



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

HSS(OSSPOL/RIT)3-2008

Gateway Service – Processes

Guidance for Northern Ireland Health and Social Care Trusts

April 2008

ACKNOWLEDGEMENTS

This document has been developed and agreed by the Health and Social Care Trusts in Northern Ireland facilitated by Mr Tony Rodgers, SHSSB.

Thanks are extended to the Change Co-ordinators in each of the Trusts who contributed to the debate and the decision making process.

FOREWORD

This document sets out guidance for staff in relation to the Gateway services newly established within each of the 5 Health and Social Care Trusts. It governs the principles and protocols for the teams to ensure that there is a consistent approach in the delivery of this service across Northern Ireland. It is important that full compliance with the guidance is achieved in order to minimise risks and ensure that children's cases are managed appropriately in each area.

Equality

This report can be made available on request, on disk, in large print, via email, in Braille, on audiocassette or in minority languages for anyone not fluent in English.

CONTENTS

1	Introduction	4
2	Principles for the Gateway Service	5
3	Transfer Points.....	6
4	Gateway Service Involvement.....	6
5	Joint Protocol Application	7
6	Conclusion	8

1 Introduction

The Overview Child Protection Inspection Report, - 'Our Children and Young People – Our Shared Responsibility' reported on safeguarding practices which operated across Northern Ireland. Whilst there was evidence of good practice the inspection team also concluded that there were many difficulties. – paragraph 1.17 refers, that:

'Severe pressures and difficulties were, however, identified across a number of the Boards and Trusts with systematic failures in a number of Trusts in the discharge of statutory functions and lack of appropriate safeguards for children within fieldwork and residential settings. There was clear evidence of repeated failures to undertake timely and appropriate assessments and to provide child protection intervention, resulting in children being left at risk both at home and in residential care.'

In response to the findings it was concluded that there was a need for significant reform and modernisation and a regional process has been agreed to drive this forward. The reform process has specific implications for Health and Social Services but has also taken account of safeguarding on a multidisciplinary and interagency basis.

A number of workstreams have been established to develop and agree guidance/policy which will apply regionally, the ultimate aim is to create children's services that are high quality, well managed and appropriately meeting need.

It is also seen as critical that there is much greater consistency in response to referrals to Social Services. This relates to structures, processes, assessments and responses. The reform process has resulted in the development of a Gateway Service within each Health and Social Care Trust which will be the initial point of contact.

Three kinds of contact have been identified:

- Information exchange
- Requests for advice and guidance
- Referrals

The UNOCINI (Understanding the Needs of Children in Northern Ireland) Assessment Model has been developed to promote greater consistency of approach and in recognition of the importance of completing robust, high quality assessments; including risk assessments as appropriate, to lead to informed decision making and the promotion of positive outcomes for children.

The Gateway Service will have responsibility to receive referrals and for completion of the initial assessment which will inform the future direction as regards case management.

2 Principles for the Gateway Service

- 2.1 The following are the principles for the Gateway Service:
- a. A timely and efficient service, focused on the outcomes defined by DHSSPS, to ensure the appropriate assessment of the needs of children/young people and families.
 - b. All Child Protection Referrals receive an immediate response, according to the Regional ACPC policies and procedures.
 - c. Public access to the service is available throughout the Health and Social Care Trust area.
 - d. Provision of a high quality service from the initial contact, through the referral and inter agency liaison, to the completion of an initial assessment using the UNOCINI framework.
 - e. All contacts received to be overviewed and prioritised by a Social Work Manager on the day of receipt.
 - f. A consistent response to all contacts and a consistent threshold applied at the completion of the initial assessments through the supervision process by the Social Work Manager.
 - g. All initial assessments to be completed to the standard agreed by Trust.
 - h. Clear lines of accountability throughout the service to ensure that the responsibilities of SWA, SW, SWM and Service Manger are understood by all staff.
 - i. All processes within service underpinned by an electronic/IT infrastructure which will facilitate mandatory transfer.
 - j. There will be ownership of cases by a named worker at an early stage in the process
 - k. The Gateway Service is afforded a level or priority as regards recruitment or redistribution of staffing for time limited periods.
 - l. There will be occasion when it is appropriate for the Gateway Service to retain responsibility for short time limited interventions resulting in case closure.
 - m. Once the Initial Assessment has been completed the Gateway Social Work Manager has ultimate responsibility in determining the appropriateness and timing of transfer.

3 Transfer Points

- 3.1 Whilst the Gateway Service is acknowledged as the 'front door' it is also recognised that there are some discrete and clearly defined areas of work where members of the public/other agencies will make direct contact or where the Gateway Service will transfer automatically. This will include:
- Applications for adoption/fostering
 - Early Years provider registrations/enquiries
 - Article 4 courtwork applications
 - Children with a disability referrals.
- 3.2 There will be occasions when case transfers will be affected across Trust boundaries. Where a robust/quality UNOCINI assessment has already been completed within the sending Trust it is deemed appropriate that the point of transfer in the receiving Trust will be the Family Intervention Team which sits behind Gateway.

4 Gateway Service Involvement

- 4.1 The Gateway Service will receive referrals which constitute as requests for assessment and assistance, because of concern about the safety, welfare and well-being of children.
- 4.2 The Gateway Service has responsibility to complete the Initial Assessment within a maximum of 10 working days; following which, if required, there will be automatic transfer into children's services which operate behind Gateway. These transfer arrangements will apply within the five Health and Social Care Trusts in respect of Children in Need referrals and where children have become looked after, either voluntarily accommodated or where legal intervention has been required.
- 4.3 There will be situations where it is clear at the outset that there are presenting circumstances which warrant children becoming looked after. These situations will undoubtedly require a period of involvement and an intensity of involvement which necessitates transfer of these cases onto other services. In these eventualities the Gateway Social Work Manager will liaise with their counterpart in the appropriate team with a view to establishing a co-working arrangement at an early stage. The Gateway Service Team Member retains responsibility to complete the Initial Assessment which will then be transferred on to the appropriate team. Responsibility for convening LAC Reviews will not rest with the Gateway Service. However, it may be viewed as necessary for the Gateway Service Team Member to present the assessment at the LAC Review or to appear in initial court proceedings if legal intervention has been taken.

- 4.4 Where child protection referrals are received the following process will apply.

The Gateway Service has responsibility to complete the Initial Assessment, convene the Initial Case Conference and make chairing arrangements.

The Initial Case Conference, which should be convened within 15 working days of receiving a child protection referral, will therefore act as the point of transfer of case responsibility to the Family Intervention Team.

It is also recognised that the complexity of the case and good working practices may necessitate a co-working arrangement between Teams. This will facilitate the transition and allow for meaningful communication and engagement with children and families. It will be the responsibility of Service Managers to assess the need for and agree co-working arrangements. In this eventuality case responsibility rests with the Gateway Service until transfer is effected as outlined.

- 4.5 Where the Initial Assessment is indicating that a short time limited intervention/minimum number of contacts will offer the appropriate support/guidance to children and their families, it is considered that the Gateway Service should conclude this piece of work which offers greater continuity. If it transpires that longer term involvement is necessary the Gateway Social Work Manager will transfer onto the Family Intervention Team.

5 Joint Protocol Application

- 5.1 The protocol for the joint investigation by Social Workers and Police Officers, of Alleged and Suspected Child Abuse, the Regional ACPC Policy and Procedures and Co-operating to Safeguard Children all clearly outline the requirements when a referral suggests that a child is or is likely to suffer significant harm. The requirement that a child is seen and spoken to within 24 hours and that the Initial Assessment is completed within 7 working days is explicit and there is a need for PSNI and Social Services to work collaboratively.
- In view of these requirements it is considered that for new referrals, the responsibility for investigation and joint protocol interviews should sit within the Gateway Service. This affords a timely response to critical incidents.
- It is also recognised that there may be instances when the assessed needs of the child are that interviews may not be appropriate in the early stages.
- The case should then transfer to the Family Support team which will assume responsibility for any further Joint Protocol actions.

6 Conclusion

- 6.1 This paper sets out the context and rationale for the establishment of Gateway Services within Health and Social Care Trusts as well as outlining the responsibilities of the Gateway Service. The principles outlined in section 2 are viewed as fundamental to the operation of an effective Gateway Service and have thereby influenced the overall strategic direction.

It is proposed that a review of Gateway Processes take place 12-18 months post the Gateway Service becoming fully operational.

Equality

This policy/proposal has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping.

Human Rights

This policy has been considered under the terms of the Humans Rights Act 1998 and was deemed compatible with the European Convention Rights contained within the Act.