

Referral, Re-Referrals and Repeat Child Protection Plans Analysis of demand trends and outcomes

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1. Summary

- 1.1 This report identifies the journey Shropshire Children's Social Work have taken in the management of referrals and repeat child protection plans over the past 18 months.

2. Recommendations

- 2.1 Scrutiny to note the content of the report and seek further information if required to assure themselves that within these areas of safeguarding the quality of service, audit activity and systems and processes are in place to ensure children are safeguarded and their welfare promoted.
- 2.2 Scrutiny to make any recommendations they feel are necessary to assure themselves of point 2.1

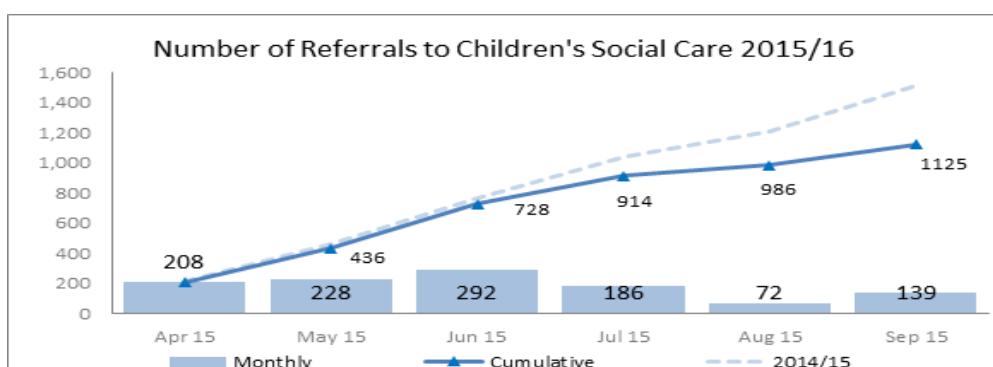
3. Report

Referrals

Number of referrals in year			
	2014	2015	2016 (forecast)
Shropshire	2089	2722	2141
SN	5901.8	5459.1	n/a
England	657800	635600	n/a

Rate of referrals in year			
	2014	2015	2016 (forecast)
Shropshire	347.2	455.5	358
SN	525.1	538.7	n/a
England	573	548.3	n/a

- 3.1 Our number and rate of referrals compared to Statistical neighbours and England data remains lower. There is some caution with comparison because there isn't a consistent descriptor used for recording referrals across local authorities. Some local authority's will record every contact from a person expressing potential concern for the welfare of a child as a referral, others will only record this as a referral once a decision has been made to undertake a Social Work Assessment (SWA) and others, like Shropshire, are in the middle and will define a referral against the threshold identifying professional judgement as to whether a child might be a child in need but referrals from some sources such as NSPCC / Prisons etc. are automatically determined as full referral for a decision.
- 3.2 Therefore it is important to understand Shropshire's journey and to understand our current process in the context of what we seek to achieve i.e. good quality decision making, reinforced use of the SSCB threshold matrix and promotion of support, advice and assistance to partners in the delivery early help to families at a first stage where ever safe to do so. (see background report attached)
- 3.3 Referrals into children's social work have decreased against figures for 13/14 following changes to the process for identifying and managing referrals. By the end of the second quarter in 14/15 we had received and processed 1516 referrals, for the same period in 15/16 we have processed 1125.



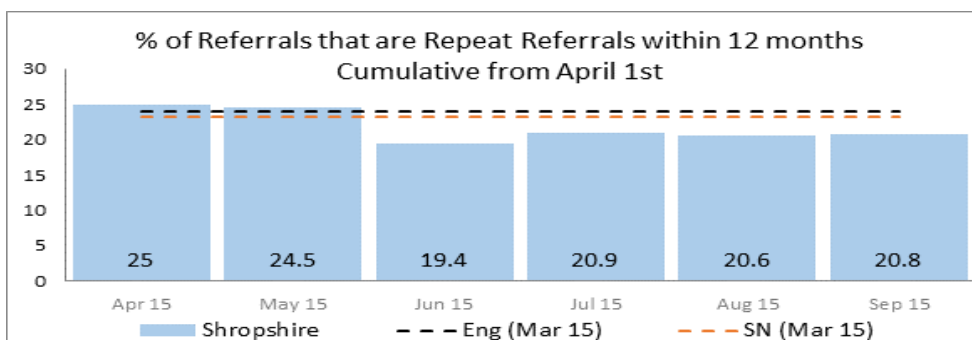
- 3.4 The difference between the two is largely being reflected through change of process by which the "professional conversation" is now provided through the initial contact process. In 14/15 the number of referrals with

an outcome of professional conversation was 26.8% compared to the same period in 15/16 where the figure is 3.4%.

- 3.5 The change in process means professionals and parents calling into to seek information, support or advise about concerns for child are provided with a direct contact with a range of specialist professionals including Social Worker, Targeted Youth Worker and Primary Mental Health Worker who are able to share information and advise on how to support the family through early help as a first response where it is safe to do so.
- 3.6 Those initial contacts confirmed to meet the threshold for a referral are passed directly to the Senior Social work in Compass for a review and decision on the need for a SWA.
- 3.7 The performance data show therefore an increase in referral resulting in SWA from 43% up to 48.8% and an increase in referral resulting in Child Protection investigations from 16% up to 26.8%
- 3.8 Development of the Initial Contact records and management of them means we are able to ensure the change of process continues to drive good quality safe decision making and we are currently developing performance information on these to support analysis of and audit of demand at this level.
- 3.9 The change in practice means we are able to better target our resources to appropriately meet demand, promote early help as a first offer where it is safe to do so, increase timeliness in decisions making on referrals by the Senior Social Worker and reduce bureaucracy and administration demands at the front door.

Repeat Referrals

- 3.10 As a result of our developing practice we have reduced the number of repeat referrals in 15/16. In the quarter 2 period 14/15 repeat referral were at 27.1 % and above Statistical Neighbours/England rates. In quarter 2 for 15/16 our rates are 20.8% and are below Statistical Neighbours/England rates for 14/15. (NB we do not have Statistical Neighbours/England rates for 15/16 and the counting of “referrals” can differ between Local Authority’s)
- 3.11 Repeat referrals in Shropshire were high for the period where we developed the offer of the “professional conversation”. Following the November 2012 Ofsted Inspection this offer was designed to re-engage partners confidence to make referrals into the services where they had concerns. Once confidence and improved working together practice was re-established and we were in a position to better understand referrals in the context of need we are able to further develop our front door management of both Initial Contacts and Referrals.



3.12 An audit of re-referrals received during quarter 1 of 14/15 was undertaken which looked at the outcome decision for each of these 179 referrals. The audit confirmed that the majority of repeat referrals led to a decision for a SWA following an earlier decision of No Further Action (NFA) (74%) or Professional conversation (36%). Practice now would be to ensure the offer of Early Help was in place and to offer professional advice and assistance to the lead professional to deliver a Targeted Early Help plan if required. All children who were the subject of more than two referrals had been referred for a SWA. Whilst this presents as good practice in that children are not subject to many repeat referrals before a SWA is completed we do need to ensure decision for a SWA are based on the threshold of need and not pressure / capacity from our partners to deliver early help. A tight audit process is in place to review decision making on referrals on a regular basis and each referral decision is set within the threshold framework to reinforce compliance.

(See appendix 1)

3.13 Work continues to develop our front door and plans to create a Compass MASH are well underway with a timescale for us to be joined by West Mercia Police, National and Community Probation and Health representation of HV/Sch Nurses by Dec 15

(See appendix 2 Compass Leaflet)

Repeat Child Protection Plans

3.14 There are two measures used to monitor children with a 2nd or subsequent child protection plan. Those with a repeat plan within two years of the first plans ending and those with a second plan at any time.

3.15 In 13/14 Shropshire had a higher proportion of "2nd/Subsequent plans with 31 children (18.8%) subject of a second plan for any period and 14 (8.5%) being the subject of a plan for a second time with 2 yrs. At the same period 15/16 there 18 (13.4%) subject to a second plan for any period and 10 (7.4%) subject of a repeat plan within two years.

3.16 A second audit of children subject to repeat child protection plans was undertaken and presented to SSCB September 15. This independent

multi agency audit found that “whilst Shropshire has been much higher in the past measured against Statistical Neighbours/England this is now resolving”.

- 3.17 The audit concluded the threshold for decision making on the first and second occasion was correct as was the decision to remove the child from the plan due to progress made and the threshold no longer being met. This second audit noted improvement since the previous audit findings in September 14 where challenge was made with regard to the length of time a child spent on the plan possibly not being long enough.
- 3.18 A key finding was the need to improve plans to be both SMART and to ensure all partners were fully engaged in the delivery and review of the plan to bring about effective change in a timely way. As plans stepped down into early help this continued to be an issue of concern and a key recommendation from the audit was to identify the need to ensure step down plans to early help are robust and reviewed to ensure outcomes achieved during the period of child protection planning are sustained.
- 3.19 We have placed 2.5fte family support workers in Compass as of September 15 to support the step down pathway providing advice and assistance to professionals in the delivery of early help plans.
- 3.20 We have established an internal practice for all Child Protection cases where by at 15 months (2nd CP review) to be subject to legal planning meeting to consider the need for pre proceedings where the threshold of significant harm continues to be met and there is insufficient evidence of progress being made.

4. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

N/A

5. Financial Implications

Outside of the Council saving pressure and the potential impact of this on Children’s Services there are no financial implications within this report

6. Background

Attached - Shropshire Children’s Social Work journey from 2012 - 14/15 regarding the management of referrals and repeat referrals

7. Additional Information

Attached - SSCB QA report on repeat Child Protection plans

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr Ann Hartley
Local Member All
Appendices Appendix 1 – Referral Decision Letter Appendix 2 – Compass Leaflet