



Haringey Council

Report for:	Children's Safeguarding Policy and Practice Committee 2 July 2013	Item Number:	
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Title:	Performance Assessment – End of Year 2012/13
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Ward(s) affected: All	Report for Key/Non Key Decision: NA
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1. Introduction

This report sets out performance data and trends for an agreed set of measures relating to:

- Children and Families - Contacts, referrals and assessments and Child Protection

Appendix 1 provides further detail in the form of tables and graphs for each of the agreed measures, grouped by topic, showing monthly data, performance against target, long term trends and benchmarking where applicable. It also contains performance and service comments for each area to provide context.

2. Performance Highlights/ Key Messages

- There has been a 5.5% reduction in the number of **children in care** since the end of March 2012. 541 children were in care on the last day of March or 94 per 10,000 population, which remains higher than the level in similar boroughs although a significant reduction on this point last year (rate 100).
- There was a recent downward trend in number of **children subject to a child protection plan** which decreased by 44 between February and March 2013. At the end of March there were 275 children subject to a plan a rate of 47.8 per 10,000 population and although still higher than the England average brings the rate closer to Haringey's rate in 2011/12 (49) and that of our statistical neighbours (40).
- There were 6,637 **contacts** in 2012/13 a similar level to 2011/12 and 28% of these contacts proceeded to referral compared with 34.3% in 2011/12.
- There was an 18.5% reduction in **referrals** between 2012/13 and 2011/12.
- **Re-referrals within 12 months** of the previous referral at 15% is in line with our target (16%) and slightly below our statistical neighbours.
- Performance on **initial and core assessments** completed in timescale was below target, there was improvement on 2011/2012 levels for core assessments but proportions completed in 21 days+ for initials and 61 days+ for cores remain high and comparatively poor. Performance for both areas is still below levels achieved by our statistical neighbours and across England.
- 7% of **child protection plans last 2 years or more** higher than the England position of 5.6% but slightly lower than our statistical neighbours and London.
- 4.8% of children have become the **subject of a Child Protection Plan for a second or subsequent time** lower than the 12.7% reported by our statistical neighbours in 2011/12.
- 93.8% of **child protection visits** completed to timescale as at the end of March, a dip on higher performance levels achieved throughout the year partially due to calendar month recording where a large proportion of visits outstanding were completed within 2 or 3 days after the month end
- 85% of **children in need visits** were completed in time

2.1. *Contacts, Referrals and Assessments and Child Protection*

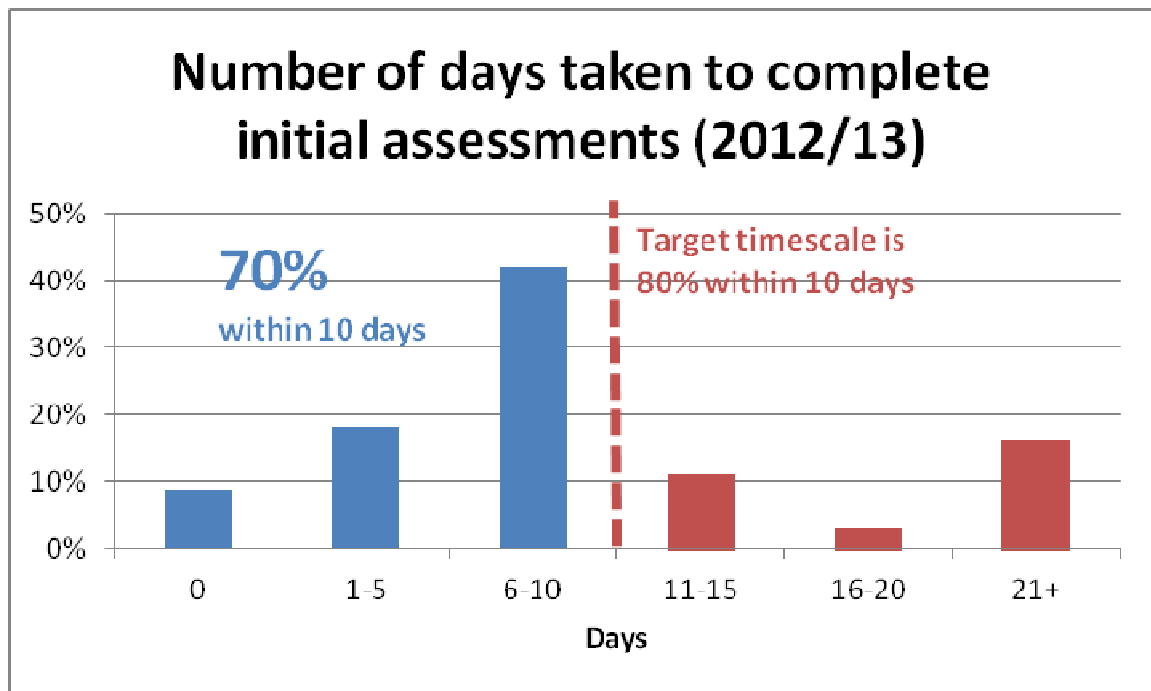
- 2.1.1. The **number of contacts** decreased slightly to 501 in March. The yearend figure is very close to last year's outturn, 6,637 contacts compared with 6,722 in 2011/12. 28% of contacts in 2012/13 proceeded to referral compared with 34.3% in 2011/12.
- 2.1.2. The Screening Team which incorporates the MASH has developed strong relationships with referrers in providing clear and robust advice around thresholds and information sharing. The team's stability has contributed to increasing trust when referrers discuss their concerns. Through the application of the LSCB Threshold, discussions occur as to alternative strategies of intervention through CAF and the voluntary sector. The screening team have held workshops with schools to continue to improve the communication and interface. These workshops will be rolled out to other partners such as midwifery Departments and health visitors.
- 2.1.3. **Referrals** have decreased steadily over recent years. In 2012/13 we received 2,045 referrals (rate 355 per 10,000 population); this is a 38%

reduction on 2009/10 levels and an 18.5% reduction from 2011/12. Haringey's rate (per 10,000 population) of referrals is historically below that of statistical neighbours. In 2012/13 Haringey's annual rate of referrals was 355 down from 436 per 10,000 population compared with a rate of 541 for our statistical neighbours (2011/12). In Haringey the MASH process determines the nature of the intervention. Contacts are only progressed to referral when the threshold criterion for statutory intervention has been met.

- 2.1.4. An **analysis of MASH data** for 2012/13 revealed that the main source of referral was the Police followed by schools/education. For those where a presenting need was selected, the count for domestic violence as the outcome was the highest with neglect and physical abuse the next highest presenting need. We are also monitoring the timeliness between contact/referral and proceeding to MASH. The data covering the period February to April 2013 suggests that the average working days for processing information gathering has reduced from 6.5 in February to 4.5 days in April since the judgement although it should be noted that there were fewer assessments in April.
- 2.1.5. There is a considerable amount of work around **early help** analysis underway which should enable us to evidence whether the reduction in contacts and referrals is as a result of us meeting need earlier either through **CAFs or provision of universal services**. The majority of CAFs are undertaken in school and early year's settings, with social workers completing the bulk of the remainder. There were 130 CAFs initiated by social care staff in 2012/13, 14% of the total and there appears to be an increasing trend in this area which we see as positive. There has been a decreasing trend in CAFs undertaken by health visitors particularly in the last quarter. The majority of CAFs completed by social care staff are for Family Support or CIN child care provision. 20% of services allocated in 2012/13 as a result of CAF were for family support. This might be indicative of an increase in the cases being effectively 'stepped down' as well as ensuring effective joint working for children subject to CP plans that will then facilitate 'step down' arrangements in the future.
- 2.1.6. Haringey's proportion of **referrals going on to initial assessment** dropped to be more in line with the London average. 87% of our referrals went onto initial assessment in 2012/13 compared to 99% in 2011/12. The London average 77% (2011/12) and the England average (2011/12). The quality of the information obtained at the screening stage allows for managers to be able to clearly establish whether a statutory assessment is required and what that assessment should be.
- 2.1.7. Haringey's rate of **re-referrals within 12 months** of the previous referral at 15% is in line with our target (16%) and our statistical neighbours. It is at a similar level to that reported in 2011/12 (16.6%). For 2012/13 this relates to 313 re-referrals out of 2,045 referrals. Re referrals are regularly analysed for trends and themes. The relatively low re referral rate over the last year would indicate that the work of the First Response Service is getting the

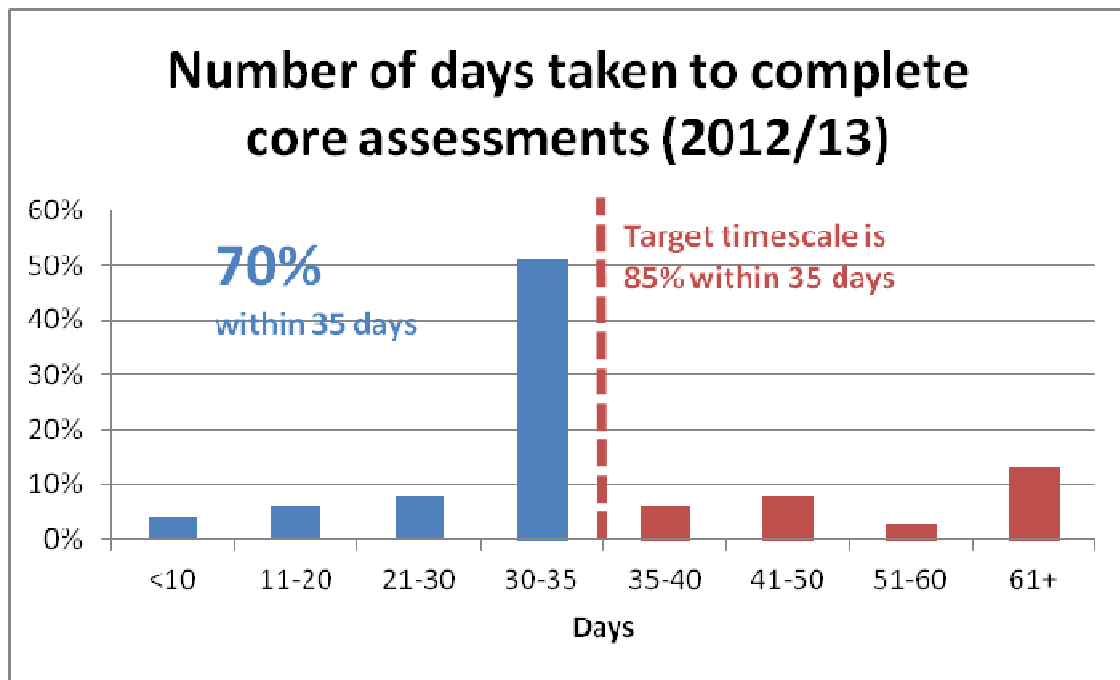
threshold right when exiting assessments and that appropriate support has been identified, avoiding referral back into the service.

- 2.1.8. Haringey is expecting to implement the Single Assessment model (this does not delineate between Initial and Core assessments) in July 2013. Much work has been done to ensure that the systems are in place to support both the recording and tracking of assessments. Reporting will include the percentage of children that were seen within 10 days as part of the assessment and the proportion of assessments completed within 45 days. We will continue to track the distribution of working days taken to complete an assessment as we do now for both initial and core assessments.
- 2.1.9. Performance on **initial assessments** carried out in 10 days reduced slightly in recent months. In 2012/13 70% were completed in 10 days short of the 80% target. Although performance in this area has improved overtime it remains below that of our statistical neighbours (81.7% in 10 days). The First Response Service continues to focus on improving the performance for completion within timescale. The introduction of the Single Assessment in 2013 will set a new target with the expectation that a child will be seen within ten days of the assessment being triggered. The Service will aim to ensure that a target of 95% will be met for 2013/14. This reflects its' priority to Safeguarding and ensuring appropriate support is in place for children.
- 2.1.10. The **distribution of working days taken to complete an initial assessment** for March shows that in addition to the 70% completed within 10 days, 11% were completed within 11-15 days. Analysis of CIN published data showed that Haringey had the 3rd highest percentage of initial assessments completed in 21 days plus, 18% compared with a statistical neighbour position of 9% and 10% in England. In 2012/13 16% of initial assessments were completed in 21 days plus. The graph below shows the distribution of days for completion of initial assessments in 2012/13:



2.1.11 There was an improvement in performance in March with 74% of **Core assessments** completed in timescale (35 working days), below the 85% target. Performance has also improved on 2011/12 levels. The improved performance in this area reflects the impact that the Performance meetings have had across the service over the last year. Managers have focused on ensuring quality assessments are completed and children have been seen in a timely manner.

2.1.12 The Single Assessment introduction will lead to a revised timescale of 45 days with no Initial assessment demarcation. Managers will therefore be expected to be even more focused on setting target completion dates and tracking that these are adhered to. Analysis of 2011/12 Children in Need published data found that Haringey had the 4th highest ranking in London for core assessments taking 61 days plus with 14% of cores taking more than 61 days to complete compared to a statistical neighbour average of 5% and 9% for England. In 2012/13 13% of cores completed took more than 61 days to complete. The graph below shows the distribution of days for completion of core assessments in 2012/13.



2.1.13 The rate of **children subject to a child protection plan** is the lowest it has been since April 2012, 48 per 10,000 population in March (275 children), a reduction of 44 children on a plan since last month. February and March would be the first months where recent practice developments could have impacted. It is understood that 2 main factors have contributed to the fall in numbers of children on a CP plan; an audit of CP cases held within Safeguarding and Support which identified issues of thresholds and effectiveness of CP plans and Practice development partners reviewed all cases with extended CP plans to consider progressing cases and learning re drift etc. Further reduction in numbers are forecast over the next twelve months and data as at the end of May 2013 suggests a continued reduction with 225 children subject to a CP Plan, a further 72 children who ceased to be subject to plan in April and May and a net decrease of 46 children.

2.1.14 In 2011/12 more **children ceased rather than became subject to a cp plan** and the same is true in 2012/13 although to a lesser extent, a net decrease of 9 children in the year. Although the last year has seen an increase of children moving into Haringey on a CP plan (25 in 2012/13), the last 4 months have bucked the trend with 17 children moving out of Haringey on a CP plan and overall a net decrease of 2. We are now more effective at transferring cases in a timely manner when a family have moved out of Haringey but this indicator is impacted on by housing availability and affordability. It is predicted that changes will be seen following the impact of benefit changes in April.

2.1.15 Other authorities are reporting decreasing trends in the number of children subject to plan but many are noticing correlating increases in the numbers subject to a plan for a second and subsequent time with some of the returning cases going back 3 or 4 years. Haringey has not observed an increase on this measure but will need to closely monitor the repeat numbers and the gap between plans in the coming year.

- 2.1.16 4.8% or 17 out of 353 children have become the **subject of a Child Protection Plan for a second or subsequent time** this year which is lower than the 12.7% reported by our statistical neighbours in 2011/12. This may relate to children being on plans rather longer than in other comparator boroughs and excludes children who were on a CP Plan in another authority.
- 2.1.17 7% of **child protection plans last 2 years or more** (25 out of 359 children) in the year to March slightly higher than London but lower than our statistical neighbours (9.1%). A system to routinely scrutinise cases which have gone over 18 months has been established and will start reporting in July 2013. It should be noted that in some cases the CP plan should be extended. There are a small number of cases – particularly with older children, where an extended period of CP planning does not indicate drift, but represents the best way of managing risk and focusing on improved outcomes.
- 2.1.18 95.1% of **child protection cases** were **reviewed within timescales** in the year (215 out of 266). The reviews out of timescale were all cases which had transferred in from other boroughs, after the initial conference the first review was scheduled as a subsequent review (6 month gap) and not at three months. When this was identified the case files were checked and it was established that each review was convened to a time scale which was appropriate to the circumstances of the case. There are on occasions sound practice based reasons for delay.
- 2.1.19 93.8% of **Child Protection visits** completed to timescale at the end of March, below the 95% target for the first time in several months partially due to calendar month recording where a large proportion of visits outstanding were completed within 2 or 3 days after the month end. Systems are now in place for managers in Safeguarding & Support teams to check occurrence of visits, the timely writing up of visits and the quality of both social work and recording.
- 2.1.20 **Children in Need visits** dipped slightly as at the end of March, 84.6%, which although below target is above levels achieved in 2011/12. The expectation is that all children considered in need and at a threshold requiring social work allocation should be visited at a minimum of once a month. Target for the service is to bring this visiting frequency in line with CP visits. A review of CIN cases is being undertaken to consider whether all open cases require social work allocation and indeed whether children's needs would be best met by case responsibility being held elsewhere. It is probable that a number of cases should be moved and held within family support teams.

3. Appendices

- **Appendix 1: Performance Analysis and Benchmarking** for:

- Contact, Referrals & Assessments and Child Protection