Solihull Local Safeguarding Children Board

Quality of Referrals into MASH:

Referral Audit Overview Report

2016-17

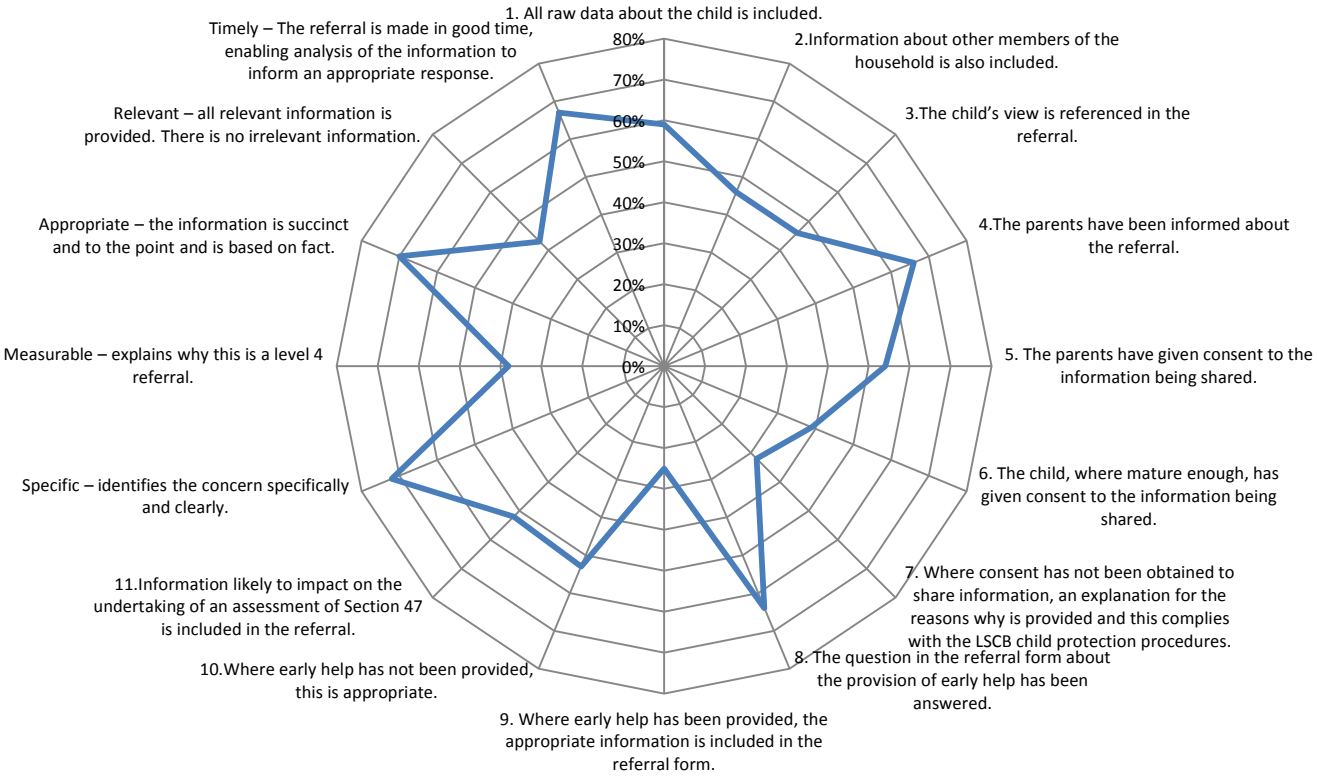
Executive Summary

This report provides an overview of findings from the 2016/17 audit of the quality of referrals into Solihull MASH. Referrals from a total of 12 agencies during the period 16th May – 25th June 2016 were audited using a tool developed by Solihull LSCB. The audit of the quality of referrals forms part of the MASH review, commissioned by the LSCB.

The audit has identified the following areas of improvement:

- Obtaining the child's view and ensuring that the child's needs are referenced in the referral.
- Understanding the requirement to obtain consent in line with child protection procedures.
- The understanding of the early help offer, the completion of early help assessments and the inclusion of this assessment in referrals, as well as any other plans in place for the child (i.e. Education, Health, and Care Plans).
- Referrals need to be more robust to include all relevant information. All raw data about the child and other members of the household - including related and unrelated persons -, an explanation of child's views and needs, as well as an assessment of risk, need to be included in referrals.

Figure 1 shows the percentage of referrals which met each standard.



Introduction

Under Section 14 of the Children Act 2004, LSCBs have the following statutory objectives:

(a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and
(b) To ensure the effectiveness of what is done by each such person or body for those purposes.

This report relates to (b) and provides an overview of the findings from the audit of the quality of referrals into Solihull MASH. This audit will enable Solihull LSCB to identify areas of good practice, areas for improvement, and recommendations in relation to the quality of referrals. This impacts on the effectiveness of decision making in MASH, as high quality information provided at the point of referral enhances effective and speedy decision making.

Governance

The LSCB has commissioned a review of MASH, led by the Local Authority in collaboration with the LSCB manager. This audit forms part of this review. A high re-referral rate into MASH prompts an examination of the quality of referrals to establish if this high rate is inflated by poor quality referrals.

Methodology

Referrals from a total of 12 agencies during the period 16th May – 25th June 2016 were audited. The agencies included:

- Solihull Clinical Commissioning Group (CCG)
- CAFCASS
- Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)
- Heart of England Foundation Trust (HEFT)
- Coventry and Warwickshire Partnership Trust (CWPT)
- Schools
- Solihull Community Housing (SCH)
- West Midlands Police (WMP)
- Local Authority (SMBC)
- Youth Offending Service (YOS)
- Probation
- The Voluntary Sector/Miscellaneous

In order to measure the quality of referrals into MASH, the Solihull LSCB developed an audit tool. The audit tool included a total of 11 standards and 5 SMART objectives which sought to address the following question:

- Do referrals explain clearly and succinctly what the referrer is concerned about and why, relating those concerns to the LSCB threshold document?

The audit tool enabled auditors to decide on whether standards were met or not met, and to provide comments or a rationale for their decision. A total of 5 auditors from the Solihull LSCB, MASH team, and Children's Social Work Services took part in the auditing process.

A copy of the audit tool is included as an Appendix (1) in this report. The standards which were developed to measure the quality of referrals are outlined below.

1. All raw data about the child is included.
2. Information about other members of the household is also included.
3. The child's view is referenced in the referral.
4. The parents have been informed about the referral.
5. The parents have given consent to the information being shared.
6. The child, where mature enough, has given consent to the information being shared.
7. Where consent has not been obtained to share information, an explanation for the reasons why is provided and this complies with the LSCB child protection procedures.
8. The question in the referral form about the provision of early help has been answered.
9. Where early help has been provided, the appropriate information is included in the referral form.
10. Where early help has not been provided, this is appropriate.
11. Information likely to impact on the undertaking of an assessment of Section 47 is included in the referral.

- **S**pecific – identifies the concern specifically and clearly.
- **M**easurable – explains why this is a level 4 referral.
- **A**ppropriate – the information is succinct and to the point and is based on fact.
- **R**elevant – all relevant information is provided. There is no irrelevant information.
- **T**imely – The referral is made in good time, enabling analysis of the information to inform an appropriate response.

After completion of the audits, compliance with standards was analysed based on the met/not met criteria. The findings of this report are broken down into the average percentage of standards met overall.

Limitations

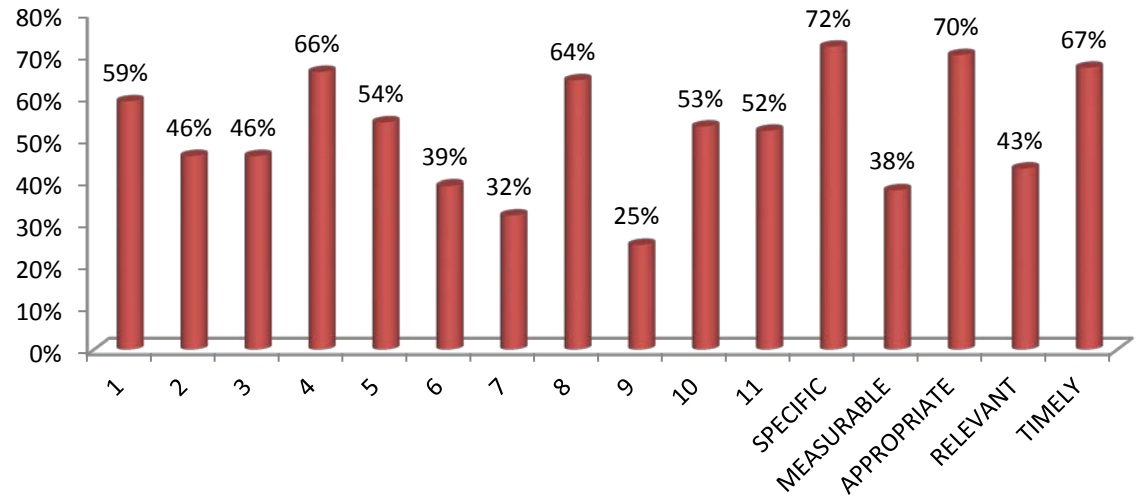
Some standards in the audit tool were 'not applicable' for all referrals. Where 'not applicable' or 'unknown' responses were received, this information was removed from the denominator so that percentages shown are the percentages of applicable responses.

The percentage of standards met or unmet by agency are not provided as there has been insufficient time to ensure each agency considers the audit materials before the completion of the MASH review. Future audits should be carried out using a similar framework but ensuring partners are engaged in standard setting and auditing.

Findings

Figure 2 shows the percentage of referrals which met each standard.

Figure 2.



Copy of standards 1-11

1. All raw data about the child is included.
2. Information about other members of the household is also included.
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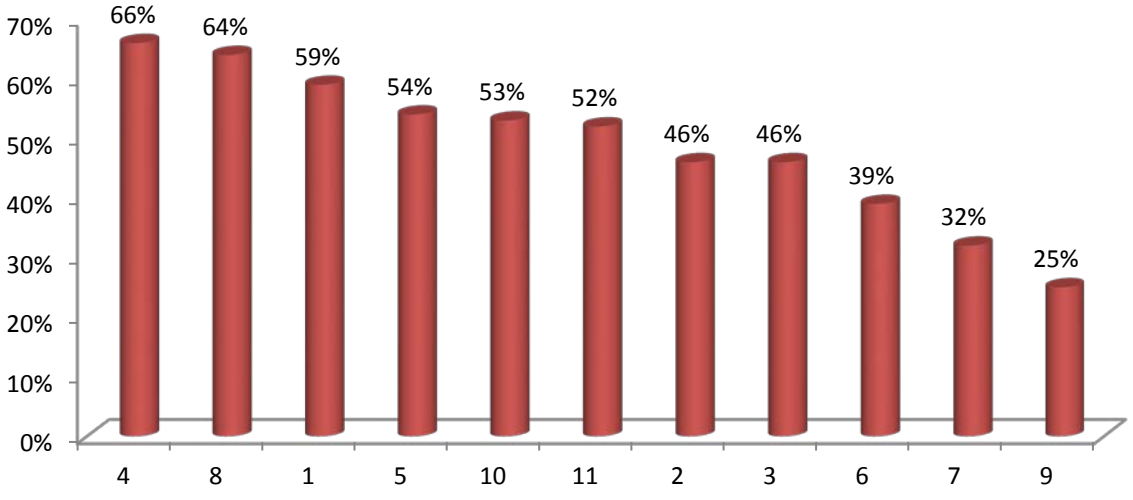
4. The parents have been informed about the referral.
5. The parents have given consent to the information being shared.
6. The child, where mature enough, has given consent to the information being shared.
7. Where consent has not been obtained to share information, an explanation for the reasons why is provided and this complies with the LSCB child protection procedures.
8. The question in the referral form about the provision of early help has been answered.
9. Where early help has been provided, the appropriate information is included in the referral form.
10. Where early help has not been provided, this is appropriate.
11. Information likely to impact on the undertaking of an assessment of Section 47 is included in the referral.

Figure 3 shows the percentage of referrals which met standards 1-11, starting with the standard met most frequently (high-low).

Figure 3.



Analysis by standard

Standard 1 – *"all raw data about the child is included"*

All raw data about the child was included in 60 out of 102 referrals. Auditors identified that the following data was not included;

- Ethnic origin in 20 referrals, religion in 9 referrals, school provision in 7 referrals, the child's date of birth in 3 referrals, and the child's address in 2 referrals.

Standard 2 – *"Information about other members of the household is also included"*

Information about other members of the household was included in 46 out of 100 referrals. Auditors identified that the following data was not included;

- The father's details in 15 referrals, the details of sibling in 10 referrals, and the step-fathers details in 3 referrals.
- In 5 referrals it was unclear to the auditor whether all members of the household had been included.
- In 3 referrals no contact details for the parent/carer was included.

Standard 3 – *"The child's view is referenced in the referral"*

The child's view was referenced in 39 out of 85 referrals. Auditors identified;

- In 5 referrals there was no evidence of the referrer speaking to the child.

Standard 4 – *"The parents have been informed about the referral"*

In 66 out of 100 referrals, the parents had been informed. Auditors identified;

- In 2 of these referrals, parents had been informed by an unidentified 3rd party, not the referrer.

Standard 5 – *"The parents have given consent to the information being shared"*

The parents gave consent to information being shared in 52 out of 96 referrals. It was not appropriate for consent to be gained in all referrals due to child protection concerns; these referrals were removed from the baseline. Auditors identified;

- In 4 referrals it was unclear whether the parents had given consent or had just been informed.

Standard 6 – "*The child, where mature enough, has given consent to the information being shared"*

Where mature enough, the child had given consent to information being shared in 24 out of 62 referrals. Where the child was not mature enough, these referrals were removed from the baseline. Auditors identified;

- In 3 referrals it was unclear whether the child had given consent or was just informed about the referral.

Standard 7 – *"Where consent has not been obtained to share information, an explanation for the reasons why is provided and this complies with the LSCB child protection procedures"*

Where consent to share information had not been obtained, and explanation for this was included in 17 out of 53 referrals. Where consent to share information had been obtained, these referrals were removed from the baseline.

Standard 8 – "*The question in the referral form about the provision of early help has been answered"*

The question about the provision of early help had been answered in 53 out of 83 referrals.

Standard 9 – *"Where early help has been provided, the appropriate information is included in the referral form"*

Where early help had been provided, the appropriate information was included in only 11 out of 44 referrals. Auditors identified;

- In 3 referrals, an early help assessment was mentioned but a copy of this was not included.
- In 2 referrals an Education, Health and Care Plan was mentioned but not included and in 1 referral a SEMH (Social, Emotional and Mental Health) plan was mentioned but not included.
- In 2 step-down cases the relevant information regarding the previous assessment/plan was not included.

Standard 10 – *"Where early help has not been provided, this is appropriate"*

Where early help had not been provided, this was appropriate in 40 out of 76 referrals. Auditors identified;

- In 12 referrals, early help would have been appropriate as the child's case did not meet the level 4 threshold. In 1 referral, the referrer commented that they were unaware of early help.

Standard 11 – *"Information likely to impact on the undertaking of an assessment of Section 47 is included in the referral"*

Information likely to impact on the undertaking of a section 47 was included in 41 out of 79 referrals. Auditors identified;

- In 4 referrals, there was no explanation of the child's needs.
- In 2 referrals relating to adults posing a risk to children, the details of the adult suspected perpetrators were not included.
- In 3 referrals, there was no reference to risk.

Conclusion

The quality of referrals requires improvement. Out of the 11 standards used to measure the quality of referrals, 5 standards were met in less than 50% of referrals and no standard was met in more than 66% of referrals.

Table 1 provides a breakdown of standards, starting with the standards met most frequently in referrals.

Table 1.		
Standard		**Percentage Met (High to low)**
4	*"The parents have been informed about the referral"*	66% (66/100 referrals)
8	*"The question in the referral form about the provision of early help has been answered"*	64% (53/83 referrals)
1	*"All raw data about the child is included"*	59% (60/102 referrals)
5	*"The parents have given consent to the information being shared"*	54% (52/96 referrals)
10	*"Where early help has not been provided, this is appropriate."*	53% (40/76 referrals)
11	*"Information likely to impact on the undertaking of an assessment of Section 47 is included in the referral."*	53% (41/79 referrals)
2	*"Information about other members of the household is also included."*	46% (46/100 referrals)
3	*"The child's view is referenced in the referral."*	46% (39/85 referrals)
6	*"The child, where mature enough, has given consent to the information being shared."*	39% (24/62 referrals)
7	*"Where consent has not been obtained to share information, an explanation for the reasons why is provided and this complies with the LSCB child protection procedures."*	32% (17/53 referrals)
9	*"Where early help has been provided, the appropriate information is included in the referral form."*	25% (11/44 referrals)

The SMART standards show the judgement of the auditors in relation to the presentation of the information in terms of its effectiveness in informing decisions to be made in MASH. Referrals into MASH are Specific, Appropriate and Timely. However, the audit highlighted that there were issues around the Measurability and Relevance of referrals. Table 2 provides a breakdown of SMART standards, starting with the standards met most frequently in referrals.

Table 2.	
Standard	**Percentage (High to Low)**
Specific – "identifies the concern specifically and clearly"	72% (74/103 referrals)
Appropriate – "the information is succinct and to the point and is based on fact"	70% (71/102 referrals)
Timely - "The referral is made in good time, enabling analysis of the information to inform an appropriate response"	67% (59/88 referrals)
Relevant – "all relevant information is provided. There is no irrelevant information"	43% (44/102 referrals)
Measurable – "explains why this is a level 4 referral"	38% (38/100 referrals)

The audit was effective in highlighting areas which need further attention, including:

- Obtaining the child's view and ensuring that the child's needs are referenced in the referral.
- Understanding the requirement to obtain consent in line with child protection procedures.
- The understanding of the early help offer, the completion of early help assessments and the inclusion of this assessment in referrals, as well as any other plans in place for the child (i.e. Education, Health, and Care Plans).
- Referrals need to be more robust to include all relevant information; all raw data about the child and other members of the household, including related and unrelated persons, an explanation of child's views and needs, as well as an assessment of risk need to be included in referrals.

Recommendations

After the auditing process a meeting was held with the auditors to analyse findings. In this meeting recommendations were discussed. The following recommendations were suggested:

- There needs to be a continual emphasis on the quality of referrals in training and the need for referrals to be child focussed. Agencies making referrals need to attend the relevant training provided by the LSCB.

- Practitioners need to be formally told what the standards are for a good quality referral; supervision should cover the elements of a good quality referral.
- Practitioners and referrers need to be encouraged to use precise language as there are too many broad terms and general statements being used; a common and specific language is needed.
- Practitioners need to be clear on the level of detail and evidence which should be included in referrals, as well as the need to explain why cases meet the level 4 threshold.
- Each agency needs to review their internal referral procedures to make sure they are in line with the LSCB threshold document.
- Practitioners should be encouraged to use their professional judgement to produce referrals focussed on the child's needs; the LSCB threshold document should be used to support this.
- Practitioners appear to struggle with how and when to engage parents in terms of seeking consent and explaining the role of social care. This audit did not examine whether practitioners were giving parents the MASH leaflet but practitioners should be reminded to do this.
- Currently there is an emphasis on the online referral form as the key method of referral. The form itself should be revised to consider ways to encourage practitioners to prepare well and articulate their concerns. A blank word version of the form should be available so practitioners can rehearse the completion of the form in advance of using the on line facility. They should be able to choose to complete a form and e-mail it to MASH if they want to.
- Practitioners should be encouraged to have an open dialogue with MASH colleagues to consider their concerns and how best to communicate them.
- The early Help offer from all partner agencies needs to be clarified and promoted.
- The quality of referrals could be incorporated as a KLOE in the LSCB's Multi-Agency Case Audit for 2017/18.

Action already taken

The new LSCB threshold document includes criteria for a good referral. LSCB Briefing Seminars are taking place which detail the recent changes to policies and procedures along with the importance of making good quality referrals. Completing high quality referrals is already a component of the LSCB Module 2 training.

Appendix 1 – Copy of Audit Tool

Do referrals explain clearly and succinctly what the referrer is concerned about and why, relating those concerns to the LSCB threshold document?				
Standard	**Organisation**	**Standard met**	**Standard not met**	**Comments**
All raw data about the child is included.	Education			
Information about other members of the household is also included.				
The child's view is referenced in the referral.				
The parents have been informed about the referral.				
The parents have given consent to the information being shared.				
The child, where mature enough, has given consent to the information being shared.				
Where consent has not been obtained to share information, an explanation for the reasons why is provided and this complies with the LSCB child protection procedures.				
The question in the referral form about the provision of early help has been				

answered.				
Where early help has been provided, the appropriate information is included in the referral form.				
Where early help has not been provided, this is appropriate.				
Information likely to impact on the undertaking of an assessment of Section 47 is included in the referral.				
Overall the referral is **S.M.A.R.T**:				
Specific – identifies the concern specifically and clearly.				
Measurable – explains why this is a level 4 referral.				
Appropriate – the information is succinct and to the point and is based on fact.				
Relevant – all relevant information is provided. There is no irrelevant information.				
Timely – The referral is made in good time, enabling analysis of the information to inform an appropriate response.				