

Getting Help

A survey of reception and initial contact arrangements in social services departments

A responsive programme study for the Children's Safeguards Unit, Department for Education and Skills

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Executive summary

Background

This study was undertaken between December 2003 and March 2004 for the Children's Safeguards Unit at the Department for Education and Skills. It explored the 'front desk' arrangements in local authorities for receiving and responding to calls from members of the public and professionals who wish to report concerns about a child's welfare. A survey of 100 local authority websites was followed by telephone interviews with 70 managers of day-time and out-of-hours duty teams in a representative sample of 28 authorities in England. Information is also included in the report from a linked study of the role of telephone helplines in child protection.

Organisation of services for children

Most local authorities still have a social services department, but a sizeable minority have moved towards more specialist departments with a wide variety of departmental names. Organizational arrangements may well change again with implementation of the Children Bill, but in the meantime this diversification may not aid public recognition of, and easy access to, the appropriate department responsible for safeguarding children from harm.

Organisation of reception arrangements

Local authorities continue to be responsible for running their own front-line duty systems, although three out-of-hours services in this study were contracted to services in neighbouring authorities. There appears to be a trend towards using screening services for initial contacts and referrals before callers have access to a social worker. Such screening staff are usually administrative staff, who may or may not have additional training, and have a varying level of responsibility within the assessment process. The managers who were interviewed had a high degree of commitment to whatever system was in place in their authority: screening was thought to save valuable social work time, while direct access enabled the assessment to begin straight away.

Out-of-hours services in general were more organizationally stable than day-time duty arrangements. Most were staffed by dedicated teams, and managers tended to have been in post longer. Access to qualified child and family social workers was partial, particularly out of hours. Most authorities included in their definition of a 'qualified' worker those who were 'experienced', even if this was not specific experience of work with children and their families. Most duty teams had to offer a skill-mix to cater for all client groups. A qualification with instant recognition, equivalent to the Approved Social Worker (ASW), has been lacking for child and family social workers, although this is being addressed by the development of the Post Qualifying award in Child Care.

Satisfaction with organizational arrangements

The study found no clear best way of organising initial contact and reception arrangements that could fit all situations and types of authority. Managers described

similar difficulties regardless of the type of organizational arrangement, including a shortage of suitably experienced social work and support staff; high staff turnover; unreliable information systems and equipment; and lack of clarity over what the duty system could and could not deal with. Although there was no ‘one-size-fits-all’ approach to organising duty systems, good training for staff taking initial calls was essential to a good quality assessment, as were user-friendly information systems, and clear policies and procedures for recording information and guiding onward decision making.

Access to children’s information systems

All authorities said that those receiving calls about a child’s welfare during the day-time could look up the child’s details on the electronic information system, but such systems were often described as unreliable, too slow or unable to make the necessary links. In a third of authorities, out-of-hours staff, especially if they were working from home, did not have such access, and had to work without such essential information to hand.

Publicising the duty system

Few local authorities actively promoted their duty system, in part because of fears of work overload in already stretched services. Those that had done so had used written materials in appropriate languages, such as posters and leaflets. Authorities where all services were available through one council seemed to be at an advantage here as they were more visible: members of the public were said to be accustomed to ringing ‘the council’ for advice and signposting of all kinds. There was great variation in the presentation of information about how to protect or safeguard¹ children on local authority websites, and the ease with which this could be found. The best had simple and clear information about what child abuse/neglect was, what to do and who to contact, with web-links.

A recurrent theme in the interviews was a need for greater clarity about the role of social services. Members of the public and other professionals were said to have unrealistic expectations of social services, and negative images of social workers as people who take children away from families. Better and more accurate publicity was requested by duty team managers to improve the image and status of the work, and to recast social workers as child supporters. They noted that safeguarding children was not yet seen as ‘everybody’s business’. At the same time, they emphasized that social services was not a universal service and should not be promoted as such.

Reported sources of calls about a child’s welfare

The health service was most commonly mentioned by managers as a frequent source of calls about a child’s welfare, followed by the police, education, relatives or family (including estranged partners) and neighbours or the general public. Although few had hard statistics to hand, managers of day-time duty services were more likely to list health visitors and schools as one of the main sources of calls about a child’s welfare, whilst out-of-hours service managers were more likely to cite the police and Accident and Emergency departments at hospitals as significant sources of calls.

¹ ‘Safeguarding’ is used in preference to ‘child protection’ to reflect current government terminology.

Monitoring and recording of information

The term ‘referral’ was used in a variety of ways in different contexts, for example when completing statistical returns for the government and when discussing internal procedures. Most, but not all, authorities distinguished between contacts and referrals, but the point at which they made this distinction varied. Contact information was often recorded separately from referrals and there was little evidence of it being systematically monitored or analysed. The majority of duty team managers said that referrals were analysed, but few were able to provide details, and it appeared that analysis was mostly geared towards the information needed for performance indicators and statistical returns to government, rather than to identify patterns of referrals as a means of targeting or improving services.

Referrals from telephone helplines

Most respondents in this study had some experience of taking referrals from telephone helplines such as the NSPCC child protection helpline, ChildLine and NHS Direct. In most authorities, these did not comprise a significant source of calls compared to those received from other agencies or directly from members of the public or children’s families. Some social services team managers reported a positive experience of telephone helpline referrals, but the majority were critical of the variable quality of information provided and the helpline workers’ expectations of how social services should respond. Many of the issues raised by social services managers in relation to telephone helplines mirrored the concerns expressed in a related study by the helplines themselves, but each party’s perspective on these issues differed sharply.

There is clearly room for improved dialogue and the development of closer working relationships between telephone helplines and social services in relation to safeguarding children. Joint training, and further development of common referral forms (which some authorities have already begun to introduce) would help to improve the quality of information and provide greater consistency. More work needs to be done to clarify roles and responsibilities, to agree thresholds for provision of services, and to improve the resources available to local authorities so that they are more able to respond to requests for support for vulnerable families.

Responding in practice

The study explored how telephone calls from members of the public and others who were concerned about a child might be dealt with in practice. Duty team managers were asked how they would respond to a hypothetical case scenario, and they provided examples of real cases where they felt initial contacts had been responded to particularly well or badly. Both sources of information identified similar factors underpinning what managers saw as a positive response to initial contacts expressing concern about a child. These included: good information sharing and communication; positive interagency relationships; effective technology (computer and telephone systems); and competent staff in place to receive initial calls, who could either undertake assessments themselves or knew the right questions to ask to establish whether a caller needed to be passed on to a qualified social worker.

Conclusions

A 24-hour helpline number for people to report concerns about a child's safety, as recommended by the Victoria Climbié Inquiry Report, could help to raise the profile of children's social services and make it easier for members of the public to know what to do if worried about a child, especially if this were accompanied by a publicity campaign about recognising child abuse or neglect. Findings from this study, however, suggest that the most important issue may not be who takes the initial call, but how the messages received from the public are passed on and dealt with by social workers, and the quality of the initial information gathering and recording.

The type of organisational arrangement for receiving calls expressing concerns about a child's welfare appeared less important than ensuring that those in the front line, whether social workers or trained administrative staff, were good at their job and had sufficient time and resources to do it well. Clear procedures were particularly important where screening or filtering systems operated, to ensure that those receiving calls were able to distinguish between low level enquiries and situations where a child's safety might be at risk, and understood the thresholds at which different types of action were required.

This was a small-scale fact-finding study which indicates the extent of changes to day-time duty systems and the shift towards a 'customer service' call centre approach, especially in county councils. A more in-depth study is now needed to explore referral-taking practice and the decision-making process in different types of organizational arrangements for receiving concerns about a child's welfare, and the extent to which these succeed in safeguarding children.

1. Introduction

Background

- 1.1 In February 2000, Victoria Climbié died at the hands of her great-aunt and her aunt's boyfriend. This was despite the fact that Victoria was known to four social services departments and various other agencies, including housing, health and the police, who missed more than a dozen opportunities to intervene to protect her. One of those who tried to get help for Victoria was a distant relative who attempted to use a public call box to contact one of the social services departments involved. A recommendation of the subsequent inquiry by Lord Laming into Victoria's death was that local authorities should establish a 24-hour free telephone referral number for use by members of the public who wish to report concerns about a child (CM 5730 2003, recommendation 33).
- 1.2 The Victoria Climbié Inquiry Report identified significant weaknesses in the organisation of initial contact and reception arrangements in the social services departments that Victoria came into contact with. Other recommendations in the report included the need for better recording and information systems; appropriate training for staff working in intake teams; and specialist services available 24 hours a day, seven days a week to respond to the needs of children and families. Laming further suggested that each local authority should be required to undertake an analysis of the current strengths and weaknesses of their 'front door' duty system for children and families.
- 1.3 The Green Paper *Every Child Matters* (HM Treasury 2003), and the subsequent Children Bill, responded to the criticisms in the Victoria Climbié Inquiry Report by proposing significant changes to children's services. These included the replacement of Area Child Protection Committees with Local Safeguarding Children Boards; the establishment of local information hubs to improve identification of children at risk of poor outcomes; and greater integration of services for children through the creation of a post of Director of Children's Services responsible for education and social services functions.
- 1.4 Arrangements for providing access to social services outside normal office hours were surveyed in 1999 by the Social Services Inspectorate (SSI 1999). Findings revealed that local authorities adopted a wide variety of approaches. Some Emergency Duty Teams (EDTs) allowed direct access to professionally qualified staff, whilst others did not. Some ensured that staffing provision was made in a way that enabled there always to be specialist children and family staff available, while others relied on perhaps only one social worker, who could be drawn from any background.
- 1.5 The position during office hours is likely to be similarly varied. Some local authorities are known to provide 'One-Stop-Shop' arrangements, which may be staffed by professionally qualified social workers or by specialist, but unqualified, social services staff. Others rely on a corporate approach to their 'One-Stop-

Shop’, though with means to access specialist social services staff behind the generic point of first contact.

- 1.6 Regardless of the contact and staffing arrangements, there is likely also to be variation in practice in terms of responsiveness to calls from members of the public, including towards individuals who seek to refer third parties on an anonymous basis. There may also be substantial variation in social services’ responses to referrals made by voluntary sector help lines, which play an important role in receiving calls from people worried about a child’s welfare. Some of these telephone helplines are confidential and work to help children and families consider their options, assist with referrals and provide support. However, they need to be able to work in collaboration with statutory agencies to promote and safeguard children’s welfare (Scottish Executive 2002).
- 1.7 The distinction between what counts as a ‘referral’ and what is a ‘contact’ is often not clearcut, although definitions are provided to guide local authorities when they submit their annual statistical returns to government (Department for Education and Skills 2004) and in the glossary that accompanies the Core Information Requirements for children’s social services (DfES 2003). These describe a referral as a ‘request for help’ and a ‘request for a service’, and note that not all initial contacts will go on to lead to a referral, for example requests for information or advice which are dealt with by the social worker on duty and require no further action. Such contacts should nevertheless be recorded. However, previous research has demonstrated that this often does not happen in a systematic way (Thoburn et al. 2000, Cleaver et al. 2004)
- 1.8 The SSI inspection of EDTs in 1999 gives a picture of out-of-hours activity, but there has been no comparable study of day-time arrangements. In the context of recommendation 33 of the Victoria Climbié Inquiry Report, the Thomas Coram Research Unit was requested by the Children’s Safeguards Unit at the Department for Education and Skills to undertake a short study ascertaining the nature of current arrangements for receiving initial referrals in English local authorities, looking at both in- and out-of-hours intake processes.

Objectives and scope of the study

- 1.9 The current study aimed to:
 - map the current organisational arrangements for accepting referrals from members of the public and professionals in English local authorities;
 - describe referral taking practice in a sample of local authorities;
 - identify factors that appear to facilitate and inhibit social services’ ability to respond well to calls from members of the public and others who are concerned about a child’s welfare; and
 - explore whether particular ‘front desk’ arrangements might work better than others in promoting a positive response to contacts concerning children’s welfare.

- 1.10 The focus of this study was on ascertaining the types of arrangements local authorities have in place to receive referrals from the public and professional sources, and reporting levels of satisfaction with arrangements in place. We also aimed to explore whether there were aspects of the way authorities organised ‘front desk’ services that appeared to affect their responsiveness to calls expressing concerns about a child’s welfare, such as the number of people a caller needed to speak to before reaching a qualified child and family social worker. An issue raised by earlier studies, such as Hall’s work on the ‘point of entry’ to social services (Hall, 1974) is the terms of reference of those who receive calls. This will influence what is seen as a responsive or effective service. For example, quality could be defined as ensuring that those who need a service are passed on so that their needs can be assessed, and those who have got through to the wrong service are directed to the right one. Or it could be defined more narrowly as the speed of handling each call and the volume of calls handled. A third definition of an effective service could be a reduction in the number of children and families passed on for assessment. Important as this issue is, it was not one we were able to explore to any great extent in this relatively small-scale study.
- 1.11 The study focuses on initial contacts and referrals. It does not attempt to link the initial response to calls to ongoing decisions that take place at the referral/ initial assessment/ core assessment stages of the process, which would require a more substantial, in-depth study. Nor was it within the scope of the present investigation to consider how well different referral receiving arrangements work from the point of view of those who are making the referral (members of the public, parents, health visitors, teachers, voluntary organisations and so on). When we refer to a ‘positive response’ to initial contacts and referrals, this is based on the views of the social services managers who were interviewed, backed up by their accounts of actual and hypothetical practice (see below). A study of adequacy and quality would need to seek the views of those who made a referral or sought a service, and include the collection of data on whether the children not passed through for an assessment came to any harm, as well as whether those who were referred through for a fuller assessment needed that assessment. We do, however, include the experiences of telephone helpline services when making onward referrals to social services concerning safeguarding children, incorporating data from a related study (Statham and Carlisle 2004).

Methods

- 1.12 Information was obtained from a survey of one hundred local authority websites, followed by telephone interviews with managers of teams responsible for initial contacts and referrals in a representative cross-section of approximately one in five councils in England with social services responsibility.

Survey of local authority websites

- 1.13 One of the methods of finding out information about, and making contact with, social services is through local authority websites. As part of this study of getting help for children, we surveyed two thirds of the 150 English local authority websites. The survey had two purposes. The first was to provide overview information about the organisation of reception and initial contact arrangements for services for children. The second was to discover how accessible information about what to do when faced with concern about a child was, and, in the process, to identify some examples of good practice.
- 1.14 One hundred local authority websites were searched, made up of 27 unitary authorities, 25 metropolitan boroughs, 17 London boroughs and 31 shire counties. These were drawn from all regions of the country. Each local authority website was searched for two types of information: how to get in contact with local authority social services staff; and what to do if one is concerned about the welfare of a child (often referred to as ‘child protection’). It should be noted, however, that website information may not always give an accurate picture of policy and practice, depending on the resources and attention given to presenting information in this format. There may well be delays in updating websites to reflect current policy and practice.

Telephone survey of a cross-section of local authorities

- 1.15 A stratified random sample of 30 authorities was selected for the main part of the study. One of these declined to participate due to an impending inspection, and a second was unable to provide contact details for the relevant managers within the timescale of the study. The final sample of 28 authorities covered both north and south England and included 8 metropolitan authorities, 7 unitaries, 7 shire counties, 3 inner and 3 outer London boroughs (Table 1). Local authorities are named, with their agreement, in this report when citing examples of good practice.
- 1.16 In each authority, the aim was to interview up to three managers, including one who was responsible for the out-of-hours service and either one or two day-time intake team managers, depending on organizational arrangements. This would permit some assessment of variation in procedures and practice within an authority, where initial contacts were dealt with by local area teams rather than one central point.
- 1.17 Seventy telephone interviews were carried out altogether: 47 with managers of day-time duty or reception teams and 23 with managers of out-of-hours or Emergency Duty Teams (EDTs) in the same authorities (Table 1). EDT managers were generally more difficult to contact, and in four of the 28 authorities it was not possible to obtain an interview with an out-of-hours service manager within the available time frame for the study. In a fifth case, a single manager in a small metropolitan authority was able to answer questions concerning contact arrangements both in the day-time and out of hours.

Table 1 Interview sample

| LA type | No. | Number of interviews | | |
|--------------|-----------|----------------------|-----------|-----------|
| | | Day-time | OOH | Total |
| Metropolitan | 8 | 12 | 5 | 17 |
| Unitary | 7 | 11 | 6 | 17 |
| London | 6 | 10 | 5 | 15 |
| Shire county | 7 | 14 | 7 | 21 |
| TOTAL | 28 | 47 | 23 | 70 |

- 1.18 Telephone interviews took place between December 2003 and March 2004 and ranged in length from 21 minutes to over an hour, with most lasting between 40 to 55 minutes. A semi-structured interview schedule was used, and notes were written up according to a standard format and the information later transferred to a grid for comparison and analysis.
- 1.19 The interviews covered the organization of duty work, arrangements for the public and professionals to make contact both in and out of office hours, satisfaction with these arrangements, whether the duty system was promoted to the public and, if so, how. Respondents were asked how information about contacts and referrals was recorded and monitored, what feedback was provided to callers, and what their experience had been of referrals from telephone helplines such as the NSPCC child protection helpline, ChildLine and NHS Direct.
- 1.20 Each manager was presented with the same scenario of a member of the public ringing from a callbox to report hearing repeated screaming from a child in her block of flats, and asked how they would respond. Finally, respondents were asked to provide examples of an occasion where they felt that an initial contact from someone concerned about a child's welfare had gone well (from the point of view of communication and resulting action), and another where it had been dealt with less successfully, and if possible to identify the reasons for this. They were also invited to make recommendations to the government about how to improve the ways in which members of the public and professionals make their concerns about children known to social workers.

Related telephone study

- 1.21 A separate telephone survey of key representatives of four major telephone helplines (ChildLine, NSPCC child protection helpline, Parentline Plus and NHS Direct) was also undertaken to provide additional information about the role of such helplines in safeguarding children, and their links with local authorities. This has been reported on separately (Statham and Carlisle 2004), but key findings are incorporated within this report.

The respondents

- 1.22 The social services managers who were interviewed headed teams with a variety of names and remits (discussed further in Chapter 2), including Duty and Initial Assessment teams, Access teams, Referral and Assessment teams, Intake teams, Reception and Assessment teams and Initial Response teams, as well as Emergency Duty teams.
- 1.23 The managers' length of time in their current post varied from one month to nearly fourteen years. Overall, more than half had been in post for over two years, although this was the case for only a quarter of the managers in London authorities, compared to two thirds in the shire counties and over three quarters in the unitary authorities. Managers of EDTs tended to have been longer in post than day-time staff, with over a quarter having held their current job for five years or more compared to one in six of day-time team managers.

Structure of the report

- 1.24 The rest of this report is divided into six chapters, which draw on all three sources of data. At the end of each chapter, we have summarised organisational, practical and professional factors that appeared to facilitate a positive response to calls from members of the public and others about concerns for children, although it is important to remember that this is based on managers' views rather than an assessment of outcomes for children.
- 1.25 Chapter 2 presents findings on the organisation of reception arrangements for duty calls to social services. Ways to make contact with social services in and out of office hours are discussed before outlining respondents' levels of satisfaction with current arrangements. In Chapter 3, we discuss whether and how the social services duty system is promoted to the public, and report on anecdotal and formal evaluations of the duty system that have taken place in the selected local authorities. Chapter 4 describes how calls to social services are recorded and monitored, and explores the issue of when a 'contact' becomes a 'referral'. It also considers how far callers are provided with feedback, and policies on responding to anonymous callers.
- 1.26 In view of the Victoria Climbié Inquiry Report recommendations concerning the establishment of a helpline to report concerns about a child's welfare, Chapter 5 provides an assessment of telephone helplines from the point of view of social services duty managers. Chapter 6 investigates how calls regarding children's welfare might be responded to in practice by social services duty teams. It includes discussion of practice in response to a hypothetical case scenario, and examples of 'real' cases where managers felt that initial contacts had been responded to particularly well or badly. The final chapter draws together the main conclusions of the study.

2. Organisation of reception arrangements

Structures for children's services

- 2.1 In the early 1970s, the main means of organising children's social services was through generic social work teams in social services departments. Members of the public would access social workers through a 'duty' system that might include a specialist duty team, run by local social workers as part of their general duties, or be part of a general local authority information service. The current survey shows that these organisational variations are evolving, in part influenced by policy recommendations that children and adults should have separate services, and, most recently, by *Every Child Matters* which indicates that local authorities should appoint a Director of Children's services to be accountable for local authority education and children's social services functions.
- 2.2 In terms of the overall delivery of council services, the website survey showed that most local authorities still have a 'social services' department, that address the needs of children, families, adults and elderly people within one department (Table 2.1). Where local authorities have begun reorganising departments, some have taken the decision to become social care departments; others to explicitly combine 'health' or 'housing' with social care; and others to place children's services at the forefront, often combined with education, although the titles of these departments vary.

Table 2.1 Departmental organisation of children's services in 100 English local authorities (website survey)

| | Social Services | Social Care ¹ | Social Care and Health | Social Services and Housing | Other, incl. Children's Department ² |
|----------------------------|-----------------|--------------------------|------------------------|-----------------------------|---|
| Unitary (27) | 13 | 2 | 4 | 4 | 4 |
| Metropolitan boroughs (25) | 16 | 6 | 3 | - | - |
| London boroughs (17) | 12 | 2 | 2 | - | 1 |
| Shire counties (31) | 21 | 2 | 4 | - | 4 |
| Total (100) | 62 | 12 | 13 | 4 | 9 |

¹ Including Social Performance and Care; Social Care and Welfare.

² Including Learning and Development; Children, Schools and Families; Services for Children and Families Department; Children's Service; Services for Children and Young People; Children, Families and Schools, Community Services.

2.3 The rest of this chapter presents information from the 28 authorities participating in the telephone survey. It describes arrangements for receiving initial contacts both during and out of office hours, the extent of screening before calls reach a social worker, and the changes that authorities have made to their duty system in recent years. Access by front-line staff to databases of information on children is discussed, and the chapter presents respondents' views of the advantages and disadvantages of different ways of organising duty systems.

Organisation of duty system in the study authorities

2.4 In the telephone survey, just over half (15) of the local authorities organised duty work for children's services through social services departments, and the remaining 13 through a department with a combined focus:

- Children's services or children's and families services – six local authorities
- Social care/services and health - two local authorities
- Social care/services and housing - two, including one combining health and housing
- Community based services – two local authorities
- Social care and learning – one local authority

2.5 A move away from generic social services departments towards children's services departments can thus be seen, in line with *Every Child Matters* and the Children Bill. However, the existence of so many different departmental names does raise the question of how easily members of the public can recognise the appropriate department to approach with concerns about a child's welfare during the transition period.

Making contact in office hours

2.6 All of the arrangements for receiving calls during office hours were managed in-house by the authorities in the telephone survey. None were contracted out, although two out-of-hours services were.

2.7 A member of the public or a professional making telephone contact with social services² during office hours with concerns about a child is faced with a range of different methods of organising duty systems. Within the varying departmental arrangements noted above, there are also variations in ways of organising duty systems. Typical divisions are between area based and centralised duty systems; between adults' and children's services; and between social work plus receptionist duty and screening or filtering services. These kinds of divisions overlapped, so in some local authorities there would be a centralised duty system filtering calls through to specialist adults and children's teams, whilst in others there would be a referral and information worker within each area team or each specialist team.

² The term 'social services' is used for ease of reference throughout this report, while acknowledging that not all local authorities organise duty systems for children through a social services department.

- 2.8 In our sample, ten local authorities had a system of managing duty from within area based or client specialist based teams (Table 2.2). In these cases, callers would be greeted by a receptionist who would then take messages and/or direct calls to social workers on duty. These social workers might be permanently located in ‘access teams’, or temporarily located on ‘duty’ from regular work.

Types of reception and duty arrangement

- 2.9 There are several types of duty arrangement, and local authorities in our study represented a number of these. The four models briefly described below are not exhaustive, nor do all our local authorities fit into them precisely. They are presented to illustrate the variation that emerged from the study, but some authorities could have two overlapping arrangements.

a) One-stop-shop

Usually in metropolitan areas, these are neighbourhood based offices where more than one public service is located. Designated officers dedicated to dealing with referrals may be located within them, and administrative roles are limited to message-taking across the different services.

b) Call centre

In this arrangement, an external body handles all the telephone calls into a number of public services and directs them onward. Calls are handled by administrative staff who have usually had additional training for the job, particularly in awareness and recognition of cases that warrant urgent attention, such as possible harm to children. The degree to which call centre staff make decisions about calls or assess the situation varies.

c) District or area offices or client based specialist teams

Most usual in shire counties, these involve a number of physical locations where members of the public can visit or phone to access the duty system. Systems within the office may vary: for example social workers taking turns to be on duty, dedicated officers for assessment and information, or dedicated teams for assessment. Various levels of support for social workers may be in place, including information and advice officers or customer service officers, who may or may not be qualified social workers; or reception staff whose role is limited to message taking.

d) Central or county duty system

This is a telephone based service taking social services referrals across a local authority, sometimes a large county, staffed by administrative staff with additional training. Calls are directed onward, as appropriate, to social services district offices or specialist teams. This arrangement can overlap with that of having area or specialist teams for those who come to the office in person.

Screening calls to duty systems

2.10 In nearly two thirds (18) of the local authorities sampled, a screening service of some kind was in place for calls during office hours. This could be either a specific service external or adjacent to the social work teams, or it could be a designated worker (or more than one) within a team. These services had a number of names, such as Referral and Information Assistants, Information and Advice Service (or officers), Contact Centre, Initial Screening Officer, and Customer Service Officers. Typically, administrators with some additional training and access to qualified social work managers staffed these services. They were expected to be able to recognise which cases should be referred to social workers for immediate action. The use of screening staff for initial reception of calls to social services was not restricted to certain types of authority and appears to be a growing trend, discussed further below.

Table 2.2 Role of screening staff in social services duty systems

| | DIRECT ACCESS | SCREENING |
|---------------|---|---|
| | Receptionists (message takers), usually based in area teams or district offices, could be in children's teams or assessment teams | Admin workers with additional training (identify issues, take basic details), could be in specialist screening service across LA, located within area teams or assessment teams |
| London | 3 | 3 |
| Metrop. | 3 | 5 |
| Unitary | 2 | 5 |
| Shire county | 2 | 5 |
| Totals | 10 | 18 |

2.11 Whichever system was used, respondents tended to favour their current arrangement and think it was preferable to any alternative. So, having a screening service was judged to save valuable social work time, while those who provided more direct access to social workers thought that this was more effective in establishing the status of the referral.

2.12 The remit of screening services varied. In some cases, the service was a centralised duty system for social services, so that all calls went through the same number and were directed appropriately. In others, the worker had a role in decision-making and onward referrals. For example, in one unitary authority, referral coordinators worked across children's and adults' services. They acted as a filter to specialist teams, took all calls, gave advice and information, and signposted callers on to other agencies. They were described as 'admin people,

but with access to training'. In a metropolitan borough, the interviewee said that 'calls would go initially to reception, then to an advice and support worker, who is an unqualified member of staff. She/he would then have a consultation with the duty social worker and check the system to see if the family are known. Have consultation with social worker about next progression'. It would appear that a centralised system does not necessarily mean a more substantial decision making input from screeners.

Recent changes to the duty system

- 2.13 In the majority of local authorities (18 out of 28), arrangements for duty had changed in the previous two years, although this was less commonly the case in the shire counties. The most common reason given for making changes was to make more efficient and effective use of the resources available. Some of the reported changes were relatively minor, such as accepting email referrals, increased use of electronic records or new referral forms; but others were major organisational changes such as introducing a new single assessment and child protection service (called a 'First Call' service in one local authority).
- 2.14 Whilst some local authorities were making changes so that social workers would be more available on the 'front line', as recommended in the Victoria Climbié Inquiry Report, others had made changes in the opposite direction by introducing more initial screening of calls, which they hoped would make more effective use of social work time. In total, six local authorities spontaneously mentioned the Victoria Climbié Inquiry Report as a motivation for making changes to duty and reception services.
- 2.15 *Kent* is one example of a local authority that has recently made extensive changes to its duty system. The new service was introduced in May 2002 in order to improve the council's public involvement strategy and consistency of response across user groups and geographic areas. Previously there had been duty offices for each service (children and families, mental health, adults etc.) and in total around 70 office locations across the county, each operating with varying opening hours. Under the new system, a centralised duty arrangement operates from one place under one manager. This county duty system receives calls, makes judgements about them and refers them on to the appropriate team.

Gatekeeping

- 2.16 All social services duty teams need effective administrative support to help manage the flow of work. As described earlier, in some organisational arrangements, administrative staff may make decisions about the onward direction of an enquiry from a member of the public. The extent to which staff who are not qualified social workers act as 'gatekeepers', filtering enquiries before qualified social workers are involved, was one of the issues raised in the Victoria Climbié Inquiry Report.

- 2.17 The gatekeeping reported in this study ranged from simply passing messages to social workers to say a caller had arrived in the building; to processing referrals (which involved taking basic information from the caller); through designating a call as a contact or a referral and routing it appropriately; to checking to see if the enquirer was known to the department and undertaking an assessment of need. The point at which respondents thought administrative activity counted as ‘gatekeeping’ varied. Two local authorities could have very similar systems, but while one referred to the activity as processing (i.e., routine, no decisions), the other thought it was gatekeeping (i.e., decisions were taken). The lesson from the Victoria Climbié Inquiry is probably that all administrative workers who receive enquiries about children can potentially be making decisions, whether the system is designed for that or not, and they need sufficient training to recognise if a child might be at risk of harm.

Making contact out of office hours

- 2.18 Out-of-hours services provide an emergency duty system operating from around 5pm to around 9am and all day at weekends (SSI, 1999). We were able to obtain information from 24 of the 28 authorities in this study about arrangements for making contact out-of-hours to report concerns about a child’s welfare. Most provided their own out-of-hours service, but in two authorities this was contracted out. Both of these were unitary authorities, who had combined with other local authorities to buy emergency services run from a neighbouring area.
- 2.19 Among our sample, four broad methods of making contact with social services outside office hours were identified: a) local authority wide emergency service; b) externally organised emergency service; c) social services only emergency service; and d) emergency services contracted out to neighbouring local authorities (Table 2.3).
- 2.20 In the London boroughs in the sample, the most common arrangement for making contact was through a local authority run service, usually based in the town hall or civic offices (4/5), the exception being a call handling service (Care Line). In shire counties, the most common system was an emergency number specifically for social services (5/7). Half of the unitary authorities (3/6) bought in their services from neighbouring areas, and two had social services only emergency numbers.
- 2.21 In total, four authorities referred to multi-agency emergency services (Care Line, Health Call, Care Call, Community Alarm Service) as a first point of call for concerns about children out-of-hours. Seven respondents said they could be contacted through a local authority wide emergency service, while 13 operated an emergency duty team specific to social services.
- 2.22 Out-of-hours services appeared to be far more organisationally stable than their day-time counterparts. None of the managers identified changes that had occurred in the previous two years. In two areas, changes to strengthen the staffing of the team were planned but had not yet taken place, and in one of these

(a shire county), an internal review of duty systems was underway in response to the Victoria Climbié Inquiry Report.

- 2.23 The majority of out-of-hours services were staffed by dedicated teams (19/24), or by a mixture of dedicated staff and day-time staff on a rota basis (3/24). Just two local authorities used only day-time staff on a rota basis to run the out-of-hours service.

Table 2.3 Out-of-hours arrangements for contacting duty social workers

| | London | Metrop | Unitary | Shire county | Total |
|---|--------|--------|---------|--------------|-------|
| Local authority wide out-of-hours service | 4 | 1 | 1 | 2 | 8 |
| Externally organised out-of-hours service | 1 | 1 | | | 2 |
| Social services only out-of-hours service | | 4 | 2 | 5 | 11 |
| Out-of-hours service contracted out to neighbouring local authority | | | 3 | | 3 |
| Total | 5 | 6 | 6 | 7 | 24 |

Staffing of Emergency Duty Teams

- 2.24 The ability to respond promptly to calls is likely to depend on the number of staff on duty, especially if one person is called out to deal with a case. In London boroughs, it was most usual to have only one member of staff on duty at one time, while in shire counties it was most common to have between two and four members of staff. In metropolitan and unitary authorities, there was generally one member of staff on duty with an on-call back-up person, although where out-of-hours services were bought in from neighbouring authorities, the number of staff on duty at any one time tended to be higher. In some local authorities, the number of staff also varied between evenings (up to midnight) and night time (midnight to 8.30am) and between weekdays and weekends, with more staff available for evening and weekend day-time work than at night time.

- 2.25 Thirteen of the out-of-hours services operated from an office base. In five authorities, staff provided an out-of-hours service from home. The remaining six operated a hybrid system whereby staff members could, after a certain time (2 or 3am), go on to standby service and either go home to sleep or sleep at the office. Working wholly or partly from home was most common in London boroughs and least common in unitary authorities in our study. Office based out-of-hours services were more common in unitary authorities and shire counties.
- 2.26 Compared to day-time services, very little ‘gatekeeping’ was reported by managers of out-of-hours services. In five local authorities, callers had direct access to social workers, and in one an organisation called Social Care Direct did the first screening. In the remaining 18 local authorities, a call handling service was used. In these cases the role of the call handlers was simply to receive and pass on the message to the social workers, or in some cases to collect ‘basic information’.

Transferring information between emergency and day-time teams

- 2.27 Transferring details of out-of-hours activity, whether contacts (in relation to existing clients) or referrals, was mostly done by fax to the relevant team. Five respondents said they would fax the information over, and a further ten said they would fax and telephone to ensure the fax had been received in the case of urgent matters or where there are concerns about a child’s safety. In five areas, email was the main mode of communication while in two, the telephone was.
- 2.28 Three local authorities were using an electronic record, where the information could be typed into a database and sent to the relevant team. Although this was seen as having advantages, one authority said they could not rely on it for urgent cases: *‘The electronic system is fabulous when it’s working, but we do have a manual back-up too’* (Emergency Duty Manager, contracted out service for unitary authority).

Access to qualified child and family social workers

- 2.29 The Victoria Climbié Inquiry Report raised the issue of whether a caller would have access to a qualified child and family social worker. In our study, this question was met with a range of interpretations of the term ‘qualified’. Many respondents, in both day-time and out-of-hours services, regarded someone as being a ‘qualified child and family social worker’ if they had some experience and training in child protection, even if they were not a child and family specialist. It would appear that, for child and family work, the PQ child care award has not yet achieved the widespread recognition that the Approved Social Worker (ASW) qualification has in the mental health field, where it is instantly recognisable as a standard for the work.

- 2.30 During the day time, most (18/28) local authorities said that callers would have access to a qualified child and family social worker. Where a screening system was in place, the first point of telephone contact would frequently not be a qualified social worker, but a contact centre staff member. In the case of an area based duty system, there would usually be a skill mix within the team, including qualified social workers and those with non-social work qualifications that might be childcare related, such as NNEB, BTEC or an NVQ in Childcare.
- 2.31.1 Where qualified social worker access was not automatically available, it was described as being accessible to screening staff if necessary and appropriate. As one unitary authority manager said: *'only the most trained and most experienced staff are used for any s47 [safeguarding] enquiry. Members of the public have often agonised for a long time before coming to us'*.
- 2.32 In out-of-hours teams, which dealt not only with children and families but also mental health and other emergency situations, the staff expertise had to be broad. As one manager said: *'This depends on your definition of child and family social workers. Our people have to have three years experience, be an ASW (approved social worker) and have experience of child and family social work. Everybody is generic and capable of dealing with whatever comes in'*. (Emergency Services Manager, contracted out service for unitary authority)
- 2.33 Most out-of-hours respondents said their staff teams had generic expertise. All of them said a caller would usually have access to a qualified child and family social worker, but in four local authorities respondents said this would not *always* be the case, and this may be true of other local authorities also.

Access to children's information systems

- 2.34 In order to be able to respond appropriately to calls expressing concerns about a child, call takers need to be able to access any relevant information the department may already hold about that child. In all local authorities, the person who received calls in daytime duty systems was said to have access to the main children's information system to look up names and in some cases to also record information.
- 2.35 For out-of-hours services, the majority of respondents interpreted the question of access to the children's information system as meaning social worker access, perhaps because the filtering system was so minimal. Some interpreted it as call centre or call taker access. However interpreted, only two thirds (16/24) of respondents said their out-of-hours staff had access to the information system. Staff working in metropolitan boroughs were least likely to be able to access information systems, and the explanations given were that staff were working from home, that training had not been given (in the case of call centre staff) or that the service was in transition and this would change when out-of-hours staff became office based.

- 2.36 One EDT manager described out-of-hours staff as '*literally working in the dark*', since they had no access to electronic information systems and were unable to check other sources of information about children that would be available to day-time staff, such as schools and GPs.
- 2.37 Even when electronic information systems were available, they were sometimes of limited use. Two respondents said out-of-hours staff had 'view only' access, and two referred to technical problems with the system which was prone to breaking down. A fifth respondent said the information system was: '*not user-friendly at all. For example, if someone had to look up a group of siblings they need to go out of the system each time and start afresh for each search – for a family of five children this can take 40 minutes upwards*' (Team Manager EDT, Unitary).
- 2.38 However, several local authorities had equipped their out-of-hours staff with equipment such as laptop computers, and broadband Internet connections at home, to enable them to work remotely and flexibly.

Managers' satisfaction with initial contact arrangements

- 2.39 In twelve local authorities, changes to systems for day-time reception services were either planned or had recently happened. If change is an indicator of response to previous difficulties, this suggests there is or was some dissatisfaction with the reception service in these authorities and a perceived need for remedial action. Of course, not all change is implemented in response to problems. Some, such as information technology, is introduced with the aim of improving what already exists.
- 2.40 The kinds of changes that were being introduced included new computer software systems and piloting of the Integrated Children's System for recording information, as well as reorganisation of the duty system – for example, to introduce more efficient processing or screening, or to route calls through a centralised contact centre.
- 2.41 Beyond such planned or recent change, many respondents provided examples of ways in which their reception and duty systems could be improved. Three main areas of improvement were identified. These concerned staffing, organisation and equipment issues.

Staffing issues

- 2.42 The quality and quantity of staffing, of both social workers and support workers (including administrative and screening staff) was problematic. The supply of social workers who were qualified and experienced, both criteria that were seen as essential for enabling onward referrals and advice, was raised as an issue for the duty system in six local authorities. One manager described duty teams as '*the dying ground of burned-out social workers*' and felt that there was not enough

status attached to this area of work to attract good front-line staff. This was resulting in a move towards using workers without social work qualifications for front desk duties. Another noted that problems arose because newly qualified staff with little experience of safeguarding children constantly had to check calls with team managers.

- 2.43 The supply and quality of support staff was raised as a problem by respondents in eight local authorities, across all types of duty system. More screening staff or referrals coordinators were seen as necessary, with more and better training to enable support staff to distinguish between types of referral and the appropriate responses to them. One respondent reported that while the system of having referral and information assistants worked well, it was important that team managers had a system of checks on the quality of their work. For example, if an assistant said '*no further action*', a manager would not be able to rely on this assessment, but would check to make sure. These assistants were not qualified social workers and that could create difficulties. For example, when taking referrals from professionals in other agencies, assistants were or could be influenced by the opinions of the professionals rather than being able to make their own assessments.
- 2.44 Seven out-of-hours service managers also said that they needed more staff, both social workers and support staff, in order to provide an efficient and comprehensive service. In particular, the quality of the service at the initial point of call-taking was seen as important, with more sensitivity needed to the types of referrer to social services, and to the possible states of distress that people might be in when they make the initial call.

Organisational issues

- 2.45 The second main area of comment about improvements that could be made to the duty system concerned organisational and remit issues. Respondents from seven local authorities made a number of wide-ranging comments about day-time services. These included: problems arising when there was more than one office dealing with initial contacts and callers had to repeat their story if they called the wrong office; wanting to introduce more immediate access to social workers than was currently available; needing to resolve definition issues, such as the difference between a 'contact' and a 'referral' and the distinction between 'family support' and 'child protection'; problems with other agencies over sharing information and assessments; managing the process of change with social workers; and problems caused by having limited, telephone-only access for members of the public to social workers in some duty offices.
- 2.46 In three out-of-hours services, where the initial point of contact was through call centres or a central call system, managers reported concerns that these could cover too broad a range of services, or were too GP focused, to be able to attend to the specific needs of people trying to contact social workers. In one case, there was a plan to change to an in-house system, and in another additional training was seen

as necessary for ‘front of house’ staff. One manager said: *‘sometimes people there cannot deal with serious vulnerability [and] social services staff have to step in and deal directly’* (Team Manager EDT, shire county).

- 2.47 There were some concerns that there was not always a sufficient range of social work expertise to cover all the eventualities that night duty work can bring. The role of the emergency duty team was also seen as in need of clarification. Some EDT managers thought that they were often perceived as an extension of the day-time service, rather than as a holding operation: *‘Emergency services do suffer from people misunderstanding the level of service provided ...[we are] only an emergency service’*. (Emergency Services Manager, contracted out service for unitary authority).

Equipment and technology issues

- 2.48 Equipment and information technology issues provoked comment from both day-time and out-of-hours managers. Fast and reliable access to accurate information held about families and individuals is clearly essential for a duty system. Those who call social services are often in distress, and it is essential to be able to deal with any unavoidable delays in a humane and friendly manner. Effective computer, telephone and other information handling equipment is a key requirement for this, but a number of managers reported that their information handling systems were not working well enough.
- 2.49 Voicemail was disliked as it ‘cut in’ as soon as someone left their desk in one authority, but was not even available in another. Insufficient capacity on the telephone system was said to be a problem in four local authorities, and fax arrangements, where faxed messages came in on the ground floor and were then taken upstairs to the fourth floor, were said to be precarious in another authority. Referrals that were sent by email could make it difficult to form an assessment of the extent of problems, and also raise potential security issues.
- 2.50 Information systems were described as ‘antiquated’ and ‘inadequate’ in two areas, and other authorities described teething problems with installing new information systems, including the time needed to ensure reliability and to transfer data to the new system. One respondent said that because their computerised data base was not complete, administrative workers had to manually check card indexes for pre-1997 data. One manager in a London out-of-hours team was particularly concerned about the inability of 118 directory enquiry services to provide callers with the appropriate number, and gave worrying examples of where valuable time had been lost in emergencies concerning a child’s safety because callers had been directed to the wrong police or social services number.
- 2.51 Managers of out-of-hours teams mentioned delays to telephone systems, fax machines failing, and poor IT systems so that social workers did not know if reports had arrived at their destination. Lack of IT support at weekends or overnight, coupled with IT systems that ‘go down’, were particularly frustrating.

One shire county manager said: *'having IT support out-of-hours would be helpful. If there is a problem with the system there is no 24-hour support available. There is potential for adverse effects if the system goes down and we cannot access information'*.

Managers' comparisons of duty systems

- 2.52 Finally, satisfaction with both the day-time and the out-of-hours duty system was gauged by asking respondents to compare their current arrangements with any experience of other systems for receiving initial contacts, either in their current local authority or elsewhere. About half the respondents had such experience of other systems and a majority (21/33) said that they preferred their present system. Most of the others said their previous system was very similar, or their experience was too long ago to be relevant.
- 2.53 Only four respondents judged their current reception arrangements to be worse than previous systems. In two authorities, both in the process of changing from an area-based system to a central contact point, managers expressed some concerns about the loss of local knowledge which they felt helped 'front desk' staff to respond appropriately to initial contacts.
- 2.54 The features of duty systems which managers took into account when assessing which type of organisational arrangement was preferable were:
- The size of the local authority: small metropolitan boroughs could operate systems that would not work in geographically large and spread out, two-tier shire counties.
 - Who takes the initial call: there was a division of opinion among respondents as to whether it was better to have some level of 'gatekeeping' of calls, or to have direct access to qualified social workers. One respondent said previous experience of *'dedicated team working in call centres with good filtration services and electronic forms'* was their preferred method, while another respondent said *'my philosophy is put the most experienced at the front and you can start the assessment straight away'*.
 - Clear procedures and self-imposed standards, such as responding within 20 minutes of a call being received, helped to focus the service and ensure the system was 'tight'.
 - Whether the system was geographic or client group led: three respondents had found that geographic or neighbourhood based systems worked less well. One described such a system as more *'labour intensive and [we] couldn't focus as well on a particular task'*. A respondent working in a shire county with a client-led service (adults' and children's teams had separate duty systems) said the benefit of this was improved information gathering and joint working within the specialist teams.

- Having a dedicated team, with well-trained information and assessment officers, was seen as a useful development, providing a swifter response to the public.

Facilitating a positive response

2.55 As can be seen from the comments above, there was no ‘one-size-fits-all’ type of duty system that emerged as clearly the best arrangement for receiving initial contacts from people worried about a child’s welfare. Regardless of the type of arrangement, common factors were identified by managers as promoting an effective response:

- Good training for staff receiving initial calls, wherever they are based and whether they are ‘customer care officers’ or social workers. Several managers commented that the quality of information obtained in the initial contact had an impact on the quality of work further down the line. *‘Good quality information gathered at the beginning is crucial’*.
- Access to information about children. Out-of-hours as well as day-time staff on duty system need to be able to check a child’s details on the electronic database, and to be able to enter information as well as view it. Such computer systems need to be reliable, and to have the facility to link relevant information and produce alerts if repeat enquiries are made about a particular child or family (see Gatehouse et al. 2004).
- Clear policies and procedures for recording information received in calls, including information on distinguishing between contacts and referrals and guidelines on how contacts should be recorded and monitored to enable the authority to pick up minor concerns that, when combined, could merit further research.

3. Publicising the duty system

- 3.1 Family, neighbours and the general public are a significant source of calls expressing concerns about a child's welfare (see 4.3). We discuss here how members of the public know about social services and how to access help to safeguard children. This part of the report describes the 'external face' of social services duty arrangements, drawing on information from the survey of local authority websites and interviews with social services duty managers about how members of the public would go about contacting them. It also examines whether and how social services departments inform the public about their duty system.

Information about child protection on local authority websites

- 3.2 Local authority websites provide an online opportunity to describe social services' duty system, and to describe to members of the public how they can act to protect children from harm. On the basis of the hundred websites surveyed, however, finding such information would not always be easy. The many different names used by departments with lead responsibility for safeguarding children presents an initial hurdle. This is less of a problem if information about children's welfare is located on the home page, but it could be relatively inaccessible five or six pages in. Some examples illustrate the range.
- 3.3 *Essex* provided a clear remit for its work beginning 'we provide help for children who are at risk of abuse ...', which was located one page in from the home page under a heading 'services for children and young people'. It included advice about what to do 'if you are worried about a child, you can contact us to discuss this and we will respect your right to confidentiality'. Finding the appropriate contact office, however, required using a separate link called 'how to contact us'.
- 3.4 *Kingston upon Thames* also had website information that was clear and accessible. A 'welcome to children and families service' one page in from the home page offered a link to a 'child protection' page, which gave a brief summary of the authority's approach together with details of who to contact 'if you are concerned that a child needs protecting from physical, emotional or sexual abuse, or neglect'.
- 3.5 *Leicester City Council* website had a simple route to finding important information in the event of serious concerns about a child's health or welfare. On its home page, there is a 'quick links to key services' list, which includes Social Care and Health. The Social Care and Health home page has an icon 'concerned about a child?' which leads directly to an inclusive statement that 'child protection is everybody's business', a simple description of the remit of child protection, and contact information both in and out of office hours. The direct route to information, use of an inserted box with a drawing and the limited details may all help an anxious or distressed person trying identify sources of help. This website was very easy to use, but could be improved by putting the inserted box on the Home Page, as members of the public may not know that the relevant department is 'Social Care and Health'; this may be the weak point in the information chain.

- 3.6 The direct access to information in these examples contrasts with that of other local authority websites where information about what to do when concerned about a child was either not present, not clearly identified in the midst of a lot of other information, or was aimed primarily at professionals (for example, details of the workings of the Area Child Protection Committee). Access to relevant information via readily recognisable links is also very important.
- 3.7 For example, on one shire county website, the Home Page asks the viewer first to select one of a number of themes that refer to the work of the shire county. They include 'caring', 'environment', 'learning', 'leisure', 'protecting', 'travelling', 'business' and 'working'. Using the 'caring' link, the viewer is taken to a page which has ten headings, none of which addresses what to do if one is concerned about a child. A link to 'social care' takes one to the 'Social Care Home Page', where there is a link to contact details for local area offices. There is also a link here to 'Information for Children and Families', at which point the remit of working with children and families is described, but no contact details or specific information about action in the event of suspected or abuse or neglect are given. Rather than going to the Social Care Home Page, one can follow a link to the Area Child Protection Committee. This gives a description of the committee, and has a link to a leaflet for parents about why a s47 enquiry happens. It also provides a link to an 'introduction' that defines child protection and includes an instruction to 'tell someone!', but here are no links from there to the social services duty workers.
- 3.8 In this example, which was not atypical, four pages have to be viewed before information about the remit of the department is given. Identifying which pages or links to follow is not easy: for example, the term 'caring' may not be what some people identify with s47 enquiries (see Chapter 5), and one has to guess that safeguarding children comes within both 'Social Care' and 'Information for Children and Families' and/or 'Area Child Protection Committee'. It would seem that all the necessary information is on the website, but the pathways to access it are confusing and not always labelled in an easily recognisable way.

Finding out about social services duty system

- 3.9 In the telephone survey, respondents were asked how members of the public would usually find out about the duty system. Few were able to provide concrete information about this, and several said that were 'not sure' or 'did not know'. The information provided generally reflects the managers' beliefs and assumptions rather than hard evidence from user surveys about how members of the public find out about social services.
- 3.10 The most common method mentioned (16/28 local authorities) was information given out by or through other related agencies, such as at doctors' surgeries, police stations, hospitals and Sure Start centres. In one case, school computers were linked to social services. The Internet, council website information or email

- contact were mentioned in 15 local authorities, although one metropolitan borough added that ‘very few people say they have found out details this way’.
- 3.11 In 12 local authorities, members of the public were said to find out about social services through written information such as leaflets and booklets and poster campaigns, including materials written in languages appropriate for the local population.
- 3.12 Telephone based services (yellow pages, directory enquiries), word of mouth including through existing clients and social workers, each got ten mentions, as did information available at public buildings such as town halls, civic centres, libraries - buildings which were described as highly visible. The ‘council switchboard’ was also said to be important (5 mentions), particularly in London. One respondent said ‘most people in London ring up ‘the council’ for advice and signposting to all kinds of places’. It might be that this is an example of how the public benefits from a central, local identity for public services.
- 3.13 The need to be known and visible was often mentioned. In shire counties, having a district office or social care office in every major town could achieve this, while in a unitary authority, one respondent noted the ‘high profile’ of social services: *‘you can dial the central city council number and all the agencies know social services well’*.
- 3.14 Respondents mostly thought the duty system was not promoted to the public. Over half of the managers of day-time services (26/47) and a higher proportion (15/23) of the out-of-hours team managers said the service was not actively promoted. Some said that if they did advertise the service, they feared being faced with additional workload in already very busy duty systems. For example, managers in two separate unitary authorities said that *‘we can’t publicise much – there would be overload’* and *‘the central team need to drive down referrals, as they can’t cope with the volume’*. A third authority, in outer London, said there were concerns that *‘an awareness raising campaign would lead to increased demand, increased volume of work, [and this would be] difficult to deal with as we are struggling with recruitment’*.
- 3.15 These managers were reporting a tension between the duty to make their services available and known to the public, as they are required to do under Part III of the Children Act 1989, and protecting their workers and the ability of the system to cope. As one out-of-hours service manager in a metropolitan borough put it: *‘over-promotion would lead to diminishing effectiveness in the team’*. Some respondents said the duty system was not promoted because it was well-known and used by existing clients.
- 3.16 Where the authority publicised ways of getting in touch with social services (14 day-time and four out-of-hours respondents said this was the case), the following ways of doing so were reported:

- Information leaflets, sometimes available in other languages, in town halls or offices of other agencies such as doctors' surgeries
- Internet publications
- Door to door distribution of publications
- Publications aimed at specific client groups, such as children and young people or parents (e.g. a safe parenting handbook given to all parents in the authority)
- Poster campaign
- Local radio and press campaign
- Through information centre and Sure Start offices
- Through workers attached to key organisations, such as a domestic violence worker attached to social services with an information service role who has promoted the duty system to health professionals
- Through multi-agency working e.g., health, police, schools

3.17 Some of this publicity was targeted at other professionals or existing service users, rather than publicising the duty system more widely, and managers in the same authority often disagreed about whether the service was promoted or not. Only five of the 28 authorities could be categorised with a fair degree of confidence, on the basis of what managers told us, as actively promoting their duty system. All five operated a screening system for incoming calls (see 2.10), suggesting that this type of arrangement may ease social workers' fears of being 'inundated' if the service were to be publicised, by filtering calls before they reach social workers. This suggestion would, however, need to be tested in further research.

Evaluations of the duty system

3.18 In fifteen local authorities, there had been a formal attempt to evaluate what members of the public thought of the social services duty system, usually in the form of a user survey. Managers reported that results from these surveys were most commonly positive, but they also commented on problems with the questions asked and with the response rates in such surveys.

3.19 In eight local authorities, the formal evaluations had been of the out-of-hours service. Levels of satisfaction reported ranged from 'reasonable' to 'high'; in two areas figures of 70% and 80% satisfaction were given. There were also criticisms of the service, mostly about a mismatch of expectations and remit.

3.20 Findings from user surveys of day-time duty systems were also generally positive (and some reported very positive results), mixed with some criticisms. Those who had asked for and received family support services were said, not surprisingly, to be much more satisfied than those who had experienced a s47 enquiry or had not received the resource they wanted. Managers reported limited feedback about the kind of 'front desk' arrangements that members of the public would like. Comments included: a single point of contact for advice, queries and concerns

(shire county); being able to talk to a social worker straight away (shire county and unitary authority); and being able to access a service without delay.

- 3.21 Overall, the quality of the information about customer views of the service was not very good. There was a reliance on evidence of complaints (very few), and incidental comments and impressions, rather than seeking out positive evaluations that could do much to halt the much-lamented ‘bad press’ social services often receives. As one respondent in a metropolitan borough said: *‘we are now looking at developing quality assurance systems. [Currently] families can comment, but we have no systematic ways of collecting that information’*.

Need for clarity about social services’ role

- 3.22 All managers were asked if they had any recommendations to make to government about how to improve the ways in which members of the public and professionals made their concerns about children known to social workers. By far the most consistent recommendation, mentioned by over half (36) of those who commented, was the need for greater clarity about the role of social services. Time and again, respondents talked about unrealistic expectations of social services, by professionals in other agencies as well as the public, and of the negative image of social workers as people who take children away. On the one hand, respondents felt that the negative image of social workers deterred people from getting in touch if they had concerns about a child: *‘We need more publicity. The public and the media need to know where to phone and what will happen if they do this. Some members of the public think social services will take children away immediately...we need better education about what social services do, and enough money to do it (Metropolitan authority)*
- 3.23 It was felt that the government should take a strong lead in improving the image and status of the social work profession, and in reassuring the public that social services was *‘not a whistle-blower but a child supporter’*. There was a plea for a better press, counterbalancing negative stories with success stories about keeping families together, and better information for the public about how the process to safeguard children worked. One manager suggested a national television campaign to increase awareness that child protection was *‘everybody’s business’* and to clarify what is and is not an abusive situation, noting that *‘many people don’t know’*. Another thought that there could be a national freephone number for reporting child welfare concerns, which would connect to the local social services office *‘like 999 – but that would probably involve major bureaucracy’*.
- 3.24 At the same time, managers were concerned that such publicity did not raise expectations of social services that could not be met. Many respondents commented that other agencies – including telephone helplines – often expected social services to respond to situations that they felt were outside their remit: *‘The biggest thing is we need more clarification about what we are as a service... we are not a universal service’ (Unitary authority)*.

Facilitating a positive response

- 3.25 Local authorities need better information about how members of the public find out about the social services duty system, and what they think of it.
- 3.26 Council websites are likely to become an increasingly common source of information for the public about services, and it would be helpful if such websites could provide easy access to information about what someone should do if worried about a child's welfare. This could include information about what child abuse is, how social services will respond and what the member of the public can do to help that child. Such information needs to be easily accessible, on the home page or under an obvious link, rather than buried several pages into the website under terms which a lay person may not recognise as connected with protecting children from harm.
- 3.27 Clear information is needed about the telephone number to ring when concerned about a child. In shire counties in particular, it may be difficult for someone to know whether this should be a district, city or county level number. A single, well-publicised number for all council services may help by offering high visibility, although in large counties this advantage needs to be set against the possible loss of local knowledge of families and services.
- 3.28 More, and more accurate, publicity is needed to improve the image and status of social work, and to recast social workers as child supporters. Safeguarding children needs to be seen as 'everybody's business'. At the same time, social services is not a universal service and should not be promoted as such.

4. Recording and monitoring calls about a child's welfare

4.1 This chapter begins by considering the main sources of calls to social services about a child's welfare, and then moves on to consider how calls are recorded, in particular the point at which a 'contact' becomes a 'referral', and how this information is monitored and analysed. The chapter also discusses the extent to which local authorities provide feedback to callers about how their concerns are being dealt with, and their policies on responding to callers who wish to remain anonymous.

Source of calls about children's welfare

4.2 Respondents were asked to name the three main sources of calls expressing concerns about a child's welfare, and these were grouped into the categories presented in table 4.1. Most answers were based on team managers' overall impressions rather than formal analysis, although a minority were able to draw on information from referral statistics that were collated on a monthly or quarterly basis for management information purposes.

4.3 The most frequently mentioned source of calls expressing concerns about a child's welfare was the health service (61 of the 70 respondents listed this in their 'top three'), followed by the police (45), education (40), relatives or family including estranged partners (34), and neighbours or the general public (33). In the 'other' category, five respondents cited anonymous calls as one of the three main sources of calls about a child's welfare. The 'other' category also included: social services colleagues (3 respondents in out-of-hours teams), foster carers (3), telephone helplines (2) and a domestic violence unit (2). The significant role of non-professionals, such as parents or other relatives and the general public, in reporting concerns about a child was notable and reinforces the findings of other studies such as that by Cleaver and colleagues (2004).

Table 4.1 Main reported sources of calls concerning child protection

| Teams | Source of calls | | | | | |
|----------------------------|-----------------|-----------|----------------------|-----------------------|-----------|-----------|
| | Health | Education | Relatives/ family | Public/ neighbours | Police | Other |
| Day-time (N=47) | 42 | 40 | 17 | 17 | 25 | 8 |
| Out-of- Hours (N=23) | 19 | 0 | 17 | 16 | 20 | 8 |
| Total | 61 | 40 | 34 | 33 | 45 | 16 |

4.4 The most commonly reported sources of calls differed between day-time and out-of-hours teams. The police and accident and emergency departments at hospitals

were more likely to be cited by out-of-hours service managers as one of the three main sources of calls, whereas day-time staff more often mentioned calls made by health visitors and staff in schools (Table 4.1).

Distinguishing between contacts and referrals

- 4.5 Local authorities are required to submit annual statistics to the government on the number of referrals they receive, the number of initial and core assessments they undertake, and the proportion of these achieved within the recommended timescales (Department for Education and Skills 2004). A referral is defined as a ‘request for help’, and the guidance accompanying the statistical publication notes that not all contacts will lead to a referral. The core information requirements for children’s social services (Department for Education and Skills 2003) also distinguish between contacts (‘any contact made by or on behalf of a child or family’) and referrals (‘a request for services to be provided’). Exemplars are provided in the Integrated Children’s System illustrating the importance of recording information at each stage, regardless of whether or not a service is provided³. However, it became apparent in our study that there is significant variation in how local authorities interpret and record ‘referrals’ and ‘contacts’ in practice.
- 4.6 The term ‘referral’ was often used differently for internal and external purposes. One authority explained that *‘for Department of Health purposes’* they distinguished between contacts and referrals, but *‘in internal jargon everything is a type of referral’*. Another said that *‘all calls are counted as referrals, but we don’t always fill in a referral form’*. This imprecision made it difficult to be certain that respondents were always referring to the same thing.
- 4.7 Most authorities could give examples of the kind of calls that would not be considered as a referral, such as requests for information and advice (often from other agencies rather than members of the public) and signposting to other services such as housing or welfare benefits. Other examples of calls which would not be recorded as referrals, although this varied from authority to authority, included access and contact arrangements between estranged parents, ‘low grade’ domestic violence incidents (where a child was not involved), calls about a child living in another authority, and cases that were already open. Usually these were recorded as contacts (see below), or in the case of open cases, passed to the appropriate social worker.
- 4.8 There was considerable variation in recording practice. For example, one London authority said a call was recorded as a referral *‘once the duty manager has considered it and says it is something we can take action on’*, while in a shire county, *‘if a call is recorded on the system it is a referral, even if when it gets to a manager it is closed as inappropriate’*. Broadly speaking, it was possible to distinguish three types of recording practice:

³ dfes.gov.uk/integratedchildrenssystem

- All contacts are recorded as referrals for performance management purposes.
- A contact becomes a referral when it is passed from a receptionist or initial contact centre to a social worker, with little screening or assessment.
- A contact counts as a referral only when a social worker assesses it as requiring some action or meeting the criteria for a ‘child in need’.

4.9 Three of the authorities in the study could not be allocated to one of these categories on the basis of the information provided, either because responses between interviewees in different teams within the same authority were inconsistent, or because of differences in how they had interpreted the term ‘referral’. Of the remaining twenty five authorities:

4.10 Four fell into the first group. One advantage given for logging everything as a referral was that it allowed social workers to build up a pattern, for example noticing that the same family was asking for advice over a period of time. However, this could also be done by monitoring initial contacts (see below). Several authorities that recorded all calls as referrals reported that they were now moving to separate out initial enquiries from referrals.

4.11 Another five fell into the second group, where calls were screened before being passed on to social workers, at which point they became a referral. Authorities that operated this system noted the importance of clear guidelines for call takers in relation to what they needed to ask in order to establish whether a call should be redirected, responded to or passed on to a duty social worker. Cambridgeshire was an example of an authority with very clear procedures in place.

‘Duty workers understand what questions need to be asked and there is a comprehensive checklist of what needs to be done. When names of children are received we check on SWIFT [electronic children’s information system]. We have a flow chart to follow for a case to fulfil categories, for example “case open” or “case open for review”.’

4.12 The most common recording practice, found among 16 of the 25 authorities, was to log all or most calls as contacts and a social worker would then determine whether or not this became a referral. A defining characteristic appeared to be whether some action by social services was required. Typical comments included ‘a referral is struck up if a child is in need’, ‘it becomes a referral when action is taken or required’, and ‘a referral is something warranting action’.

Monitoring of contacts and referrals

4.13 Whilst local authorities are required to record the number of referrals in order to provide figures to national government, there is currently no such requirement to record initial contacts. However, such information can clearly provide useful information, especially if the threshold for converting an initial contact into a referral is fairly high. All the authorities in the study that distinguished between

contacts and referrals said that contacts were also recorded, either manually (in a log book or on a contacts sheet) or entered into an electronic information system. Exceptions were sometimes made for calls that were clearly outside of social services' remit, such as queries about a child's passport or not being able to get a child into a chosen school.

- 4.14 However, there was little evidence of this contact information being systematically monitored or used. One authority described it as '*logged and left*'; another said that contact information was destroyed after two years. A few authorities provided examples of how calls that were not classified as referrals were monitored. One noted that '*the Access team keep a record [of contacts] and produce a report twice a year*', another reported that '*all contacts are reviewed by the duty manager*'. A third authority recorded details of situations that were not recorded as referrals (often because the child was not identifiable) in a 'what if?' book, which was reviewed with other professionals such as teachers.
- 4.15 A pattern of repeat calls about the same child or family, even if not sufficient individually to trigger a referral, could point to the need for further investigation. Two authorities appeared to be using contact information in this way. One said that a first request for money by a family that was struggling financially would be recorded as a contact but that a second request would become a referral; the other said that a call from the police about a domestic violence incident where there had been verbal rather than physical violence, or where a child had not been present, would be recorded as a contact, but '*if a second or third notification [came in] for the same family we may make a referral of this and write to the family*'.
- 4.16 Respondents were also asked if information about referrals was analysed at all. Over two thirds (51 out of 70) said that this was the case, but few were able to provide details. It appeared that analysis was mostly geared towards information needed for performance indicators and statistical returns to the government, often collated by management information teams. Interviewees said that '*figures are pulled off the computer by the Performance Management Unit at County Hall*' or commented that '*the IT department is responsible for that*'. There was little mention of analysing patterns of referrals as a means of targeting or improving services, although a few interviewees noted that this was likely to change as improved referral and tracking systems were introduced.

Providing feedback to callers

- 4.17 One of the main failures identified by Lord Laming's Inquiry into the death of Victoria Climbié was the lack of communication between professionals, who often thought their concerns about the child were being dealt with when in fact they were not. His report echoed the findings of earlier studies into inter-agency co-operation in safeguarding children that demonstrated the inadequacy of feedback following referrals (Hallett 1995). Government guidelines stress that all referrers should be told how social services have decided to act (or not) on their

referral, and the reasons for this decision (Department of Health et al. 1999, 2000 and 2003).

- 4.18 We asked managers of day-time and out-of-hours duty systems in our survey whether they provided feedback to callers about the outcome of their calls. There still appears to be some cause for concern. Less than a quarter (16 out of 70) of managers said that they ‘always’ provided feedback to callers about the outcome of their calls. The majority (45 out of 70) said they did this ‘sometimes’, and nine respondents, mostly managers of out-of-hours services, said that they rarely or never provided feedback, mostly because they expected this to be done by the day-time staff who processed referrals.
- 4.19 Although some authorities mentioned policies to provide feedback, these were not always consistently implemented. Comments included ‘*performance is patchy*’, ‘*pretty inconsistent*’, ‘*we try our best but it does slip sometimes*’, and ‘*it depends on how serious it is and how involved the referrer is*’.
- 4.20 As other studies have also shown (e.g. Cleaver et al. 2004), professionals were more likely to receive feedback than members of the general public. Further questioning revealed that even some of the managers in the present study who said that their authority ‘always’ provided feedback, did so only for referrals from other agencies. Most of those providing feedback ‘sometimes’ said that concerns about confidentiality meant that they gave only limited information to members of the public or family members, and even then, this feedback was often provided only if specifically requested. One example of good practice was to be found in Cambridgeshire, where all referrers received a response within 48 hours, either by letter (a standard letter was available for staff to facilitate this) or by telephone. This included members of the public as well as professionals, and also applied to anonymous callers, who were invited to ring back within 48 hours if they wished to know how their call had been dealt with.
- 4.21 A linked Thomas Coram Research Unit study of the role of telephone helplines in protecting children from harm (Statham and Carlisle 2004) found that helpline staff commonly complained about receiving little or no information from social services on the outcome of their referrals. Few social services managers in the current study made any specific mention of telephone helplines when questioned about their feedback arrangements, but it did appear that information about outcomes was more likely to be provided when other agencies (including helplines) used a standard form to make referrals. An issue raised by one authority in connection with feedback to telephone helpline staff was that ‘*helplines want immediate answers about how things are to be followed up*’, whereas social services felt they needed to prioritise and assess before offering support.

Response to anonymous callers

- 4.22 All the interviewees said that a caller's identity was always asked for when an initial contact was made expressing concerns about a child, but that they would still deal with the call in the same way if the person wished to remain anonymous. However, many added that they would not accept an anonymous referral from another professional, and one would not allow the parent of a child (usually an estranged partner) to remain anonymous.
- 4.23 Even when callers were unwilling to give their name, they were encouraged to provide a contact number so that social workers could obtain further information if needed. In some cases, this was required before a referral could proceed beyond the initial contact stage. One metropolitan authority, for example, noted that *'we have a ring-back system, so callers must give a number. Social workers will not respond unless details are known'*. In other authorities, the caller's number was automatically displayed and recorded on the contact record.
- 4.24 There was general agreement among managers that anonymous calls needed to be treated seriously, but that in such circumstances it was often difficult to obtain sufficient details to assess the risk of harm to a child. As one manager in a shire county noted, *'We will follow up calls if people refuse to give a name, but this makes it harder to do the job well'*.

Facilitating a positive response

- 4.25 Clear definitions and procedures for recording initial contacts and referrals, and distinguishing between the two, are essential in order to identify and respond to situations where children may be in need of protection. This needs to be linked to training for front-line staff to ensure consistent implementation.
- 4.26 The Department for Education and Skills has specified the core information requirements which underpin the delivery of children's services and the Integrated Children's System. The documentation includes a flow chart which illustrates the procedures to be followed, from receipt of an initial contact through the processes of referral and assessment (DfES 2003). Within the Integrated Children's System, an exemplar is provided for recording an initial contact and another for referrals.
- 4.27 Information on contacts and referrals needs to be analysed as well as recorded if it is to improve local authorities' ability to respond to children at possible risk of harm. When contacts are recorded separately from referrals, either in a log book or in a separate electronic database, there is a danger that patterns of repeat contacts concerning the same child or family may fail to be noticed.
- 4.28 Good practice suggests that all those who make contact with social services to report concerns about a child, whether by telephone, letter, fax or in person, should receive some feedback about how their concern is being dealt with. The government guidance, *'What to do if you're worried a child is being abused'*

notes the importance of doing this even when the decision is to take no further action, and of doing so in a way that respects the confidentiality of all parties involved (Department of Health et al. 2003).

5. Referrals from telephone helplines

- 5.1 Our linked study of telephone helplines (Statham and Carlisle 2004) explored their role in safeguarding children and their experience of making onward referrals to social services. Key issues raised by helpline managers included difficulties in accessing social work support, especially out of office hours; lack of feedback on the outcome of referrals; and variation in social services' thresholds for acting on referrals and providing help. In the current study, we asked local authority duty managers about their experience of dealing with telephone helpline referrals.
- 5.2 Most respondents had some experience of taking referrals from telephone helplines such as the NSPCC child protection helpline, ChildLine and NHS Direct. However, this was not a significant source of calls compared to those received from other agencies or directly from members of the public or children's families. Only two of the 70 managers mentioned telephone helplines when asked to list the three major sources of referrals concerning a child's welfare.
- 5.4 Among the helplines, referrals from NSPCC were the most commonly mentioned, followed by ChildLine (though calls from the latter were often described as 'occasional' or 'a small number'). Even fewer calls concerning children's safety were noted from NHS Direct, although one authority described this as a significant source, and another said that such referrals were 'few but increasing'.
- 5.5 Only one authority, which was piloting a dedicated phone line link to NHS Direct, had a written policy specifically dealing with calls from telephone helplines. All the rest said that calls from helplines were treated as just another source of referral. The majority of respondents disagreed with a suggestion that calls from telephone helpline volunteers or members of the public might be taken less seriously than concerns expressed by professionals. They could understand how people might hold this view, especially those who were unfamiliar with the way in which social services worked, but they reported that the same procedures were followed regardless of the source of referral. One manager thought that '*because we ask a lot of questions, people feel that they are not believed*'. Another suggested that '*they may feel they are not being listened to because there is no immediate course of action*'.
- 5.6 The study revealed widely differing views among social services team managers -sometimes within the same authority - on the efficiency of telephone helpline referrals in alerting social services to concerns about children's welfare. In only one (London) authority were all three of the interviewees unanimous in describing such referrals positively, using words such as '*exemplary, very professional*', '*very good...they call and follow up with a written referral*' and '*no problems, we have communicated very well*'. Most helpline calls in this authority were received from NSPCC with some from ChildLine.

- 5.7 Six other authorities (all but one of these was a shire county) were broadly positive with a few minor concerns. In another three, managers reported no issues, usually because they had little experience of helpline referrals. However, almost a third of the 28 authorities expressed predominantly negative views about referrals from telephone helplines, especially managers in unitary authorities, and another third said the quality of such referrals varied depending either on which helpline was calling or, more commonly, on which individual was making the call (Table 5.1). *'The quality of information can be good, but extremely sketchy at times'* (Unitary authority) *'It's down to individual workers. Some [on the main London helpline] are very good'*.

Table 5.1 Social services' perception of referrals from telephone helplines

| LA type | Very positive | Mostly positive | Varies | Mostly negative | No issues | TOTAL |
|--------------|---------------|-----------------|----------|-----------------|-----------|-----------|
| Metropolitan | 0 | 1 | 5 | 1 | 1 | 8 |
| Unitary | 0 | 0 | 1 | 6 | 0 | 7 |
| London | 1 | 0 | 1 | 2 | 2 | 6 |
| Shire | 0 | 5 | 2 | 0 | 0 | 7 |
| TOTAL | 1 | 6 | 9 | 9 | 3 | 28 |

- 5.8 A number of interviewees were highly critical of the level of information provided in some calls they had received from telephone helplines. They used terms such as 'diabolical', 'absolutely awful', 'woeful' and 'disastrous' in their descriptions. On the other hand, others praised the quality of information as 'usually pretty clear' and reported good communication with telephone helpline staff. There was no clear pattern linking positive or negative views to a particular helpline. One interviewee would praise the 'good quality, clear information' from NHS Direct and the NSPCC whilst criticising referrals from ChildLine; another would describe as 'appalling' the information received from NHS Direct whilst saying that ChildLine was 'the best at getting information and passing it on'.
- 5.9 Despite the differing views on which helplines were most efficient, there was considerable consistency in the issues raised by social services team managers in connection with referrals from telephone helplines overall. The first was the efficiency with which such helplines obtained the kind of information social workers needed in order to decide how to proceed. The second was unrealistic expectations - in the eyes of social services managers - about how social services should respond.
- 5.10 Taking the quality of information first, a common refrain was that telephone helplines *'don't ask the right questions, 'provide a lot of narrative but not much analysis', and 'take everything at face value'*. One manager expressed the views of many when reporting that helpline staff were *'not good at challenging the*

motivation of why someone is making a call, resulting in social services making enquiries into an unnecessarily high number of malicious or unfounded calls.

- 5.11 Many of the calls passed on by helplines were anonymous. Helplines often see the ability to remain anonymous as an important aspect of their service, arguing that without such reassurance, many of those calling with concerns about a child's welfare (and especially children themselves) would simply fail to make contact (Statham and Carlisle 2004). However, because social services had not taken the original call, many managers thought that such calls were difficult to substantiate and were frustrated at not being able to obtain further information to decide the appropriate action to take.
- 5.12 The second major concern in relation to telephone helplines was that they held too high a set of expectations about the help that social services could provide. This was frequently described as having different thresholds for the provision of services. A typical scenario was that of a 15 to 17 year-old person phoning ChildLine because they had been thrown out of home, and the helpline expecting social workers to find the young person somewhere to stay. From the helpline's perspective, this was a safeguarding issue, but social services departments were often reluctant to act. *'Unless the young person is extremely vulnerable or at risk, we don't want to take them into care. We try to phone the parents and negotiate instead...but there is a lot of pressure from helplines'* (London authority)
- 5.13 A related concern was that helplines raised the expectations of callers and families about the help they should expect to receive. *'They make promises social services are not able to keep'* (Unitary authority) *'If they have told a family what needs to happen before contacting us it can cause difficulty'* (London authority) *'Helplines expect a higher level of response than the [social] service is set up for'* (Metropolitan authority)
- 5.14 A number of other concerns were raised by social services managers in relation to referrals from telephone helplines, although far less frequently than the two issues described above. They included:
- variable quality of referrals depending on who is staffing the helpline;
 - increased workload for social services, especially in assessing concerns which turn out to have little substance or relate to children and young people already known to social workers;
 - a high proportion of unsubstantiated referrals, which some managers suspected were 'hyped up' to get action;
 - attitudes of some helpline staff towards social workers, for example an assumption that the local authority does not take their referrals seriously;
 - lack of knowledge of local factors and services among staff of national helplines.
- 5.15 The experiences described by these social services managers of receiving referrals from telephone helplines provide the 'other side of the coin' to the experiences of

helpline staff reported in the linked study (Statham and Carlisle 2004). Many of the issues raised were the same, concerning attitudes and expectations, the quality of information given and received, and social services' response. However, the view looked quite different from each party's perspective. There is clearly room for improved dialogue and the development of closer working relationships.

Facilitating a positive response

- 5.16 The predominantly negative view of helpline referrals held by social services managers should not be taken to mean that such helplines have no useful part to play in safeguarding children. On the contrary, the conclusions of the earlier study still stand, that helplines have an important role in safeguarding children in a number of ways, not just through making direct referrals to social services. These include supporting parents under stress; providing children and parents with the confidence and information to approach social services themselves; counselling those who fear they may abuse children; and raising public awareness of safeguarding children issues.
- 5.17 The findings of the current study do strongly suggest, however, that there is room for improvement in the links between telephone helplines and social services. More work is required to clarify roles and responsibilities, to agree thresholds for the provision of services, and to improve the resources available to local authorities so that they are more able to respond to requests for support for vulnerable families.
- 5.18 Joint training, and the development of common referral forms (with provision for feedback to the referrer) that can be used by all agencies, would also help to improve the quality of information and provide greater consistency. A number of authorities are starting to use such inter-agency referral forms (Ward and Peel 2002, Cleaver et al. 2004). It would also be useful to explore further the way in which helplines operate in those authorities that were able to report good working relationships and a high level of satisfaction with referrals from telephone helplines.

6. Responding in practice

- 6.1 In addition to mapping current organisational arrangements within local authorities for receiving referrals and describing referral taking practice, this study aimed to identify factors that facilitated and inhibited social services' ability to respond well to calls from members of the public and others who are concerned about a child's welfare.
- 6.2 Without undertaking a detailed observational study, it is difficult to know how closely formal policies and procedures are followed in day-to-day practice, especially in a sensitive area such as safeguarding children. However, we attempted to explore front-line practice through the telephone interviews in two ways: by asking respondents how they would respond to a particular (hypothetical) case; and by asking for examples of real cases where initial contacts had, in the respondents' opinion, been dealt with particularly well or badly, and the reasons for this.

Response to a typical referral scenario

- 6.3 In order to obtain some insight into how telephone calls from members of the public who were concerned about a child might be dealt with in practice, all interviewees were presented with the following case scenario and asked what steps they would take in this situation:

A social worker on the duty desk takes a call from someone in a 'phone box. The caller says that she is worried about a child because she has heard repeated screaming from a flat in the block where she lives. She knows the child is school age, but thinks she misses a lot of school as the girl is seen out during the day-time with a female adult. The caller gives her first name and the child's first name but not either last name. She is cut off when her money runs out.

- 6.4 Although the situation was hypothetical, several interviewees commented that it was a familiar scenario in their work. Their responses were analysed (Table 6.1) in terms of the type of action they said would be taken, such as checking the electronic information system, contacting other agencies, trying to call back, and visiting the block of flats.

Table 6.1 Response to scenario

| | Check EIS | Contact police | Contact other agencies | Try to callback | Visit | Total interviews |
|--------------|-----------|----------------|------------------------|-----------------|----------|------------------|
| Day-time | 26 | 8 | 36 | 15 | 15 | 47 |
| Out-of-hours | 19 | 19 | 6 | 11 | 5 | 23 |
| TOTAL | 45 | 27 | 42 | 26 | 3 | 70 |

- 6.5 There was considerable variation in terms of how interviewees said they would respond. Less than a quarter (16) could be categorised as very proactive, ‘pulling out all the stops’ and saying that they would persevere until the relevant information was found. Half described checking information systems and making some enquiries of other agencies, and the rest thought that little could be done with such limited information.
- 6.6 Among the 45 respondents who said that they would check if the child’s details were on the children’s services information system (Table 6.1), not all were confident that they would be able to find anything given the lack of details provided by the caller. Some out-of-hours staff did not have access to the information system and were clearly at a disadvantage here. Out-of-hours staff were also hampered by their inability to contact other agencies like schools for further details. Only six of the 23 managers of out-of-hours services mentioned contacting other agencies for additional information compared to three quarters of day-time staff. They, therefore, needed to assess the severity of the situation and decide whether the situation warranted immediate action or could be passed on to day-time staff to make further enquiries. The majority (19 out of 23) of out-of-hours managers said they would contact the police, but usually only if the child was currently screaming.
- 6.7 The most common agency that interviewees would seek further information from was housing (for example, asking them to check social housing lists or the electoral roll), followed by education (to obtain information from schools or education welfare officers in the vicinity of the block of flats) and, less commonly, health. One manager noted that they had already succeeded in tracing children with the help of the housing department on similarly scant information, such as a young boy reported to be playing out in the road on his own.
- 6.8 There was some disagreement among respondents about the feasibility of phoning the caller back for further details. Some believed that they would have the number, either because they or the call centre would have asked for it at the start of the call, or because the telephone system would display the number. Others were not sure: *‘I hope the call centre staff would take the phone number but I don’t think it’s standard practice’*. Some said they would try ringing 1471 (a ringback service). One interviewee had experience of doing this and it working, but another said ringback was not possible on their system. Relatively few thought that they would visit the block of flats without a definite address for the child.
- 6.9 Some managers responded to the case scenario with a determination to make further enquiries:

‘The first thing is that we would have the number to call back the telephone box as it comes up on the system. So we would call back for more information and ask a series of questions that would narrow down the search – like where in the block, which floor, describe the door. Then we would get onto police control.’

That [scenario] is potentially at very least a welfare check – that is clearly a child in need’. (unitary authority, out-of-hours team manager)

‘We would check the system for more details then contact the family protection unit [police] and request a joint visit. We would phone education to see if anyone in that block is known. Contact health to see if the local GP knows the child. Even without any of this, we would still go to the block with the police’ (Metropolitan authority, day-time team manager).

- 6.10 Other managers said they would ‘*wait to see if the caller or anyone else rang back*’, or commented that ‘*if the child is not known, we wouldn’t be able to do anything*’. Individual staff characteristics appeared to play an important part. Some respondents were very determined to explore all avenues to find the child and assess the situation, while others were more pessimistic about the possibility of acting on such limited data.
- 6.11 Responses could vary within the same authority, and it was not the case that a proactive response was associated with any particular type of organisational arrangement for receiving referrals. A number of factors did appear to facilitate a proactive response to the case scenario. They included:
- ***good relationships with other agencies***, including the police. This enabled known individuals to be contacted and asked for assistance in identifying the child, or the police could be asked to go out and check on the situation. Often these were individuals with whom relationships had been developed over time, highlighting the potentially negative impact that frequent organisational change and/or high staff turnover can have on an agency’s ability to safeguard children.
 - ***clear information sharing protocols***. Without these, some respondents said it would be difficult to obtain the necessary information from other agencies that might help to identify the child.
 - ***time and resources to respond***. One authority with a particularly proactive response, which included sending a social worker out to the block of flats, said that they were able to respond in this way because, compared to many other authorities, they had sufficient time and staff to do so – and had in fact responded in this way to a very similar scenario that had occurred recently.
 - ***telephone equipment that identifies the caller’s number***. This would enable social workers or screening services to ring back for further information if the call is cut off.
 - good access for both day-time and out-of-hours staff to ***a reliable electronic information system*** on children and families, with technical back-up available. The system needs to be able to provide ‘front desk’ workers with the information they require, to be reliable, and to operate fast enough to ensure that it is actually used.
 - ***previous experience*** of successfully identifying children with similarly limited information. This appeared to encourage respondents to persevere.

Conversely, where problems had been experienced with similar cases, for example the wrong family being identified and contacted by social workers, there was less likelihood of respondents being prepared to act.

Case examples: initial contacts that were responded to well and badly

- 6.12 In a second question aimed at eliciting information about the factors that affect a duty system's response to calls expressing concerns about a child's welfare, we asked managers of both day-time and emergency duty teams to describe an occasion where they felt an initial contact from someone concerned about a child had been dealt with particularly well by their authority, and another where an initial contact had not gone so well.
- 6.13 This part of the interview illustrated the wide range of situations that those working on the front-line of child and family social work are required to respond to, and the continuum between providing support and ensuring children are protected from harm. Examples that were given included calls from neighbours reporting children screaming or left alone; from parents concerned about their own child's behaviour or about the behaviour of an ex partner; from schools about children arriving with injuries or being collected by a drunken parent; from anonymous callers; and from hospitals, health visitors and the police. Two cases concerned telephone helpline referrals, and another two were calls from children who were worried about the welfare of a friend.
- 6.14 These accounts provided many examples of social workers working successfully to support children and families in difficult situations, but also descriptions of cases where positive outcomes had been thwarted by a combination of factors both within and outside of social services' control. Much of the information we were given concerned the progress of cases once they had entered the social services system, and would repay more detailed analysis than is possible in this report. The focus here is on the factors that appeared to facilitate a positive response to initial contacts expressing concern about a child. Similar issues were evident in both the positive and negative examples, and they mirror the factors that were evident in responses to the case scenario discussed above.
- 6.15 A key characteristic of cases that managers judged to have gone well was that good information had been obtained at the initial contact stage, whether from other professionals or members of the public. Respondents stressed the importance of the person taking the call being able to ask the right questions in the right manner. For example, one described an anonymous referral from a very hesitant caller who said that a woman living down her road, whose previous children had all been taken into care, had just had another baby. The social worker taking the call was able, through gentle guidance and asking the right questions, to obtain the mother's address.

- 6.16 A manager in another authority, where calls came initially to a childcare helpdesk, emphasised the importance of *'skilled people who can communicate well...they need to be good listeners, take clear information, have good voice tone and need to know what information is needed before there can be any follow up'* (shire county). Organisational arrangements – whether calls came initially through a screening system or were passed directly from reception to a social worker - seemed to matter less than the fact that the person taking the call was able to respond appropriately.
- 6.17 A second recurrent theme was taking all calls seriously, not being judgemental or making assumptions. Respondents described situations where calls had been 'apparently bizarre', where callers refused to give their name or provided insufficient details, but on further enquiry the concerns had turned out to be well-founded. Related to this was the importance of skilled assessment by social workers to determine the level of risk of harm and decide on the appropriate response. Again, this was mentioned as an explanatory factor in cases that had gone well regardless of the type of arrangement the local authority had in place to receive initial contacts and referrals.
- 6.18 Effective sharing of information was another key feature of case descriptions where the initial contact was thought to have been handled well. There were many comments about effective multi-agency working involving health, education and the police, and also comments about good transfer of information between teams within social services, for example between day-time and out-of-hours teams or mental health and child and family teams. The opposite was apparent in the descriptions of cases which had gone badly, where poor communication and weaknesses in information sharing often featured.
- 'We had an occasion when neighbours phoned about the neglect of a child. The case was unknown to us – the family had moved from another area [where they were known to social services] when they had lost a child in a fire. The social worker took the details, but couldn't make the link. Eventually we rang the GP and got the details. We should have visited, and would have done if the computer had shown the change of address'* (Manager, unitary authority)
- 6.19 Acting promptly in response to calls expressing concerns about a child was another characteristic of positive cases, even if the concerns were not subsequently substantiated. Conversely, the calls that were judged to have been dealt with poorly often involved delays and inaction, generally attributed to insufficient staffing. The importance of having adequate time and resources to deal with calls where concern was expressed about a child's welfare was reflected in respondents' comments on the reasons why cases had gone well. They talked of staff having had *'time to listen'*, *'time to visit'* and *'time to respond'*.

Facilitating a positive response

- 6.20 Both sources of information - the hypothetical case scenario and the discussion of why particular cases had been responded to well or badly – suggested that similar factors are likely to underpin a positive response to initial contacts expressing concern about a child’s welfare. These include: good information sharing and communication; positive interagency relationships; effective technology (computer and telephone systems); and competent staff in place to receive initial calls, who can either undertake assessments themselves or knew the right questions to ask to establish whether a caller should be passed on to a qualified social worker. We return to these in the concluding chapter.

7. Conclusions

- 7.1 The Victoria Climbié Inquiry and the subsequent Report have focused attention on how local authorities organise their systems for receiving and responding to concerns about a child's welfare. This exploratory study was commissioned to provide an overview of current 'front desk' practice, and to identify some of the issues arising from different arrangements for reception and initial contact. It lends weight to the Victoria Climbié Inquiry report conclusion that reception and initial contact arrangements are a crucially important part of services to safeguard children.
- 7.2 The study identified a trend towards increased filtering or screening of calls before they reach a social worker, and towards specialist services both in terms of client group (separate children's and adults' services) and in terms of function (separate assessment teams). Further research is necessary to explore the impact of these different ways of organising reception duties on the ability of local authorities to safeguard and promote the welfare of children.
- 7.3 In order to play a part in protecting children from abuse, members of the public need to know whom to approach with concerns about a child's welfare. Few local authorities in this study were proactive in publicising their duty system for children, and most had little idea how people found out whom to contact. Council websites could provide one source of such information, little used at present but potentially more so in the future. Although there were some good examples of websites where information about child abuse or neglect was easily accessible and made it clear whom to contact, in most cases such information could be difficult to find, especially given the many different names for departments with social services responsibility. Single-page contact information for inclusion in telephone directories and public phones would also be helpful.
- 7.4 A 24-hour helpline number for people to report child welfare concerns, as recommended by the Victoria Climbié Inquiry Report, could help to raise the profile of safeguarding children and make it easier for members of the public to know what to do if worried about a child, especially if this were accompanied by a publicity campaign about recognising child abuse or neglect. But this study suggests, however, that the most important issue is not who takes the initial call, but how messages received from the public are passed on and dealt with by social workers, and the quality of the initial information gathering and recording.
- 7.5 High quality initial processing of information was identified as a crucial aspect of initial call taking, and was perceived to have an impact on the quality of work further down the line. The type of organisational arrangement for receiving calls expressing concerns about a child appeared less important than ensuring that those in the front line, whether social workers or trained administrative staff, were good at their job and had sufficient time and resources to do it well. Clear procedures were particularly important where screening or filtering systems operated, to ensure that those receiving calls were able to identify when there might be

concerns about a child's safety and to understand what types of action were appropriate when responding to the caller.

- 7.6 The study also highlighted the importance of monitoring and recording, and establishing good information systems. Electronic children's information systems should play an important part in effective contact and referral operations. They should offer front-line staff the facility to search for information about a child in a variety of ways, such as by first or last name, aliases, address or phone number. A more detailed discussion of the type of information outputs that are required to support the delivery of services for vulnerable children, and identification of children at risk of harm, is provided in Gatehouse et al. (2004).
- 7.7 Another key message from the study is the need for better publicity about the role of social services, both for the general public and other agencies. Lack of clarity about what social workers do, and unrealistic expectations about what they should do, hinder the development of good working relationships between agencies and are also likely to deter members of the public from reporting child welfare concerns.
- 7.8 The authorities in this study had experienced considerable organisational change, especially in relation to day-time duty systems. Such re-organisation is likely to continue, as authorities respond to the *Every Child Matters* Green Paper and the subsequent Children Bill by establishing new structures and information-sharing systems for delivering children's services. This fast pace of change may hamper efforts to identify children when members of the public call with concerns about a child's welfare, at least in the short term. Our study suggests that established working relationships between individuals in different agencies, which are facilitated by stability and low turnover among the workforce, play an important role in allowing duty workers to piece together information that could identify a child as being at risk of harm.

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