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| **Title** | **Central Hub Offer Description** |
| **Purpose** |  |
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Surrey Adolescent Service

Central Hub Offer Description

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10. Introduction

The Adolescent Service is a newly formed service in Surrey and at the heart of that service is the Central Hub. The purpose of the Central Hub is to provide rapid, time limited and intensive support to vulnerable young people in crisis.

It will also provide direction and consistency in practice to the locality Hubs to ensure that the developing principles of the Adolescent Service are embedded across all services and that young people receive highly effective support when and where they need it most.

The Central Hub will also be the key component that links together all the distinct Adolescent Services from the Youth Offer and Edge of Care Team to local Hubs and the Youth Justice Service to ensure consistency of service to young people and that there is robust oversight of the Extra Familial Harm pathway and Risk and Vulnerability Management Panels.

The Central Hub will provide the resource to undertake contextual safeguarding work in communities and will develop specific interventions to target areas of concern.

Far from being a resource only available to support children, families and professionals operating in the adolescent service, the influence and impact of the central hub will permeate the entirety of the children’s services landscape.

1. Service Structure

The Central Hub is an integral part of the Adolescent Service, made up of 5 teams providing support in specialist functions under the following headings:

* Missing Children (Missing)
* Risk and Intelligence (R&I)
* Contextual Intervention (CI)
* Edge of Care (EoC)
* Homelessness

The Missing Children, Risk and Intelligence and Intervention Support functions are staffed by 6 adolescent practitioners per team, led by a team manager and overseen by two service managers with responsibility for thematic lead areas under the portfolio. (see image A) The Missing team are further supported by a senior adolescent practitioner.

The Edge of Care team is overseen by a Service Coordinator and consists of 9 adolescent practitioner staff and supported by a senior adolescent practitioner. (see image B)

The service is further supported by inclusion of the Youth Homelessness Lead and a supporting adolescent practitioner.

The aim across the Central Hub service areas is to ensure that colleagues across the regional hub areas have access to expertise in the 5 disciplines (Missing, R&I, IS, EoC and Youth Homelessness). In order to achieve this, 2 staff in each of the Missing, R&I and IS teams will be affiliated to each of the regional hubs.

This will mean each regional hub service will, at any time have access to up to 6 members of staff from across the range of Central Hub functions. The Edge of Care team will deploy their staff in a needs-led way as this function is designed to be more responsive to crises.

*Image A*



*Image B*



1. Teams, Roles and Capacity

**Missing**

The missing and RHI function will support the direct delivery of RHIs along with colleagues in the regional hubs, they will assist in compiling and maintaining detailed missing data, upskilling and development for adolescent practitioners on the expectations around missing episodes – including ensuring the relevant recording is completed within agreed timescales – and should support the risk and intelligence function in compiling detailed locations and thematic missing children data.

This team is comprised of 6 adolescent practitioner staff, a senior adolescent practitioner and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, acting as a point of contact, consultation and support in the execution of the tasks described above.

These roles will require a degree of responsiveness to incidences of children going missing from home and the timescales around completion of return home interviews.

**Risk and Intelligence**

The Risk and Intelligence team will have the combined purpose of supporting the regional hubs with the management of their most high-concern children, supporting the risk and vulnerability management (RVM) function and providing direct short term intervention leading on the service approach to mapping problematic locations, groups and other contexts where exploitation is present.

This team is comprised of 6 adolescent practitioner staff and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, acting as a point of contact, consultation and support in the execution of the tasks described above.

The staff of the R&I team could support the district and borough risk management functions by attending JAG and / or CHaRMM meetings and ensuring that actions carried through the RVM meetings are held locally by these functions.

This team will also need to be responsive to requests for support with Mapping groups of children and others on an ad hoc basis.

**Contextual Intervention**

The Contextual Intervention team will be contextual intervention specialists and undertake a combined purpose of practical intervention support to the regional hubs, special projects designed to impact on existing EFH issues and staff development in the use of contextual resources / tools.

The Intervention support function should also support the risk and intelligence team in devising effective actions from mapping exercises.

This team is comprised of 6 adolescent practitioner staff and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, acting as a point of contact, consultation and support in the execution of the tasks described above.

The intervention support team will be responsible for maintaining a consistent approach in the use of tools and resources for addressing context-based problems and sharing and compiling useful information to support the data picture across the county.

**Edge of Care**

The edge of care function should respond in real-time to crises in-family and support in those circumstances where there is a risk of a child coming into care and where 16/17-year-olds are at risk of becoming homeless. This team will be agile and mobilised quickly in order to mitigate the likelihood of adolescents becoming displaced through inter-familial conflict. This function will work closely with the lead for Youth Homelessness to ensure staff are skilled in providing effective and up to date advice and guidance.

This team is comprised of 9 adolescent practitioner staff, a senior adolescent practitioner and a team manager. The nature of their work will mean they will be required to develop and maintain effective relationships with their regional hub colleagues, their Central Hub colleagues and the youth homelessness lead, as well as acting as a point of contact, consultation and support in the execution of the tasks described above.

**16/17-Year-Old Homelessness Prevention**

This team is comprised of the Homelessness Lead and one adolescent practitioner with the remit of supporting the lead in their role providing practical support, advocacy and advice and guidance to other professionals. The Homelessness Lead will retain these responsibilities, with the additional remit of maintaining and updating policies and procedures, undertaking staff development work and driving standards across the county. This team will work closely with the Edge of Care team in trying to ensure as best as possible that children in crisis with their families do not end up presenting as homeless.

**Additional Capacity**

Each team will at times have capacity to support with additional short-term intervention work on an ad hoc basis, but it is important to note that each team within the Central Hub functions are not case-holding teams, and therefore will not be formally allocated work in the same way as in the regional hub areas. This work would need to be agreed on a case-by case basis, dependent on need and capacity within the teams.

It is expected that all teams in the Central Hub will have access to peer-led reflective supervision and some time will be protected to ensure that this is prioritised across the function. The design of this reflective space is yet to be agreed; however, the expectation is that this will be a minimum monthly offer, which staff will be asked to prioritise ahead of other commitments unless entirely unavoidable.

\*See appendix A for Roles & Responsibilities of the teams

Practice Development and Training

The Central Hub will drive consistency across the county and provide the capacity to review practice and look at how we can improve our support for young people, with a view to commission or deliver training to support the development of practice.

Staff in the Central Hub functions will be responsible for ensuring consistent messages about practice, learning from training and priorities around recording on systems to support data collection are equitable across the regional teams and with external partners.

 Relational Practice will be a distinct focus of both the Central Hub and the wider adolescent service in recognition that best outcomes are often underpinned by the quality of relationships between children/families and practitioners providing support to them. The Central Hub will play a key role in driving consistency in practice across the county and in so doing, emphasising the need to hold effective relational practice at the heart of what we do.

This will be guided by the outcomes of the work streams as we design and build the Adolescent Service and will evolve over time. This will aim to deliver system wide training inclusive of our colleagues in other areas of children services and beyond in order that they can understand the new approach to supporting children and young people, and that our focus on relationship-based practice will also have an impact on how they work with Adolescent Services.

Areas for development under the responsibility of the Central Hub are inclusive of, but not limited to:

* Contextual Safeguarding
* County Lines and Exploitation
* Missing Children – RHIs
* Risk and Vulnerability Management
* Mapping and Intelligence
* Youth Homelessness / Homelessness Prevention
* Safety Mapping
* Use of the Safer Plan
* Use of the EFA Screening Tool
1. Partnerships

The Central Hub will need to develop a range of partnerships across the county to support its different activities and this will be a significant piece of work that will be needed to deliver our activity in local communities. This will build on what is already known by local teams but will also look to develop partnerships in new areas of work. This will build on our work in the Mapping and Intelligence stream, working with licensing and environmental health, but we will also need to consider how we improve our partnerships with housing providers, CAMHS, schools, BTP, licensing, environmental health, and the wider voluntary sector.

We will work with our regional hub colleagues to develop our existing partnerships with Districts and Boroughs in order that our approaches to working with adolescents are aligned and complimentary to each other, mitigating the possibility of delay, dilution of priorities and impact on service received by children and families.

1. Resources, Tools, Approaches

In order to ensure as best as possible a consistent county-wide approach to our work with adolescents in Surrey, we will need to develop and maintain a resource library, easily accessible by all staff. This will enable us to know quickly and easily which can and should be employed for which tasks, where the templates for important documents reside and importantly enable us to identify where we have resource gaps over time.

An example of some of the types of Resources, Tools and Approaches available are listed, but not limited to:

**Assessment tools**

EHA

EFA Screening

Asset+

HPAT

PDAT

Other specialist assessments

**Practice tools**

Safer Plan

MI

Contextual Safeguarding - peer/schools/locations support/safety mapping/ contextual strategy discussions

CBT

NVR

Mapping

**Off the shelf 1:1 Programmes**

Talking Teens

AIM3

Behind the Blade

NVR

**Group Programmes**

Behind the blade

NVR

Talking Teens

**Disruption Measures**

CAWNs

Police SPOCs

Media responses

Other civil measures (evidentially dependent)

**Specialist Support**

ETE specialist provision

Schools support – DSLs / Mentors / Pastoral Provision

Mental Health support

Sexual Health support

Emotional Health support / counselling services

**Funding pots for creative / bespoke approaches**

Money for safety measures e.g. tracking tabs, ring doorbells.

Money for positive pursuits

Community funding pots access

**Third Sector / Community Provision**

1. Scaling / Sequencing

In determining the rate of contact required by teams in the Central Hub, it is important to align this with the level of concern and degree of potential harm the child(ren) we are seeking to support may experience.

To this end, it is proposed that the teams will adopt a scaled approach to contact with children, similar to that employed in the Youth Justice System.

Setting an arbitrary framework in this manner is designed to set out the minimum level of contact deemed necessary to support the child, based on the presenting needs, however we retain the judgement to operate outside of this framework if it is defensible to do so and management oversight has been exercised in scrutiny of the decision making.

Where we are worried about a child/ family, we want to be clear what an intensive response looks like. When we consider that person most 'in need’, we want to wrap around and build effective relationships that really help us to know our children and maximise the influence we have over contexts or relationships that may be harmful.

We have therefore set out some broad expected standards to match this. Contacts could be conducted in a range of ways as long as the intensity of our offer matches that which will maximise support and influence at the critical time it's needed.

An example of a scaled approach to contact is shown below:

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| Level | RVM Descriptor | Action Required | Frequency of Contact |
| High / Intensive | The child is suffering abuse, causing or likely to cause serious harm; abuse is taking place in context. Further harm is very likely and imminent, the consequences of which will be serious/severe. **EFH Assessment and Plan should be reviewed fortnightly by the Lead Professional and a minimum of monthly by RVM** | Immediate harm reduction intervention | Min. 3x per week |
| Medium / Regular  | The child is suffering harm, causing or likely to cause harm; harm is taking place in context, or the threat is likely and will impact the child(ren) and/or the community.**EFH Assessment and Plan should be reviewed monthly by the Lead Professional and Central Hub, and bi-monthly by RVM** | Longer term, safety building  | Min. 1x per week |
| Emerging / Minimal  | The child is at risk of suffering extra-familial harm; there are indications or changes in context that could indicate a threat of harm.**EFH Assessment and Plan should be reviewed with the child and network bi-monthly by the Lead Professional and Central Hub** | One- off or Short-term low-level intervention | Min. 1x per fortnightMax 2x per week for 2 weeks |

It is also an aim of the Adolescent Service that interventions will become better sequenced, by giving a prioritising weighting to the most pressing issues, where harm is most imminent and reducing the likelihood of inducing overwhelm in children and families by organising delivery in a more thoughtful and considerate way.

This should also make mandatory the inclusion of exit and maintenance strategies into planning, planning for transition away from support from services and earlier preparation for the ending of relationships and closure of support.

It is proposed therefore, that detailed planning meetings at the onset of interventions are convened by the lead worker in order to organise the sequenced delivery of support, agree the roles and responsibilities of those in the professional network and identify any support gaps at the earliest stage. The format of these planning meetings has not yet been determined; however, it is possible this could become integrated into the existing TAF process.

1. Universal Language

Crucial in embedding a consistent approach to the way in which we work with Adolescents across the county is ensuring across both internal and external partnerships, we are employing the same use of language, when talking about the various themes, contexts and experiences had by children supported by the service area.

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| Glossary Of Terms |
| ACES | Adverse Childhood Experiences |
| Adolescent Practitioner (AP) | Former TYS and Youth Support Practitioners |
| Adolescent Service | Amalgamation of former SAT and TYS services |
| Adolescent Social Worker (ASW) | Formerly SAT Social Workers |
| Building Safety | Term used to reframe the idea of 'reducing' or 'removing' the risk of harm |
| CCE | Child Criminal Exploitation |
| CEMU | Child Exploitation Management Unit |
| Central Hub | Adolescent Services with specialist practices, centrally based to support the regional hubs |
| CHaRMM | Community Harm and Risk Management Meeting |
| Child First | Youth Justice approach to practice which responds to children who commit offences as children, not offenders |
| Child(ren) | Term used to reframe the view of adolescents in order to ensure they are not adultified and over-responsibilised  |
| CiN | Child in Need |
| CLA  | Child Looked After |
| Context | Circumstances / Location in which a child may experience harm |
| Contextual Safeguarding | An approach to responding to the harm children experience in contexts outside of the home environment, such as school, the community, their peer groups and online |
| County Lines | Distribution of drugs with the use of a 'deal line' phone |
| CP | Child Protection |
| CSE | Child Sexual Exploitation |
| Culturally Aware | Having an awareness of the importance and impact of culture on children and families |
| Culturally Competent | Practice systems designed to take account of and respond to the unique cultural characteristics of children and families |
| Disruption / Disrupting Harm | Measures designed to interrupt, mitigate or remove factors which impact negatively on the safety or a child or which cause direct harm |
| DRB | Daily Risk Briefing - meeting about all children arrested in the previous 24 hours |
| Edge of Care | Formerly No Wrong Door, service responding to crises where children are at risk of entering the care system |
| EDT | Emergency Duty Team |
| EFA/H | Extra-Familial Abuse/Harm |
| EFH Pathway | Extra-Familial Harm Pathway |
| EHA | Early Help Assessment |
| Exploitation | The coercion and control of others to commit criminal, sexual or other acts |
| HSB | Harmful Sexual Behaviour |
| JAG | Joint Action Group |
| Location | A place or space identified as a context in which harm may occur |
| NRM | National Referral Mechanism |
| NVR | Non-Violent Resistance |
| Peer Group | A group of individuals with a common purpose or identity, a context in which harm may occur |
| Regional Hubs | Adolescent Services practicing in the East, West and North of the county |
| Risk | level of concern about a child experiencing harm, inclusive of their potential for causing harm to others |
| RVM | Risk and vulnerability management |
| S.47 | Investigation under Section 47 of the Children Act |
| Serious Youth Violence | The commission of violent crime of a serious and specified nature between children |
| SM  | Service Manager |
| Social GRACES | refers to aspects of social and personal identity such as race, gender, religion and age that have an effect on an individual’s privilege and power in society. |
| TM | Team Manager |
| Trauma Aware | Having an awareness of the traumatic experiences of children and families |
| Trauma Informed | Practice systems designed in a way to acknowledge and respond to the traumatic experiences of children and families |
| YJS | Youth Justice System |
| Youth Offer | Wide ranging Youth Services operational across the county utilising youth centres and supporting YJS reparation delivery |

# 9.Allocation

**\*Referral routes into the Central Hub**

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| **Point of contact**  | **Issue** | **Access route** |
| CSPA | RHI for Missing unallocated young people | Missing Tray |
| Adolescent Service | Crisis Management – This will provide support for young people in crisis and need of additional support. This will range from support to prevent family breakdown to work alongside a social work on CiN/CP plan where specific additional support is required. | Consultation and then Central Hub tray |
| Adolescent Service | Short term intervention – Support  | Consultation and then Central Hub tray |
| Adolescent Service | Locality Intervention – where support is needed in a community because of contextual issues | Email and discussion |
| Adolescent Service | Homelessness | Email and discussion, following CSPA allocation to Regional Hubs |
| Adolescent Service | Edge of Care – For young people requiring Edge of Care support | EoC tray and referral form |

The Central Hub will have a Duty Tray on EHM for Missing and Central Hub referrals and then alongside this we will have an email tray. These trays will be overseen by the Team Managers and Seniors on a duty basis so we can respond to issues at speed.

**\*Subject to change as the service develops – any/all changes will be communicated clearly in advance.**

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| Roles | Central Hub Team | Roles | Central Hub Team | Roles | Central Hub Team |
| **Missing**  | **Risk & Intelligence** | **Contextual Intervention** |
| RHIs | Supporting Safer meetings | Attendance at RVM Stage 1 and 2 | Support for High-concern children – time limited and intensive | Group and thematic work | Safety Mapping (different to safety planning!) |
| Missing Data – evaluating trends and sharing info with local CEMU teams | Linking in with Housing Options | Safer Planning | Supporting practitioners in identifying EFH and developing effective Safer Plans | Community safeguarding interventions | Upskilling practitioners – training / development |
| Upskilling Practitioners – training / development | Working closely with Youth Homelessness Lead | Supporting local hubs in attendance at JAG / CHaRMM Meetings | Supporting contextual assessment of peer groups / locations / other harmful contexts | Short / intensive intervention to prevent escalation | External Training for community members / partners / identified others |
| Working closely with Children’s Homes | QA for RHI and Safer Plans | Supporting localities with mapping of children and groups | Risk / Harm based Data – feeding into the county wide mapping tools. | Lead on Contextual Assessment of peer groups / locations / other harmful contexts | Schools Interventions |
| Working closely with EoC | Supporting colleagues with allocated children (reducing likelihood of future missing episodes etc) | Supporting building safety around individuals and increasing safety in families | Identification of locations where children may experience harm | Contextual Interventions – building community guardianship, establishing safe spaces etc | Devising / designing and leading on special projects – e.g. Op Blaine |
| Link in with local CEMU |  | Responsive crisis management | More individual focused | Work closely with Youth Homelessness Lead |  |
| Short term intervention following RHI |  | Support with children who require moving for their safety |  | More space and place based |  |
| **Underpinning Principles** |
| Any work we do must be **Meaningful**, **Purposeful** and contribute to **reducing the impact of Extra-Familial Harm** experienced by Children |

**Appendix A – Roles & Responsibilities across the Missing, R&I and Contextual Intervention Teams**