



## **LSCB child protection data analysis**

### **Conclusions: for discussion at LSCB exec 19<sup>th</sup> October**

**The analysis in this document provides the evidence for the following conclusions;**

- An increasing rate of referrals and re-referrals and reasonable levels of child protection conference rate suggests a high rate of inappropriate referrals, and under developed early help provision.
- Decision making in MASH is under continual review and currently there does not appear to be evidence that thresholds are too high. The MASH review will provide further information on this.
- Consent for sharing information about children who do not meet the threshold for MASH interventions is emerging as a concern and may be inflating the referral and re-referral figures.

#### **Suggested next steps for discussion at the LSCB executive group**

What is the role of the LSCB to encourage collective responsibility for early help to prevent children needing child protection services?

An early help performance framework is being presented to Executive group today, is this enough to ensure scrutiny and challenge around safeguarding?

How do we tackle practitioners concern about consent to share information about children with a high level of need but below the MASH threshold?

## Child protection data analysis.

### What the data is saying about multi-agency practice?

#### Introduction

*“Naseem is a 9 year old boy who until recently has been doing very well at school. This term, he has become withdrawn, and staff think he is not washing himself in the morning, or having breakfast before coming to school as he is very hungry and devours his (free) school meal at lunchtime. The children are teasing him, saying he stinks and he often cries. He is clearly unhappy. Today, at lunchtime, he is sitting alone. The playground supervisor sits with him and tries to engage him in conversation and with some encouragement he starts to talk to her about general things. When the conversation turns to football, Naseem says he hates football as his dad always gets drunk in the pub. He is worried about his mum, he says she has to go to the pub too, but she leaves him and his baby sister Tara (who is 2) at home with the 16 year old neighbour. He hears his parents arguing when they return at night and thumping about in the next room.”*

What should our young Solihull residents expect us to do for them when they find themselves in this typical situation and how do we measure up?

This is an attempt to provide the LSCB executive group with a performance analysis for the first quarter of this financial year. The emphasis is on the LSCB priorities for safeguarding children and the perspective is through the lens of partnership working and the experiences of the children receiving our services. The child protection data is provided by the Local Authority. This analysis does not examine the data just from the point of view of the local authority's performance as there is more emphasis on the impact of partnership working on children, using LA data. Anecdotally we are informed by schools and health professionals that there are increasing numbers of children like Naseem in both primary and high schools and they have a variety of problems, including mental health problems. This is supported by hard data provided by the school improvement service who support schools to collate their data on children by threshold level. Partners are working hard to help and support them and their families but are in need of a supportive framework to ensure the work they are doing is keeping children safe from harm, now and in the future. There is therefore a naturally emerging hypothesis among partners suggesting that the need to improve how we work together with children like Naseem requires systemic movement.

Anecdotally, children like Naseem might typically be referred to MASH, who upon assessment consider there are no child protection concerns. MASH then inform the LA Engage team about Naseem. There is an increasing narrative among practitioners that some of these children do not get early help as consent cannot be gained from parents. This gives rise to concern about how practitioners can support these children without co-ordinated effort and structure.

This analysis examines whether the hypothesis is supported by the evidence.

## **The sums;**

The hard data is provided at appendix A and will not be detailed in this analysis. Instead, a heading with the data in a subtitle is provided so that the evidence can be triangulated if necessary. It is important to recognise that *each* Key Performance Indicator (KPI) has to be looked at initially but it is more important to understand that there is a connection between them which tells us about volume of work and partner decision making and preventative collaboration. Although both are necessary components of this analysis, the strategic overview will inform us more about what is happening in practice than the micro examination of each KPI.

## **The Key performance indicators**

There are many KPI's the LSCB could use but only a few discreet ones are selected to inform the LSCB about its key priorities. All the KPI's used in the LSCB performance data set relate directly to the objectives in the strategies it has agreed and come from a variety of partners.

### **Child protection data analysis** (*Local Authority performance team data*)

*The school decide to make a referral to MASH about Naseem.*

**Referral rates appear higher than the England and Statistical Neighbour average, 651 per 10,000, England average 548.3 and Statistical Neighbours (SN) 427.6** When looking at the last year's (June to June) data.

There are recurring definitional issues within the Local Authority about referral data. However, using the LA's own definition, the rate is increasing. When looking at the first quarter of this year, the rate has increased in this quarter, when compared to the same period last year from 89.8 per 10,000 in 2015 (*LA performance team data*) to 154 per 10,000 in 2016. (*MASH referral data*). There were 840 contacts made to MASH which resulted in 348 referrals (cases/families) about 697 children in this period. The referral rate above is calculated based on the numbers of children, not the numbers of cases. Nevertheless the deduction can be made that there is an increase in referral rates.

This is telling us that the combination of partners' in house training and the LSCB multi-agency training is enhancing awareness, identification and confidence to make referrals and that this is in line with the national trend.

It is also telling us that structured multi-agency support to help children like Naseem is underdeveloped as if this was working well, referral rates would begin to come down.

### **Re referral rates are increasing**

**31% of the 840 contacts are re-referrals; The England average is 24% and SN 22.2% (263/697)**

*MASH carried out an assessment and found that Naseem does not need child protection, but would benefit from partner support. His parents do not give consent for information sharing, there is no persistent attempt to persuade them, his situation gets worse and he is re-referred.*

There are a number of reasons why the re-referral rate could be high. There will always be a cohort of children who are sadly re-abused. The average rates indicated above are based on research evidence and we should aim to keep these numbers to a minimum.

This could be attributed to the quality of referrals as limited information inhibits decision making. This is being interrogated by the LSCB business unit with MASH and a full report will be available soon. Initial findings suggest that a sizeable cohort of referrals seen are of poor quality. The LSCB briefings will emphasise the importance of providing high quality referrals and will do more work on this when the audit work is complete.

In order to exclude the possibility that this is attributed to poor filtration and decision making in MASH, the LSCB manager has seen an internal audit commissioned by the Local Authority. It makes suggestions about recording as well as comments about the high number of strategy meetings, the main findings suggest that decision making is safe. This supports the recent Ofsted inspection findings.

The mostly likely explanation is that without structured early help interventions, partners are making frustrated efforts to repeatedly express their concerns about children like Naseem and more work needs to be done to develop capability and professional confidence to work together to support him.

This is also supporting the hypothesis that the issue of consent may be preventing multi-agency action to support these children.

### **The proportion of referrals proceeding to a single assessment or a Section 47 is too low**

**In the first quarter of this year, 520 out of 840, (62%) contacts proceeded to an assessment or a Section 47. This is too low. 38% of referrals were inappropriate.**

*Mash decide that there is insufficient information about Naseem and that further enquiry is needed and an assessment is carried out and this is followed by a Section 47 enquiry.*

Naseem could be in this cohort (the 38%) if the referral made showed no evidence to generate an assessment or Section 47 and he will therefore be referred to the engage team. He could also be in this cohort if Social care, following an assessment, decide to proceed directly to legal advice. The majority of cases in this cohort are referred to the engage team, and in this arena, consent may not be forthcoming.

This finding can also be due to the quality of referrals described above, or to a misunderstanding by referrers about the threshold criteria, or that the thresholds in MASH are too high.

Independent audit of MASH, by both Ofsted and followed up by an independent auditor suggest that decision making is of good quality in MASH. Audit indicates a high number of strategy meetings and a high rate of Section 47 enquiries which demonstrates considerable focus on risk assessment.

The quality of referrals is discussed above and further work on this will better inform the LSCB.

A lack of clarity about the application of threshold criteria in practice is therefore the most likely explanation for this feature and suggests that further work needs to be done to support partners' concerns about capability and capacity to work with the 38% of cases where the referrals were considered inappropriate as well as the children who need multi-agency interventions who have not been referred to MASH. If there is no professional persistence to gain consent and persuade Naseem's parents to work with partners, then the only partners working with him will be the school and his GP or other universal services.

### **The numbers of Section 47 enquiries has increased (133 per 10,000)**

*(This data has been gathered for the rolling year, i.e. from July 2015-June2016 inclusive, comparisons with the same period last year are not yet available. Benchmarking is extreme, England average 138.2, SN 98.7).*

This reflects the response to the high volume of referrals and indicates that S47's are used as filtration.

*MASH, having assessed Naseem, MASH proceed to carry out a S47 enquiry as the information they have so far suggests this. With a large volume of referrals there will be increased volume of strategy meetings as well as Section 47 enquiries. The findings below, suggest that too many these activities are used for filtration.*

### **The proportion of children subject to S47 enquiries and proceeding to initial child protection conference is 39%. (England 47.3%) Local target (60%) and this is low.**

This further indicates the use of S47 for filtration purposes as if referrals were appropriate, the proportion would be higher.

**The rate of child protection conferences** is likely to be within or slightly above the national average by the end of this financial year. (Rate for first quarter is 13.75. The rate is likely to rise in subsequent quarters. (In 2015 the rate in Solihull was 79.90, England 61.60, SN 54.03).

This supports the hypothesis that the volume of contacts and referrals to MASH are inflated by inappropriate referrals and that this will naturally generate more strategy meetings and section 47 enquiries that ultimately do not proceed to conference.

### **The numbers of children with child protection plans is 173 and is going down.**

Coupled with a high referral rate and increased volume through the system, the suggestion that this is due to the premature ceasing of plans needs elimination. Upon interrogation this appears to be due to a few families with large sibling groups where plans were ceased. Management action involves oversight of decision making as the case approaches 18 months on a child protection plan to ensure drift and delay is prevented. If plans were ceased prematurely the numbers of children with repeat plans would also increase and this is referred to below. It does not appear to be a significant factor, in part because the numbers are low and also the nature of the cases as described below.

### **The proportion of children with a CPP for over 18 months is 10%. The target for this is 0% with a maximum of 4%.**

*Naseem has had a child protection plan for 18 months. Managers encourage timely decision making at the child protection conference to ensure there is no drift and delay.*

This performance is not in line with the target. This is measured by the local authority to ensure early intervention to prevent drift and delay. In considering that purpose, management action to deliver on this is having a positive effect as seen below.

**The percentage of child protection plans lasting two years or more is low (1%) and this is positive.**

**(England 3.7% SN 4.6%)**

Concerted management action at 1 year and 18 months prevents drift and delay.

The target for this is ambitions (0%).

*Naseem does not have a child protection plan longer than is necessary. Decisions are made about his long term future promptly.*

**11% of children with repeat child protection plans, have them within 2 years of the previous plan. (This is measured for the rolling year, ie from July 2015-June2016). The target is 6%.**

This is higher than the target of 6% but numbers are low. In this quarter, 3 new children in 2 families are in this cohort. All 3 children had the same presenting reasons as their previous plan including alcohol misuse and domestic abuse. A legal planning meeting has been arranged for one child. A high rate of repeat child protection plans coupled with a high re-referral rate and a low numbers of children with child protection plans needs continued monitoring.

The decision by conference to cease the child protection plan for Naseem, need to be made carefully and rigorously so that his problems do not recur.

**The numbers of children looked after is high at 359.**

This is in line with the national trend. The increasing PLO activity within the local authority partially explains the decreasing numbers of children with child protection plans as management decision making at 18 months leads to a proportion of those cases moving to legal proceedings. The LA accept that the numbers are too high and this was referred to in a recent Ofsted inspection and an action plan is being delivered to address this.