

Report to CHILDREN'S SCRUTINY BOARD

Repeat Referrals in Children's Social Care

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Purpose of the report

This is an update to a previous report to the committee in March 23 titled 'Repeat Referrals in Children's Social Care' on the repeat referral performance, key challenges impacting on the performance indicator and the service response for improvement.

Recommendations

It is recommended that the Children's Scrutiny Board notes the report and progress to date.

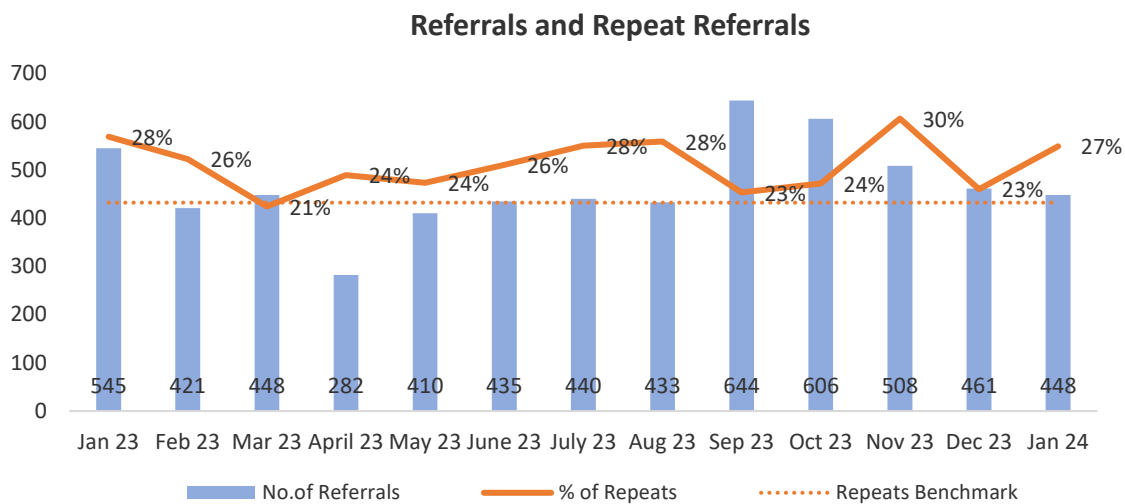
Repeat Referrals in Children’s Social Care

1 Background

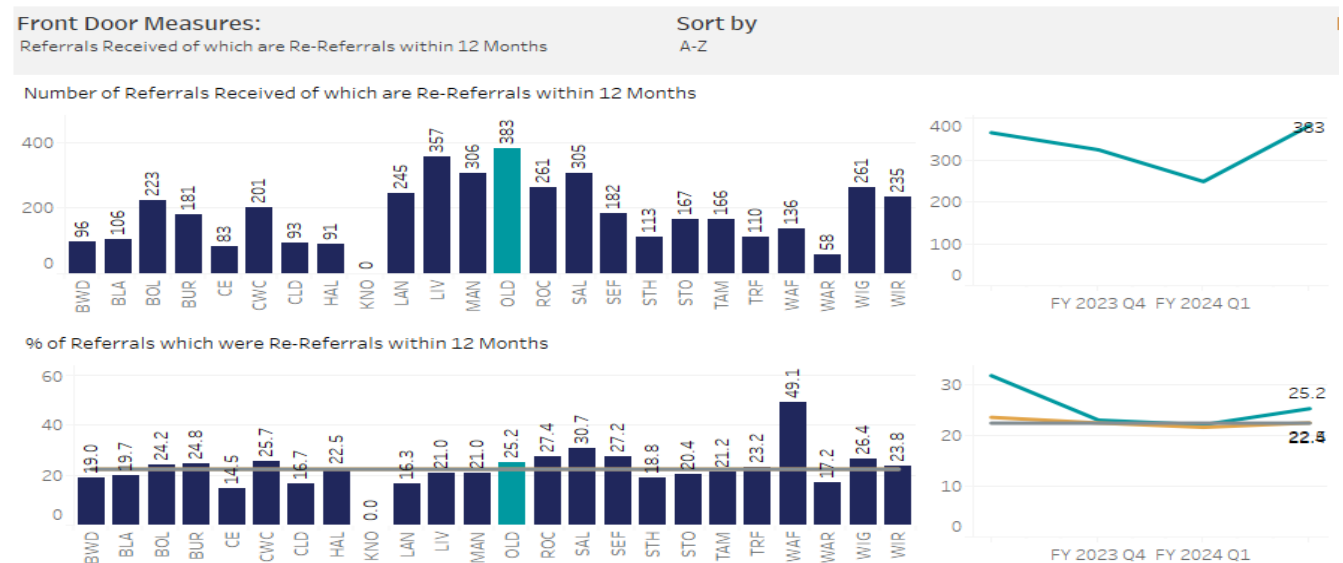
1.1 This report to the committee considers the current challenges across the Children’s Social Work Service, focusing in particular on the variable trajectory of repeat referrals over the past year. A re-referral relates to a family who has received two or more referrals through to Children’s Social Care services within a twelve-month period.

2 Current position

2.1 Since April 23 the trajectory of re-referrals into Children Services has steadily increased with a peak of 30% in November. There was a reduction in December 23 to 23% however re-referral rates for January 24 saw a further rise up to 27%. It is noteworthy that we remain higher than the repeats benchmark as indicated below and indicates a continued fluctuating pattern.



Regional information Group Q2



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- 2.2 The percentage comparison between Q2 2022 and Q2 2023 shows a 6.5% reduction in repeat referrals. This remains 2.7% above the north west average, however represents movement in the right direction. It is noted that there was a spike in demand in Autumn 2023, which has been a significant contributing factor to the number of repeat referrals into the service as noted in November 23 and January 24.
 - 2.3 It is notable, that Oldham has the highest number of children subject to repeat referrals in the North West, however this mirrors Oldham also having the highest referral rate in the north west.
 - 2.4 A key line of enquiry and deep dive was completed in October 2023. Reasons for repeat referrals are nuanced and complex in nature. There are multiple factors driving the repeat referral rate. Other quality assurance work across the service has been completed to feed into the broader picture surrounding repeat referrals (for example, dip sampling of supervisions, practice reviews etc)
 - 2.5 The findings appear to highlight consistent themes evident in cases where there have been three or more referrals within a 12 month period. Many of the cases reviewed highlight that situations have been viewed through a singular lens and lack challenge or enquiry, despite recent history of social care intervention. It is notable that there had been some stability and reduction to rates of repeat referral prior to the spike in referrals in September and October 23. This increased demand saw average caseloads rise in the service from 19 to 23 and has impacted upon quality of work.
 - 2.6 It is evident from some of the cases reviewed that instability within staffing has impacted. Changes of manager impacts upon management 'grip', and changes of social worker either lead to a 'start again' approach or lead to work being rushed to ensure timeframes are kept to, often at the expense of quality.
 - 2.7 There is a theme noted relating to consent. Numerous cases have been closed without adequate step down given there is no parental consent to do so and threshold for statutory intervention is not crossed. If threshold for statutory intervention is not met case closure is the remaining option, however this does not reduce the likelihood of there being a further referral.
 - 2.8 From review of repeat referrals (as per the process for repeat referrals in the Assessment and Intervention Service – see paragraph 3.2), there remain a proportion of examples where consent with one or multiple referrals was not obtained or uncertain, and consent has been overridden given the concerns raised leading to referral. Historically, there has been a trend whereby consent has not been a key consideration at the point of screening resulting in more referrals being processed. This issue has been addressed within MASH and changes have been implemented to address this ensuring that consent to referral is explicit, as well as clear management rationale to instances where it is deemed proportionate to override consent.
 - 2.9 Supervision quality is variable, ranging from good examples where reflection and purposeful discussion are evident to case where direction is set with little challenge or scrutiny. Supervision sets the tone for the intervention and pressures around management of numbers rather than management of situations can sometimes be challenging.
 - 2.10 In the midst of the sample seen, it is encouraging to note that there were some good pieces of work noted and that some repeat referrals are as a result of a different issue that could not have easily been predicted or prevented.

3 Key challenges and service response

- 3.1 The review findings have been shared with all team managers across the Children's Assessment and Intervention Service. All managers and social workers are aware of the expectations and minimum standards as defined within the practice standards.
- 3.2 There has been an increased drive towards quality of assessment and planning in the service in recent months in particular. The importance of ensuring children experience a timely and proportionate response where professional curiosity and challenge is clear is recognised. This has been modelled by heads of service to strengthen this approach through weekly case discussions for cases where they have been repeat referrals within the last 6 months, and also at the point of a case closure where there has been more than one referral within the same timeframe. This practice is well embedded and enables the service to identify key themes. Learning is shared with the manager and social worker directly and themes relating to screening, threshold or consent are shared with the Head of Service for MASH. Reflections, and challenge are duly recorded on the child's file to evidence oversight and where required, to set actions.
- 3.3 The step-down case transfer policy from Children Services into Early Help has been shared with all managers in the Assessment and Intervention Service and to ensure this process is following there are now monthly meetings between Heads of service from MASH, Assessment and Intervention, Early Help and Positive Steps to ensure that this process runs seamlessly.
- 3.4 The introduction and implementation of the relational model as championed by Professor David Thorpe has seen some changes initially in the number of contacts and referrals into Children's services, and this work continues. Challenges remain across the partnership in terms of a shared understanding of threshold and this has been a continual theme. Indeed there remains a high proportion of contacts (over 68.9% in Jan/Feb 24) that lead to information, advice, and guidance each month. Discussions continue to take place with key partner agency leads to ensure they are committed to providing children, young people, and families with the earliest possible early help, however depleted resources across the wider partnership have impacted on partners being able to deliver earliest possible intervention.
- 3.5 The recruitment and retention of suitably skilled and experienced social workers continues to be a significant challenge. We are working hard to strengthen our recruitment and retention offer to encourage experienced frontline workers to join Oldham on a permanent basis. The proposed national changes to agency work will likely support the drive towards a more permanent and skilled workforce. Indeed, the 'GM pledge' has seen an increase in staff wishing to seek permanent employment with the local authority, particularly in the senior social worker and Team Management layer. Stability in the workforce will enhance the opportunity to train and embed quality practice across Children's services.
- 3.6 Whilst demand remains high, the getting to good programme has observed a shift from improved compliance to that of improved quality. The Assessment and Intervention Service has consistently maintained high levels of completed assessments within timeframe. That said, we continue to recognise that poor quality assessment is a key factor in repeat referrals and drive towards improved assessments across the service. Work to address this has increased in the past 6 months. It is noteworthy that the repeat referral rate is cumulative and therefore is not demonstrative of improved step down plans for a period of around 6 months.

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- 3.7 Case loads have been stable for some time in the service over the past year ranging from 19-23 on average. The additional investment into the service has meant that the transition from a duty and assessment service to an assessment and intervention service has been successful, with the additional capacity being used to support longer term interventions with family through the Child in Need Process.

4 Links to corporate outcomes

- 4.1 Meeting our statutory duties as corporate parents of children looked after and care leavers and providing timely and appropriate access to services and support to meet the needs of children, young people and families in Oldham is central to the co-operative values of the Council:
- **Thriving Communities** where people have the power to be healthy and happy and can make positive choices about their lives.
 - **Co-operative Services** underpinned by collaboration, integration and innovation that improve outcomes for residents and create effective and seamless services.
 - **An Inclusive Economy** where everyone has a fair chance to improve their living standards, wages and skills.

5 Priorities

- 5.1 The service will continue to drive forward the overview and scrutiny of practice across the whole system to track key themes and trends affecting re- referrals. Key actions to continue are:
- Re- referral tracking meetings to continue to be chaired by Heads of Service, both at the point of the re-referral, and at the point of case closure to ensure all opportunities to support children and families has been explored.
 - Weekly Head of Service oversight of all contacts where there have been three contacts into the Duty and Advice Service.
 - Recruitment and retention strategy to continue to be our key focus in being able to create a stable and permanent workforce.
 - Weekly close the loop sessions with practitioners and managers to share key learning from practice case reviews and dip sampling of assessment and interventions.

6 Conclusion

- 6.1 Repeat referrals will continue to require ongoing scrutiny. We have seen a modest reduction on the overall all percentage of cases where multiple referrals are received. Continued modelling of practice, feedback from practice review activity and reflective learning sessions have been positive contributors to the progress made. It is

acknowledged that further work is required to ensure the conditions for success are met. Stability in staffing is a key factor to this and we are proud to have increased the proportion of permanent managers over the last year from 27% to 64% with the view that this increased permanence of staff will lead to better embedded quality practice in the longer term.