



Wirral Local Strategic Partnership Performance Management - Exceptions

Title:	National Indicator (NI) 68 – Referrals to children’s social care going on to initial assessment
Date:	12th January 2010

1 Executive Summary

- 1.1 This report presents to the LSP Executive board the current position with regard to the performance of NI 68 - Referrals to children’s social care going on to initial assessment - following two quarters where the target was reported as red.

2 Background

- 2.1 The LSP Executive Board agreed at its meeting of the 11th November 2009 that should an LAA improvement target underperform for a period of two or more consecutive quarters then the relevant delivery plan / progress report will be reported to a subsequent board meeting for consideration and to identify any further action to be taken.

3 Introduction

- 3.1 This National Performance Indicator measures the percentage of referrals made to Children’s Social Care which progress to an Initial Assessment. The LAA target for the local authority is to increase the percentage to 72% by 31 March 2011.

3.2 Definition

The calculation is the percentage of the number of children referred into Children’s Social Care during the year – 2,677, who went on to receive an Initial Assessment during the year – 1,732 (31 December 2009 figures). Performance at the end of Quarter 3 is 64.7% (an increase from 60.4% at the end of Quarter 2).

A referral is defined as a request for services to be provided by Children’s Social Care. These are for children previously unknown, or who have previously received services and their cases have been closed. Referrals are frequently from professionals, such as health, education or the Police, but the definition is broad and includes for example self referrals, or anonymous referrals.

Local authorities will make an “initial consideration” to decide when looking at the details of the referral, whether there are concerns about the child’s health and development and / or potential harm that justifies an Initial Assessment. The Initial Assessment is a brief assessment of the child’s needs, to be carried out by



Children's Social Care within a maximum of 7 working days from the date of the referral.

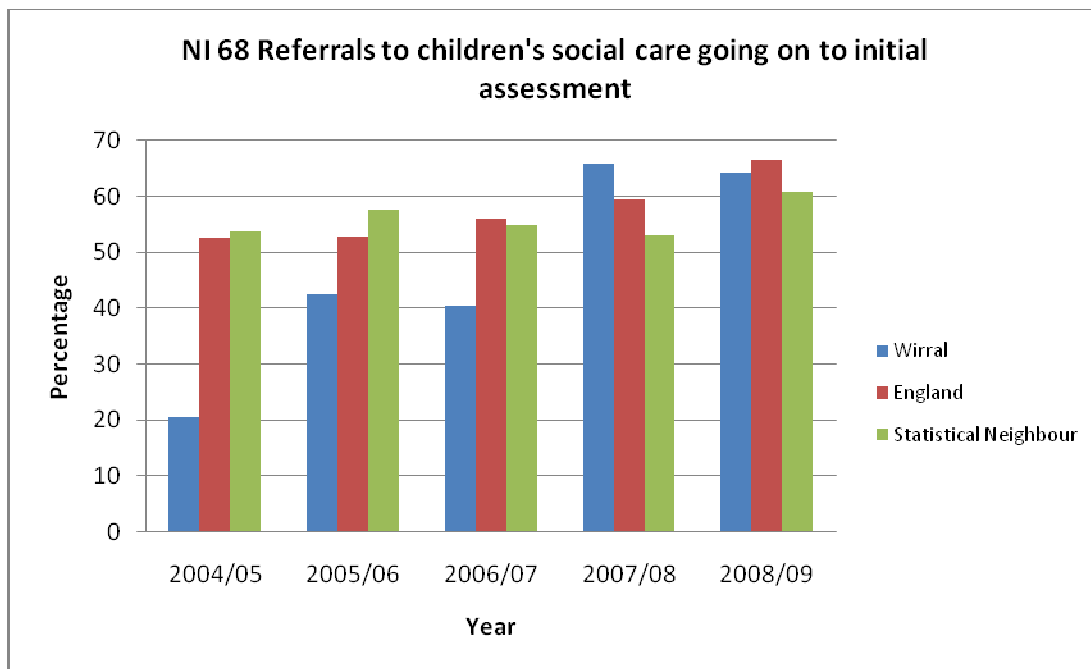
3.3 Rationale

It is important that local authorities respond to and address concerns in a timely and efficient way and ensure that all referrals to Children's Social Care are followed up where appropriate.

This indicator is a proxy for several issues: the appropriateness of referrals coming into Children's Social Care, which can show whether local agencies are working well together; and the thresholds which are being applied in Children's Social Care at a local level.

The revised Working Together to Safeguard Children Statutory Guidance, published for consultation in December 2009 sets out how "over time, as a consistent understanding of local thresholds for referrals are developed, and the overall quality of those referrals improves, there will be an increasing correlation between referrals received and initial assessments undertaken (recommendation 19)".

3.4 Position



4 Learning from regional best practice

Government Office North West (GONW) in partnership with the North West Improvement and Efficiency Partnership (NWIEP) commissioned a project to consider current causes and forces driving practice and performance in respect of children accessing appropriate support. The Project: *Making a Difference to the lives of Children across the North West, Pathways to Support* considered each of the relevant National Indicators (including NI 68), drawing evidence from the three authorities with the highest and three with the lowest performance to extrapolate what led to best practice, and the forces mitigating against this. The report was produced in November 2009. Regarding NI 68 they concluded that lower conversion rates suggest that referrals are not made appropriately and that resources are wasted in processing these. The aim should be for almost 100% conversion, provided it was clear that all



authorities were adopting the same response to levels of need and risk. One authority with the highest conversion rate attributed it to the successful implementation of the Common Assessment Framework (CAF), embedding early intervention services and effective duty systems.

Other authorities identified the following as positive forces:

- Reduction in the numbers of referrals through greater clarity of thresholds with partners
- Development and implementation of a strategy to respond to Domestic Violence
- Appropriate signposting at first contact, reducing unnecessary referral rates
- Appropriate decision making at referral
- Effective multi-agency assessment teams

The following have been identified as adverse forces:

- Lack of resources
- High caseloads
- Impact of DV referrals

They concluded that threshold criteria, clearly setting out what constitutes an appropriate referral, good multi-agency working together at Level 3 (vulnerable children in need of additional support) and robust assessments and plans for these children (Common Assessment Framework and Team Around the Child plans), all provide the way forward.

5 Performance in Wirral

Local performance is showing some in year improvement. This is attributable to:

- Recruiting a dedicated Manager to provide managerial oversight at the Central Advice and Duty Team; this Team, which is located at Cheshire Lines Building, receives all incoming referrals. Prior to July 2009 managerial oversight was provided by a rota of Assessment Team Managers. Following review, the dedicated Team Manager post was established since there was concern about the Assessment Team Manager's capacity to sustain this work away from their substantive posts managing locality Assessment Teams, where social workers require on site support, managerial direction and supervision. Also, when the Assessment Team's are pressurised and busy, this may increase the potential for more referrals not to be accepted for an Initial Assessment based on capacity, as opposed to decisions being made based on a clear determination of children's needs against the threshold criteria.
- Recruiting additional social workers, and maintaining, wherever possible, a full complement of social workers in each Assessment Team, through a monthly rolling recruitment programme and providing a safe service by covering maternity leave, and temporary vacancies where required. Providing additional training and supervision for Newly Qualified Social Workers, as part of the Children's Workforce Development Council programme, and closely monitoring caseloads; taking remedial action if caseloads are becoming too high.



- Scrutinising incoming work through a weekly meeting, chaired by the Strategic Service Manager, to determine whether thresholds for accepting work have been applied consistently to all new children referred.
- Re-clarifying guidance about when a contact with Children's Social Care should be determined to be a referral, as opposed to a request for simple information or signposting to a more appropriate service.

Focusing on continuously improving practice through a fortnightly Contact, Referral and Assessment Meeting, where each Team's action plan is reviewed. Plans include monitoring of any outstanding assessments which require data to be entered into the Integrated Children's System (ICS). The programme of work is being developed to improve this, and develop the ICS system into a more useful tool to support more evidence based analysis and contemporaneous data entry. The Transformational Change Team is assisting with this activity. This is a significant programme of work which will continue to be implemented over the forthcoming year.

6 Further action to accelerate the pace of change includes:

- Continuing to implement the revised Children's Social Care management structure, this includes 4 Principal Team Managers commencing work in their new posts from 1 March 2010, and completing further recruitment activity to fill the remaining 4 posts.
- Implementing increased Area Team Leader capacity from 1 February 2010 (increased from 5.5 fte to 7.5 fte) and rolling out the co-location of Area Teams from 1 September 2010. This is to increase the support in each Area to deliver early preventative services to children and families who need multi-agency support, (but not at a level requiring Children's Social Care intervention) through CAF and Team Around the Child (TAC). Raising the profile and visible presence of Area Teams in the community and with professionals in each locality.
- Launching the revised Integrated Working Guide across the partnership to ensure consistent understanding of thresholds, and when it is appropriate to refer a child to Children's Social Care.
- Embedding improved casefile auditing processes (introduced September 2009) and in addition, auditing children's cases who are receiving support through Team Around the Child (TAC) and those children receiving support from Children's Social Care, with multiagency partners. This is to further determine whether thresholds are consistently being applied and that children can re-access Social Care in a timely way should their situation deteriorate (February – Staying Safe Strategy Group).
- Implementing the revised project plan (prior to March 31 2010), to strengthen integrated preventative services provision across Wirral; improving clarity about who does what, how services can be accessed and using data to determine how new services are commissioned to respond to identified gaps in service provision.
- Completing the revision of domestic violence protocols, ensuring referrals to Children's Social Care make specific reference to the impact of the adult's behaviour upon the children, further clarifying which referrals can be appropriately dealt with through Area Teams.



- Steering the full implementation of the Integrated Children’s System (ICS) through the re-launched ICS Project Board, so that the system supports best social work practice, and assessment activity is recorded in a timelier manner. This will be supported by the additional capacity provided by 4 new Data Officers, working with the ICS Project Manager.

7 Conclusion

Since the report into the tragic death of Baby Peter was published in November 2008, Wirral has seen a 40% increase in referrals, from the previous year, this is in common with many authorities nationally, and is a continuing trend. A higher number of referrals have progressed to an Initial Assessment, although the percentage of referrals progressing to an Initial Assessment has remained fairly constant since the year ending 2007/8.

There are 3 key strands of activity which will support the delivery of this LAA National Indicator target, and which will improve overall safeguarding activity. They are:

1. Ensuring that all agencies working with vulnerable children are completing Common Assessments and using the Team Around the Child Model to respond to children’s additional needs. Making sure that Area Teams are leading and driving early preventative work with children.
2. Scrutiny and intervention by the Local Safeguarding Children’s Board to ensure that all agencies are clear about thresholds, clear about how to make appropriate referrals and how to escalate concerns, so that children receive the right level of support.
3. Improving training, expertise and support to manage referrals where there are child welfare concerns and in particular concerns about children’s safety. Focusing on the importance of high quality, experienced social workers undertaking key management and supervisory roles in intake/duty teams. This includes system support through the development of ICS.

The body of the report sets out what has already been implemented to achieve this, and the future activity in progress.

Name/Author	Julia Hassall
Title	Head of Branch, Children’s Social Care, Children & Young Peoples Dept. Wirral Council
Contact Number	0151 666 4293
Email	juliahassall@wirral.gov.uk

