool or alternatively advise the referrer to complete one and forward to the DAS (this decision is based on the urgency/risks of the situation and professional judgement)

For children’s cases where YP present as **Homeless:** ensure that contact with parents has been made at the point of referral to establish the threshold for Southwark assessment

For children’s cases where **neglect** is the presenting issues: the referrer or DAS (while on the phone with the referrer) completes the LLR neglect Tool or alternatively advise the referrer to complete one and forward to the DAS (this decision is based on the urgency/risks of the situation and professional judgement)

Appendix B

Initial Contacts Pathways - Effective September 2016

Telephone contact made to the DAS expressing concerns in relation to a child/ Young person

Management endorsement and oversight recorded in the Initial Contact contact

Social Worker discusses the concerns with the referrer – Initial Contact created & decision reached

Advice and guidance

Targeted Early Help Intervention

Early Help Assessment

Referral

Feedback to referrer and parents/ adults with PR in relation to the outcome of the initial contact within 24 hours

Appendix 2:

* Single Assessment
* Strategy discussion (S47) (to include immediate child protection: EPO, PP)
* LAC procedures
* Step down to Early Help
* Early help Assessment
* Advice and Guidance
* LADO procedures

Management endorsement and oversight recorded in the Referral Contact contact

Feedback to referrer and parents/ adults with PR in relation to the outcome of the referral

Appendix B – Referrals pathways

**Appendix C**

Advice and Guidance

Early Help Assessment

Step down to Early Help

Strategy

Discussion

Referral

Activities at the point of referral:

* LL Children’s and EH history of involvement
* Contact with parents – issue of consent established (if appropriate)
* Family support available
* Professional Team around the family established
* Professional analysis and recommendations

Single

Assessment

Feedback to referrer and parents/ adults with PR in relation to the outcome of the referral

Initial contact

Management oversight and endorsement

Day 15 – ICPC held – case transfers to the CIN Service; SA SW updates LL with the outcome of the ICPC and case trasnfer

**HOW TO REFER A CHILD SAFEGUARDING CONCERN TO THE**

**LEICESTER CITY DUTY AND ADVICE SERVICE**

1. **ARE YOU CONCERNED ABOUT A CHILD’S SAFETY AND WELFARE?**

To help you decide whether to make a referral to the Children’s Services in the first place, you should consult the guidelines provided by the ‘Thresholds for access to services for children and families in Leicester, Leicestershire & Rutland’ which can be found at this link: [LLR LSCB procedures manual](http://llrscb.proceduresonline.com/chapters/contents.html)

If you suspect or believe that a child is suffering or is likely to suffer significant harm or any form of mistreatment or abuse, you should report your concerns immediately by making a referral to the Duty and Advice Service. This information needs to be passed without delay *(****CASE STUDY A****).*

* **IN AN EMERGENCY**

**If you believe a child is in immediate danger you need to contact the Police or an Ambulance using the emergency 999 line.** *(****CASE STUDY B****)*

Thereafter, you should also make contact with the **Leicester City Duty and Advice Service** on **0116 4541004**

* **FOR NON-EMERGENCIES (please refer to Section 2)**

If there is no immediate danger to the child, but you have identified Child Protection/ Safeguarding concerns, you will need to contact **Duty and Advice Service** on **0116 4541004**. However, before doing this please refer to the below guidance.

1. **ACTIONS TO BE TAKEN BY A PROFESSIONAL BEFORE MAKING A REFERRAL**

Your referral is likely to better safeguard a child if you consider the few actions before contacting DAS.

*After identifying a concern, you should* ***not delay but consider****:*

The quality of the information provided by you is crucial in enabling the Duty Social Worker in making a proportionate and infromed decision relating to the child. Please ensure you provide **clear, concise and relevant information relating to the child based on what you have witnessed, what you have learned from discussion with the young person/ family and your professional judgement.**

As a referrer working with the child and family, it is your responsibility to speak with parents/ carers about your concerns – unless by doing so will place the child at risk of signficant harm . The parents need to be informed before discussing a referral about them/ their children with other agencies, unless this action may itself place a child at risk of suffering significant harm. (***CASE STUDY C****)*

Situations when informing the parent would potentially place the child at risk includes (but not limited to) concerns around disclosure of sexual abuse made against a carer, significant physical abuse perpetrated by carer, fabricated or induced illnesses, forced marriage/honour based violence, Female Genital mutilation, etc.

**ADVICE AND SUPPORT FROM DAS**

Please be aware there is support and advice available from the Duty and Advice Service. You can contact the Duty Social Worker for advice only without providing any details of the child. This advice will not be recorded on our system and you would be provided with consultation on a hypothetical situation; this could impact on the quality of the advice being given.

There are situations when professionals may contact the Duty SW without prior discussions with the parent/ carer about making a referral to children’s services:

* If the concerns are of a safeguarding nature, the referral will be accepted, recorded and immediately processed by the DAS;
* If the concerns are NOT of a safeguarding nature, no record of the discussion will be recorded on our system and the referrer will be advised to discuss the concerns with the parent, inform them of the contact being made with Children’s Services. (NB. Parent/carer needs to be informed of the referral but their consent/ agreement are not required. If a parent objects to a referral being made THIS should **not prevent** the referrer to contact DAS).

**CASE STUDY A**

6 year old child discloses during the story time that she had been sexually touched by her parent/carer. It is the responsability of the school to make immediate contact with the DAS and/or Police and make a referral. Notifying the parent is not the priority in this situation and there are sufficient grounds to overide the referrer’s duty to inform the parents of the referral at this stage.

**CASE STUDY B**

Child and parent attend A&E due to the child’s health presentation. Parent appears to be under the influence of alcohol and refuses to wait for the child to be seen by a doctor. He takes the child and drives away in the family’s car.

A&E staff is required to immediately contact the Police and report the above.

**CASE STUDY C**

Child presents as unkempt and tired at school. His attendance has started to deteriorate and his lunch box is noted to have inadequate food (pack of crisps and juice only). School need to make arrangements to meet parent and explore the situation at home. If there are no mitigating factors and there is clear indication the needs of the child would continue being neglected (parent is resistant to address the identified issues) the school to advise parent of their duty to make a referral to Children’s Services.