

# Children's Emergency Duty Team (EDT) Service Review and Options Appraisal

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## 1. Executive Summary

This document is intended to deliver a comprehensive overview and options appraisal regarding the Emergency Duty Team (EDT) provision. It will provide senior leadership and partner organisations with relevant information and recommendations for consideration, in preparation for the contract's conclusion on 31 March 2026.

Essex's Emergency Duty Team (EDT) is managed by the Redbridge local authority on behalf of the four London boroughs listed below. Established in 2014, this partnership currently provides emergency out-of-hours social work services for children and young people. The service includes the provision of Approved Mental Health Professionals (AMHPs), thereby fulfilling the statutory responsibilities set out under both the Children Act and the Mental Health Act for the four participating London boroughs:

London Borough of Havering  
London Borough of Barking & Dagenham  
London Borough of Waltham Forest  
London Borough of Redbridge

## 2. Background

The EDT Local Authorities Partnership was established in 2014 as a collaborative initiative among four boroughs—Waltham Forest, Barking & Dagenham, Havering, and Redbridge. The partnership enables these boroughs to contribute resources towards Redbridge LA for the delivery of EDT services. Since the inception of the inter-agency agreement, the partnership has been subject to ongoing reviews and has consistently demonstrated cost-effectiveness.

The contract operates under the provisions of the inter-agency agreement, with the most recent three-year term set to conclude on 31 March 2026.

Beyond meeting statutory obligations, the EDT has played a critical role in safeguarding vulnerable children during emergencies. This includes supporting individuals with mental

health needs, learning or physical disabilities, and those at risk of harm, in accordance with the aims and objectives outlined in their Specification:

#### **Service Aims**

The 4 Boroughs Children's Emergency Duty Team (EDT) is dedicated to safeguarding children by responding to urgent situations that occur outside regular business hours and necessitate immediate social work involvement. Such circumstances may involve referrals that, while not classified as emergencies, require timely attention to prevent any risk to the child's welfare or safety due to delayed interventions.

#### **Service Objectives**

- To meet statutory obligations by delivering an emergency out-of-hours social work service for children on behalf of the four Local Authorities.
- To promptly identify, assess, prioritise, and manage emergencies involving children.
- To collaborate with relevant professionals, including law enforcement, care providers, and Out-of-Hour's emergency services, as appropriate.
- To ensure that all children and their carer's are treated with professionalism, dignity, and respect.

The provider effectively identifies, assesses, and prioritises emergencies occurring outside standard working hours—between 5pm and 9am Monday to Friday, as well as throughout weekends and bank holidays—that necessitate immediate social worker involvement and cannot be deferred until the next working day.

This responsibility includes coordinating appropriate interim care services to address individual needs as required, consistently upholding professionalism, dignity, and respect towards all children and their carer's.

Mental health assessments were conducted, when necessary, in collaboration with relevant professionals, to ensure the provision of seamless and tailored care where appropriate. Efficient and comprehensive handovers were undertaken to 'in-hours' teams to continue case management, with thorough notes and contacts documented in each child's record within the Liquid Logic System.

Active participation in quality assurance processes for interventions remains an essential component of this role.

### **3. Contract Details**

- Services operate from 4:30pm to 9:30am, Monday through Friday.
- Referrals are accepted between 5:00pm and 9:00am, Monday through Friday.
- Operations continue 24 hours per day on Saturdays, Sundays, Bank Holidays, Public Holidays, and additional Statutory Days. Coverage is also provided in boroughs that observe an early closing day during Christmas.
- The service addresses only emergencies requiring immediate attention before the next working day.
- The team responds to all referrals within 30 minutes.
- The service is consistently staffed by qualified Social Workers.
- Operations are based at the Redbridge Control Centre in Ilford, with home working supported when requirements are met.
- Consultation with a nominated Children's Services Senior Manager is required in high-risk situations or when budget approval is necessary.

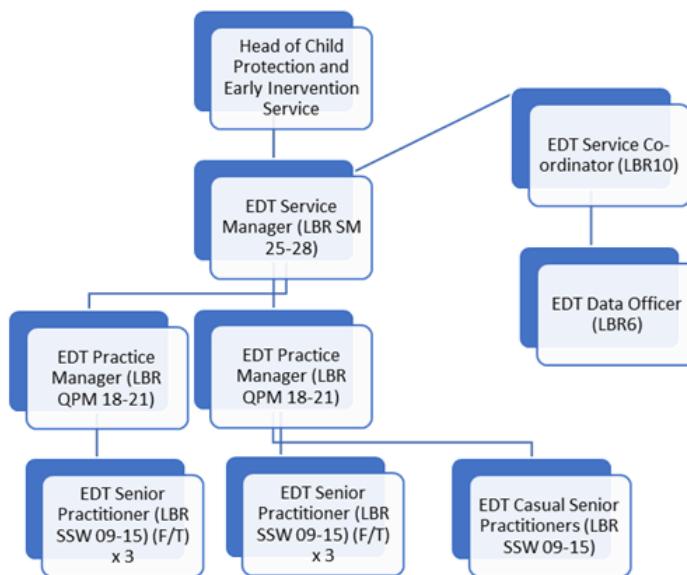
### **4. Contract Model**

The 4 boroughs Children's EDT service will operate through two teams. Team 1 will take referrals for Barking and Dagenham and Havering. Team 2 will take calls for Redbridge and

Waltham Forest. Each team is expected to have 4 full time EDT Senior Social Workers and over for annual leave and sickness that will be filled via pool of bank staff.

The teams will be managed by 2 EDT Practice Managers, who will in turn report to the EDT Service Manager. The EDT Service Manager will be supported by an EDT Service Coordinator and Data Officer who will take responsibility for data collection and performance reporting for each of the four boroughs, the organisation of staff rotas, training, team meetings, performance appraisals as well as some finance and administrative support.

Table 1 EDT staffing structure: Children's EDT Service for four boroughs delivered by Redbridge Local Authority.



## 5. Performance

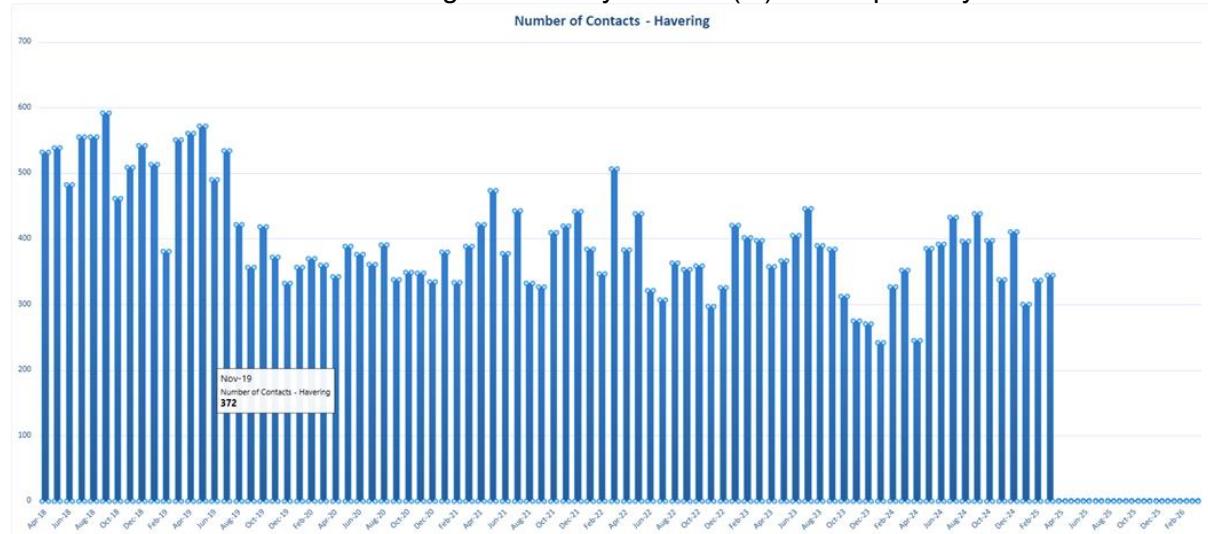
### Children known to Havering Local Authority 2024-25 v 2023-24

Over 98% of referrals pertained to children already engaged with Havering's Children's Social Care, demonstrating that the Emergency Duty Team (EDT) primarily supports ongoing case management rather than new case intake.

The proportion of referrals for children previously identified by Children's Social Care compared to those not previously known has remained stable on an annual basis.

Most referrals continue to pertain to children already familiar to all local authorities when comparing Q4 2024 to Q4 2025. There has been a reduction of 168 (3.7%) in referrals for children that are already known to all local authorities, and a decrease of 38 (46.9%) in referrals for those not previously known.

Table 2 - Total number of Havering contacts by Quarter (Q) for the past 6 years.



### Contact calls received times

Over half of the contacts received by EDT in Q1 from all boroughs were received before midnight, accounting for **61.8%** of the contacts. This was consistent with the previous year Q4 2024-25, as well as Q4 2023-24 where 4pm – midnight was also the specific time when the higher numbers of contacts were received.

Table 3 – Quarter 4, 2024/2025 Havering's contact by time.

Haivering	April	May	June	Total
4pm-8pm	45	54	51	150
8pm-12am	155	170	109	434
12am-4am	91	60	62	213
4am-9am	24	35	25	84
Outside	17	10	2	29
Saturday 9am-4pm	12	24	13	49
Sunday 9am-4pm	45	11	23	79

### Missing and absent contacts by age

A total of 451 missing or absent episodes were documented in Q4 2024–25, representing a 14% reduction from the previous year. A sizeable proportion of these episodes involved children aged 15 to 17, with 15-year-olds representing the largest group at 38.7%.

Table four below illustrates the number of missing or absent contacts categorised by age. Most missing/absent reports are for children between 15 and 17 years old.

Table 4 – Quarter 4, 2024/2025 Havering's missing and absent contacts by age

Age at the time of contact	Absent from Care	Missing From Care	Missing From Home	Total
11	1	0	0	1 (0.2%)
12	1	4	0	5 (1.1%)
13	4	0	0	4 (0.9%)
14	9	5	0	14 (3.1%)
15	83	92	0	175 (38.7%)
16	92	64	1	157 (34.7%)

17	77	12	1	90 (19.9%)
18	3	1	0	4 (0.9%)
19	1	1	0	2 (0.4%)
<b>Total</b>	<b>271</b>	<b>179</b>	<b>2</b>	<b>451</b>

**Partnership's children missing and absent monthly figures for January, February, and March 2025.**

As detailed in Tables 5, 6 and 7 below, for January, February, and March 2025 there were a total of 1,974 missing or absent episodes, which included 1,175 absent from care, 782 missing from care, and 17 missing from home.

This represents a change from 2023-24 (Jan-Mar), when the service recorded 2,197 missing or absent episodes. There was an overall decrease of 10% in Q4 2024-25 (Jan-Mar). At the borough level, Barking & Dagenham experienced a 36% reduction in missing episodes, Waltham Forest saw a 17% reduction, and Havering reported a 14% reduction in contrast, Redbridge recorded a 38% increase.

As a league table Redbridge accounted for the largest share of missing/absent episodes with totals for the three months reaching 710 (38.3%), followed by Barking & Dagenham with 475 (25.6%), Havering at 451 (24.3%), and Waltham Forest at 338 (18.2%).

Table 5 – Number of children recorded missing and absent in January 2025

Borough	Care absence	Care missing	Home missing	Total
<b>LBB</b>	113	54	0	167
<b>Havering</b>	84	67	0	151
<b>Redbridge</b>	124	114	2	240
<b>Waltham Forest</b>	70	47	2	119
<b>Total</b>	<b>391</b>	<b>282</b>	<b>4</b>	<b>677</b>

Table 6 – Number of children recorded missing and absent in February 2025

Borough	Care absence	Care missing	Home missing	Total
<b>LBB</b>	86	64	3	153
<b>Havering</b>	114	54	1	169
<b>Redbridge</b>	105	93	0	198
<b>Waltham Forest</b>	46	37	4	87
<b>Total</b>	<b>351</b>	<b>248</b>	<b>8</b>	<b>607</b>

Table 7 – Number of children recorded missing and absent March 2025

Borough	Care absence	Care missing	Home missing	Total
<b>LBB</b>	101	52	2	155
<b>Havering</b>	73	58	0	131
<b>Redbridge</b>	179	92	1	272
<b>Waltham Forest</b>	80	50	2	132
<b>Total</b>	<b>433</b>	<b>252</b>	<b>5</b>	<b>690</b>

**Children Accommodated**

Five children were accommodated during Q4 2024–25, an increase of three compared to the prior year. Most placements were arranged under Police Protection and consisted of either foster care or semi-independent living provision.

Efforts have been made by Havering to address issues within their standard working hours over the 6 years the contract has been in place, thereby decreasing dependence on out-of-hours EDT interventions. (Source: Redbridge EDT, July 2025).

In Q4 2024-25, 19 children were accommodated, reflecting a decrease of 4 when compared to the same quarter the previous year (Q4 2023-24). Barking & Dagenham saw a decrease of 10 children accommodated, Havering saw an increase of 3, Redbridge saw an increase of 1. Waltham Forest experienced an increase of 2.

There was a decrease of 14 children accommodated in Q4 2024-25 compared to Q3 2024-25 (Oct-Dec), when 33 children were accommodated.

Borough	Jan-25	Feb-25	Mar-25	Total
<b>Barking &amp; Dagenham</b>	4	0	2	<b>6</b>
<b>Havering</b>	1	1	3	<b>5</b>
<b>Redbridge</b>	2	0	2	<b>4</b>
<b>Waltham Forest</b>	0	1	3	<b>4</b>
<b>Total</b>	<b>7</b>	<b>2</b>	<b>10</b>	<b>19</b>

Table 8 – Number of children Accommodated Q4 2025 v Q4 2024

Borough	Jan-25	Feb-25	Mar-25	Total
<b>Barking &amp; Dagenham</b>	2	0	2	<b>4</b>
<b>Havering</b>	1	1	3	<b>5</b>
<b>Redbridge</b>	1	0	2	<b>3</b>
<b>Waltham Forest</b>	0	0	2	<b>2</b>
<b>Total</b>	<b>4</b>	<b>1</b>	<b>9</b>	<b>14</b>

Table 9 – Number of children seen that were accommodated

The most common reason for needing to accommodate a child was because of Police Protection. In-house foster carers, semi-independent and independent foster carers were used. Out of the 19 children accommodated, 14 were seen.

### **Benchmarking Analysis**

The structure and funding arrangements for Emergency Duty Teams (EDTs) differ among local authorities, with some managing these services internally while others engage external providers through commissioning routes:

- Challenges in Data Compilation
- Variability in Service Models
- Absence of Standardised Reporting: The lack of a mandated framework requiring local authorities to publicly disclose detailed financial data on their EDTs complicates cross-authority comparisons.
- Inconsistent Dynamic Commissioning Practices resulting in commissioning arrangements being subject to frequent changes due to variations in contract durations, performance assessments, and emerging requirements, resulting in ongoing variability over time.

For Havering's Adult EDT, to deliver Children's EDT for Havering is estimated at £301,400.14. (Source: Living Well)

Table 10 - Benchmarking other Local Authority Emergency Duty Teams:

Local Authority	Service Delivery Model	Additional Information
Barnsley Council	Transitioned from a joint adult and children's social care service to a Children's Emergency Duty Team	In May 2024, Barnsley Council restructured its social care emergency duty team to provide dedicated services for children and adults separately. The Children's EDT became part of the Integrated Front Door, enhancing responsiveness to child protection concerns.
Birmingham City Council	Commissioned external providers for out-of-hours call answering services for the Children's EDT	In February 2024, Birmingham Children's Trust was set up to deliver an out-of-hours call answering service for its Emergency Duty Team, for Birmingham City Council.
Swindon Borough Council	Manages an internal Emergency Duty Service covering all aspects of social work, including children's services, outside normal office hours	Swindon's Emergency Duty Service provides an emergency contact point for all aspects of social work outside normal office hours, including nights, weekends, and bank holidays.

## 6. Finance

The EDT costing model operates on a pay-as-you-go basis, determined by usage data from previous years.

Table 11 - Costs and percentage of partnership's usage for Havering

Financial Years	Contacts	Costs	% of partnership's usage
2022/2023 (for 2021/22 usage)	4,878	£304,380	27.8
2023/2024 (for 2022/23 usage)	4,365	£265,129	23.0
2024/2025 (for 2023/24 usage)	4,123	£230,909	20.6
	13,366	£798,418	

Contacts, associated costs, and the percentage of EDT Partnerships' usage for Havering shows a consistent year-on-year reduction. This positive trend is attributed by Havering's social workers prioritising case management and resolving issues within their working hours, thereby reducing reliance on 'out of hours' EDT interventions. (Source: Redbridge 2025)

Table 12 - Partnership costs 3-year increasing trend

Years	2023/24	2024/25	2025/26	Total
Admin Officers Pay	£95,280	£93,310	£95,176	£283,766
Head of Division	£10,000	£10,200	£10,404	£30,604
Overtime to cover all types of leave	£169,650	£173,043	£176,503	£519,196
Managers & Assistant Managers Pay	£289,830	£295,626	£301,538	£886,994
Senior Social Work Practitioners	£487,457	£497,206	£507,150	£1,491,813
Internal Training	£1,000	£1,000	£1,000	£3,000
External Training	£1,000	£1,000	£1,000	£3,000

Equipment Purchase	£2,000	£2,000	£2,000	£6,000
Other Support Services	£45,948	£45,948	£45,948	£137,844
<b>Total</b>	<b>£1,102,165</b>	<b>£1,119,333</b>	<b>£1,140,721</b>	<b>£3,362,219</b>

The overall costs for the partnership have fluctuated over the three years indicating a steady rise in operational expenses and resulting in an increase. Whereas Havering's costs have decreased during this same period.

- **2023/24:** £1,102,165
- **2024/25:** £1,119,333 (<sup>↑ 1.56%</sup> from previous year)
- **2025/26:** £1,140,721 (<sup>↑ 1.91%</sup> from previous year)

## 7. Needs Analysis

The Emergency Duty Team (EDT) contract is fundamentally designed to address situations that constitute genuine emergencies requiring immediate intervention outside normal working hours. These cases typically involve acute safeguarding risks, urgent welfare concerns, or circumstances where delays could result in significant harm to vulnerable children or families. By restricting the EDT's remit strictly to emergencies, the partnership ensures that resources are deployed efficiently and only where they are most critically needed.

Havering's strategic approach centers on the ongoing enhancement of Social Care Team case management processes. Through robust triage, improved workflow systems, and targeted staff training, the Social Care Team is increasingly equipped to handle non-urgent cases during regular working hours. This proactive management not only streamlines service delivery but also reduces the reliance on out-of-hour emergency interventions, helping to keep costs under control and ensuring that the EDT is reserved for the most pressing situations.

Additionally, by strengthening internal procedures and fostering a culture of early intervention, Havering aims to mitigate the escalation of safeguarding concerns before they reach emergency status. This preventative focus not only protects service users but also supports the borough's commitment to continually reduce EDT contract expenditure. The intention is to ensure that non-urgent cases are resolved promptly and efficiently, minimizing unnecessary referrals to the EDT and safeguarding public resources while maintaining ambitious standards of care.

## 8. Options Appraisal

### **Option 1: Continue with Current Arrangement (Redbridge-led Partnership)**

Pros:	<ul style="list-style-type: none"> <li>• Established and cost-effective model.</li> <li>• Proven delivery with existing infrastructure.</li> <li>• Year on year reductions to use demonstrated.</li> </ul>
Cons:	<ul style="list-style-type: none"> <li>• Limited flexibility for service development.</li> <li>• Variability in quality and responsiveness.</li> </ul>

### **Option 2: Commission Havering Adult's EDT Provider for Children's EDT**

Pros:	<ul style="list-style-type: none"> <li>• Opportunity to integrate with Havering's Adult EDT.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Havering's Adult's EDT provider has a strong record of accomplishment in adult services.</li> </ul>
Cons:	<ul style="list-style-type: none"> <li>• Higher estimated costs.</li> <li>• Requires internal alignment and detailed cost-benefit analysis.</li> </ul>

**Option 3: Remain in Four-Borough Partnership with Enhanced Specification including increased data and benchmarking with no additional cost**

Pros:	<ul style="list-style-type: none"> <li>• Builds on existing partnerships with scope for improved KPIs and service quality.</li> <li>• Potential to reduce Havering's usage through targeted in-house interventions.</li> </ul>
Cons:	<ul style="list-style-type: none"> <li>• Does not support integration with Adult EDT.</li> <li>• Limitations to renegotiations of specifications and inter-agency agreements.</li> </ul>

**Option 4: Go out to tender for a new provider**

Pros:	<ul style="list-style-type: none"> <li>• Ensures value for money by comparing multiple bids.</li> <li>• Opportunity to design a bespoke service specification aligned with Havering's specific needs and Ofsted recommendations.</li> <li>• May attract providers offering innovative models, including digital triage, integrated mental health support and flexible staffing.</li> </ul>
Cons:	<ul style="list-style-type: none"> <li>• Significant planning and legal input.</li> <li>• Potential disruption during provider handover.</li> <li>• Limited number of specialist providers in the market.</li> <li>• Less cost-effective solution.</li> <li>• Procurement delays.</li> <li>• Compromising safeguarding and statutory compliance during handover.</li> <li>• Providers may have no proven record of delivering EDT services to children.</li> <li>• Reputational risk for underperformance</li> <li>• Affecting stakeholders, Ofsted, partners, and public confidence.</li> </ul>

## 8. Recommendation

Option 3 offers a balanced solution by preserving the benefits of an established, cost-effective partnership while enabling service improvements and greater accountability. This reduces risks, supports financial sustainability, and aligns with strategic goals and stakeholder feedback.

The “pay-as-you-go” cost model enables Havering to build upon its 22% reduction whilst retaining the partnerships continuity, resilience, and statutory compliance to safeguarding vulnerable children during emergencies. The partnership has been proven to be more cost-effective than seeking a new provider or integrating with adult services, which would raise costs and risks.