QUALITY ASSURANCE AND AUDIT FRAMEWORK – CHILDREN'S SERVICES

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REASON FOR REPORT

This paper presents to the Policy Overview Committee for review and discussion audit findings using the Quality Audit framework for children's services.

OPTIONS OPEN TO THE COMMITTEE

1. To note and comment on the audit findings
2. To note and comment on the quality audit framework
3. To use the report to support Members in their scrutiny role.

INFORMATION

1. Across Social Care, Health and Housing (SCH&H), a quality assurance framework is being developed to co-ordinate and target activities to ensure robust scrutiny and underpin the delivery of quality services which improve outcomes for our residents who receive social care. The quality audit framework has been approved by the respective senior management teams in both children and adults social care, with the expectation that it will be evolved further through using it to provide reassurance about standards of practice; especially in the area of safeguarding adults and protection of children . The quality audit framework is included in this report as an appendix (Appendix 1).

2. The framework for SCH&H aims to:

    - Ensure that all service areas are able to demonstrate they are delivering quality services based on positive outcomes for customers.
    - Help develop high quality services which are responsive to the needs of local people.
    - Provide managers with a framework to assess performance and sustain service improvement using a wide range of audit information
    - Enable robust evidence of scrutiny and challenge against measurable standards and criteria.
    - Take account in children's service of the Munro review, which equates quality with improved outcomes, and a focus on the family's experience, and the child's journey through the system.

3. The framework has been developed to bring together different strands of challenge which help to drive improvement:

    - **Independent Challenge**
      Inspections and audits by regulatory bodies or external and partner agencies and national performance monitoring data.

- **Citizen Challenge**
  User and carer research and engagement through surveys, forums and complaints data.

- **Professional Challenge**
  Internal scrutiny including audits and reviews, staff supervision and appraisals.

SUGGESTED SCRUTINY ACTIVITY

1. Members question officers on the scope of the audits and how the results will be used to drive performance and quality in children's services.

Scope of Report

This is the quarterly report on case file auditing of children's social care records in both the family support service and children in care using the quality audit framework.

The audit tool, linked to the quality audit framework (Appendix 1B) was rolled out across child protection and family support services, and children-in-care in September 2011, but was tested by the safeguarding children and quality assurance team in July 2011 and August 2011. The audit tool was also used to audit a sample of cases in the Social Work Practice [SWP] pilot.

As a result of the test run, the management team in children and families took a decision to apply the principle that, if it isn't recorded, or otherwise evidenced on the Protocol, electronic case recording system then the event or practice would be deemed NOT to have happened. This decision was intentional to help build greater compliance with recording Integrated Children's System [ICS], and the integration of electronic social care records. The audit approach is robust to drive up and maintain high standards to safeguard children and young people.

In line with the quality audit framework, the service manager for family support, Parmjit Chahal, also conducted a themed audit on re-referrals from April 2011-October 2011, with support from an Independent Reviewing Officer [IRO].

Background

Performance Information

In September 2011, the results of the children in need [CIN] census for Hillingdon were published for the previous year April 2010-March 2011. This information showed that:

a. The number of referrals to Children's social care had risen for the fourth year in a row to 2814 [This was an increase of 500 on the previous year 2009-2010].

b. The number of children subject to child protection (CP) plans had remained the same as the previous year [2009-2010] at 232; but this is significantly higher than previous years 175 [2008-2009] 132 [2007-2008].
c. The activity around child protection work has increased with 213 children coming off a CP plan & during the year, and 217 children being made subject to a CP plan.
d. 350 More initial assessments were carried out during the year [total 2498] and 220 more core assessments were undertaken [871] during 2010-2011 than in previous years.
e. The number of children coming into care has declined [384] from the previous year partly due to the reduction in the numbers of asylum seeking young people arriving through the airport terminals.

The increased demand in child protection work, reflected in the children in need census for 2010-2011 has not diminished in recent months, and has continued at the same rate during the first half of the year [April-September 2011]. In addition, 30 new cases with one child or more have been escalated into the court process, since April 2011.

The impact of this demand has placed challenges on the current management team to ensure standards are maintained and raised where needed.

The audit period [July – October 2011] has seen improved stability in the ratio of permanent staff compared to agency staff. For example, the children in need team recently appointed a permanent team manager, after a prolonged period of time [almost 9 month without a manager being in that post].The new team manager is due to take up her position in the Child in Need (CIN) team by the end of November 2011. Also we have successfully recruited to the Emergency Duty Team manager post. [The successful applicant will need to give notice to the previous employer and will start in the New Year 2012.]

Despite these successes, one of the deputy managers in the children-in-care teams is still a locum member of staff, and one of the deputy team managers in the referral and assessment teams is a locum member of staff. In addition, one of the deputy team managers in the CIN team is on long term sick leave. These are all key posts which affect the quality of supervision and oversight of complex cases for social workers.

Referral and Assessment /Children-in-Need

In this period [July-October 2011], the service manager for referral and assessment and children-in-need conducted 60 audits of case files within this service, focussing largely on children subject to child protection plans. The service manager and the deputy director, observed child protection case conferences and met families on several of these cases to try and capture the experience of the families in their interface with the child protection system.

It was apparent from the audit work undertaken that the transfer of cases within services was not as clear and transparent as it might be, and therefore work has been commissioned on refreshing the transfer protocols. These are potential areas of delay in which families and other professionals can be unclear about how the service will be provided to them. Also the referral and assessment (RAT) managers have been asked to introduce more stringent audits of cases that are moving to other teams to ensure that the key documents are there; especially case conference reports, chronologies and where appropriate child-protection plans.

Standard 1	Is there an up too date chronology on file?	Of the cases being transferred out of RAT, 85% of the cases had a chronology, but not always up-to-date. Most of the chronologies did not include all the re-referral information. Standard was partially-met
Standard 2	Where child is deemed a child in need but not on CP plan or looked after or care leaver, is there a child in need plan in place which is up to date and kept under review?	Child protection plans were on file in 100% of cases but sometimes incomplete, to be firmed up by the core group. More detail is needed in most of the plan, but the overall decision-making has been evidenced in the majority of cases Standard was partially-met
Standard 3	Are statutory requirements being met? If not are reasons identified? *If statutory requirements are persistently unmet case should be rated as inadequate*	The initial child protection conferences (ICPC) were being held in a timely way in 98% of cases, where applicable. Recommendations are evidence based to a limited extent. More detail is needed in the case conference reports, and more family based assessments needed. Standard met.
Standard 4	Have Court/Panel filing dates been met? If not are reasons identified.	Several cases in children-in-need team show legal proceedings being considered, and or started but with some minor delays. An area for

		development is around the communication with families about the proposed action. Standard met.
Standard 5	Is the plan up to date and clearly focused on the child's needs and any risk of harm? Is there a clear picture of the child's needs, any risks and the actions being taken to meet needs and reduce risks? Is there a proper focus on health and education?	Core assessments, and CP plans were in place in the majority of cases. In most cases the analysis needed to be strengthened and aligned with the risks. Standard partially-met
Standard 6	If child is looked after is there: 1. an up to date Personal Education Plan [PEP] 2. a current health assessment [HAP]? 3. a current Strengths & Difficulties Questionnaire?	In most cases the children were not looked after, but in those cases which were being put through PLO or Court etc, education and health issues were being actively considered. Standard met.
Standard 7	Are ethnicity, religion and culture taken into account in assessment and work with the child and family?	The assessments on file could have benefited from exploring this area more fully, and were not sufficiently inclusive. However, there were some good examples of these factors being included in the social work practice in the case notes. Standard partially met.
Standard 8	Is the work with the parents/carers focused on the child's needs and their improving their capacity to meet those needs? Are the day to day and longer term risks being adequately addressed? If child on CP plan comment on the quality of the core groups.	Core group minutes were present on most cases The quality of the Core Group minutes were not detailed enough and in some cases not reflective of the plan in place. The involvement of parents and young people is evident on most cases but not consistently recorded. Standard partially met.
Standard 9	Where the main risk to a child is outside the home or extra familial – e.g. involvement in gangs, sexual exploitation or a	Issues of children being reported missing, as a risk factor is now being included more consistently

	trafficked child, is the plan likely to reduce the risk of harm?	on case files. Standard met.
Standard 10	If the child is looked after, is there a focus on working with and supporting the carers to meet the child's needs and improve outcomes? If the child is at risk – e.g. running away, involved in risky behaviours, is this being addressed proactively?	N/A
Standard 11	Are the reasons for any changes to the care plan clearly identified? Are changes soundly based on a thorough assessment of the child's needs and the best ways of meeting them?	N/A
Standard 12	Comment on the frequency and quality of supervision.	There is evidence of the manager having read the initial assessments and the endorsement of the recommendations made at case conferences, in almost all the cases. Supervision is clearly taking place in most cases on a regular basis, but the evidencing of this on Protocol ICS is not consistent. There are several examples of paper records being kept independently of ICS, and references to supervision being made in Protocol.
Standard 13	Changes of social worker.	In 20% of cases there has been some delay in cases being transferred from RAT to CIN due to capacity issues in CIN, Information provided to families and other professionals is not consistent. In most cases, changes of social worker had occurred only due to the case transfer.

Standard 14	Summary Areas of strengths / Areas for development	Strengths In most cases there was evidence of purposeful activity in relation to child protection reports, case conferences and CP plans, with some sound assessment being overseen by managers. Areas for development include better evidencing of decision –making, more transparency about case transfers, more detail in the assessments and case conference reports, and better recording of supervision.

Children-in-Care team audits

The following table is a summary of the findings from audits across the children-in-care casework records from July-.October 2011. During this period 100 case files were audited including the sixteen plus team; and 6 cases were audited within the children with disabilities team.

Standard 1	Is there an up too date chronology on file?	Many of the cases (55%) had chronologies but not all were on the ICS system. The majority were Court chronologies. The quality was satisfactory but some needed updating. Standard partially met.
Standard 2	Where child is deemed a child in need but not on CP plan or looked after or care leaver, is there a child in need plan in place which is up to date and kept under review?	This was applicable in 8 cases [including sixteen plus] and there was evidence that the CIN plans were time limited and up-to date but not being consistently reviewed for the effectiveness of the plan. [A bigger sample is

		needed before drawing any significant conclusions]. Standard partially met.
Standard 3	Are statutory requirements being met? If not are reasons identified? *If statutory requirements are persistently unmet case should be rated as inadequate*	In most cases the statutory requirements were met, or partially-met. However in 20 cases (20%) there was evidence of statutory visits taking place, but either not yet recorded or there was not enough detail recorded, or not recorded in the correct place on the system.
Standard 4	Have Court/Panel filing dates been met? If not are reasons identified.	In 57% of the cases this was not applicable as there were no care proceedings. In the remaining 43% of cases the court and panel filing dates had been met or partially-met. There was drift in one case which was due to the extended family's late application to court. Standard partially met.
Standard 5	Is the plan up to date and clearly focused on the child's needs and any risk of harm? Is there a clear picture of the child's needs, any risks and the actions being taken to meet needs and reduce risks? Is there a proper focus on health and education?	All had a care plan or a pathway plan but 50% of them were not fully updated, or did not contain enough detail or analysis. Standard partially met.
Standard 6	If child is looked after is there: 1. an up to date Personal Education Plan PEP 2. a current health assessment [ap]? 3. a current Strengths & Difficulties Questionnaire [sdq]. *Yes or no to each question will suffice but please comment on quality if it is either poor or good.*	In the cases where applicable (81) there was 71% with up to date PEPs etc. 55 cases needed Health Assessments to be updated and 60% needed SDQs to be updated. There was evidence from the case notes

		that there had been activity by social worker in relation to these issues, but this had not resulted in the plans being formally updated on the system. Standard partially met.
Standard 7	Are ethnicity, religion and culture taken into account in assessment and work with the child and family? *Some supporting evidence should be provided to back up your judgement*	In all cases there was satisfactory evidence of the ethnic, religious and cultural needs of the child being taken into account and addressed in care plans and pathway plans. But in most cases the evidence for this could have been more detailed. Standard partially met.
Standard 8	Is the work with the parents/carers focused on the child's needs and their improving their capacity to meet those needs? Are the day to day and longer term risks being adequately addressed? If child on CP plan comment on the quality of the core groups.	There is evidence on all files that the work with parents is focussed on the child's needs and the longer term plans re reducing risks. Standard met.
Standard 9	Where the main risk to a child is outside the home or extra familial – e.g. Involvement in gangs, sexual exploitation or a trafficked child, is the plan likely to reduce the risk of harm?	This applied in 50% of the cases and there was some evidence in the care and pathway plans that strategies were in place or discussed to attempt to reduce the harm. In most cases the quality of the evidence needed some improvement. Standard partially met.
Standard 10	If the child is looked after, is there a focus on working with and supporting the carers to meet the child's needs and improve outcomes? If the child is at risk – e.g. running away, involved in risky behaviours, is this being addressed proactively?	There was evidence of support for the carers in all cases were applicable. Some young people were in semi/independent living and the support was being provided by the social workers. The quality of the risk

		assessments for children who go missing needed improvement in most cases, and needed to be more readily referenced on the files. Standard partially met.
Standard 11	Are the reasons for any changes to the care plan clearly identified? Are changes soundly based on a thorough assessment of the child's needs and the best ways of meeting them?	In all cases, where applicable, the reasons for changes were evidenced in the case recordings, but were not recorded consistently in the documentation used for statutory reviews. There were often delays in updating the care plans; often just before a review instead of after a review. Standard met.
Standard 12	Comment on the frequency and quality of supervision. *It is especially important here to ensure supervision is addressing the plan for the child and focussing on reducing harm and improving positive outcomes*	There was evidence that in all cases that supervision discussions had taken place regularly [reflected in case notes, and 1-1 PADA recordings] but in 39% of the files the supervision was not recorded on ICS. Standard partially met.
Standard 13	Changes of social worker. *There is a correlation with 'drift' and looked after children particularly are adversely affected by social worker turnover and changes.*	There was no direct correlation between the number of workers and drift in care planning apart from one case where the young person had 3 workers in the space of a year. This was partly due to the transfer between teams. Some young people have had the same worker consistently for over 2 yrs.

		Standard partially met.
Rating Summary	Can you give an overall rating (met, partially-met or not-met)	In 15% of cases the standards were fully met. In 70% of cases, the standards were partially-met. In 15% of cases the standards were not met, and needed remedial action. These areas for improvement have been identified in the summary below.

Safeguarding Children & Quality Assurance Service Audits

Since 4th July 2011, 96 cases have been audited by the Safeguarding Children & Quality Assurance Service (SC&QA). The audits were carried out by the Independent Reviewing Officers [IROs] using the new quality audit framework. Of these cases 32 were done as a trial run of the audit tool in July 2011, and 80% of the cases audited were children in care. The aim is for the safeguarding and quality assurance service to provide an added layer of scrutiny and independence to the audits being undertaken routinely by operational managers within their respective services.

The quality practice audit tool (Appendix 1B) sets out the quality standards against which cases are monitored. Below is a summary of the findings of IRO audits against each standard.

Standard 1	Is there an up to date chronology on file?	Chronologies were found on 80% of the cases, but 1/3 of these were not fully up-to-date and of these most were deemed to have entries that were of variable quality. Standard partially met.
Standard 2	Where child is deemed a child in need but not on CP plan or looked after or care leaver, is there a child in need plan in place which is up to date and kept under review?	There were no cases that fall into this category audited. Cases which come to the attention of IROs are either children in care or subject to CP plans or both.
Standard 3	Are statutory requirements being met? If not are reasons identified? *If statutory requirements are persistently unmet case should be rated as inadequate*	In 50 % of cases statutory requirements were being met. There were 22 cases where statutory visiting requirements had been partially-met, or poorly recorded. 26 cases

		had assessments or reviews held outside of timescales, children being moved without reviews being held and care plans/pathway plans not being drawn up in a timely way. Standard partially met.
Standard 4	Have Court/Panel filing dates been met? If not are reasons identified.	There were no cases identified where court/panel filing dates had not been met but 2 cases were identified as being at risk of drifting. Standard met.
Standard 5	Is the plan up to date and clearly focused on the child's needs and any risk of harm? Is there a clear picture of the child's needs, any risks and the actions being taken to meet needs and reduce risks? Is there a proper focus on health and education?	There were 11 cases where care plans and/or pathway plans were either not submitted, non existent or out of date. All CP plans were assessed as satisfactory or better. Standard partially met.
Standard 6	If child is looked after is there: 1. an up to date Personal Education Plan [pep] 2. a current health assessment [hap]? 3. a current Strengths Difficulties Questionnaire [sdq]	Up to date PEPs were missing in 8 cases Up to date HAP were missing in 12 cases SDQ were missing in 13 cases. Standard partially met.
Standard 7	Are ethnicity, religion and culture taken into account in assessment and work with the child and family?	There were 7 cases where there was no evidence identified to suggest that these issues had been taken fully into consideration? Standard partially met.
Standard 8	Is the work with the parents/carers focused on the child's needs and their improving their capacity to meet those needs? Are the day	In most cases the standard was met or partially-met. Of those looked after there were 3 cases identified

	to day and longer term risks being adequately addressed? If child on CP plan comment on the quality of the core groups.	where little or no work was being undertaken with parents/carers. [The standard was not met]. Of those on CP plans core groups had not met with full attendance in 2 cases.
Standard 9	Where the main risk to a child is outside the home or extra familial – e.g. Involvement in gangs, sexual exploitation or a trafficked child, is the plan likely to reduce the risk of harm?	In 4 cases concerns were raised about continued risk to children who were looked after. These risks include absconding, substance misuse, sexual exploitation and gang related issues. In 1 case a SW was commended for facilitating effective therapeutic services (CBT) to address risk (fire setting). Standard partially met.
Standard 10	If the child is looked after, is there a focus on working with and supporting the carers to meet the child's needs and improve outcomes? If the child is at risk – e.g. running away, involved in risky behaviours, is this being addressed proactively?	In most cases the standard was met or partially-met. In 1 case there was no evidence of work to support carers. In 2 cases comments were made about high quality of carer but minimal input coming from SW In 1 case it was identified that the carer could not meet the YPs needs. In 2 cases praise was given for high quality of foster carer In 1 case recognition given to good care in residential setting.
Standard 11	Are the reasons for any changes to the care plan clearly identified? Are changes soundly based on a thorough assessment of the child's	In most cases the standard was met or partially-met. In 5 cases concerns were raised that

	needs and the best ways of meeting them?	decisions made were not as a result of a detailed assessment. In 5 cases changes to care plan had not been recorded after the review.
Standard 12	Comment on the frequency and quality of supervision.	In 21 cases supervision was assessed as either too infrequent or not evidenced as robust enough. In 12 of these cases there had been either no supervision recorded at all on protocol, or less than 3 sessions in the past 12 months. Standard partially met.
Standard 13	Changes of social worker.	In 8 cases there had been no changes of social worker. The most frequent recorded was 3 in 3 months. The most ever was 5 social workers. There is one case currently allocated to a manager due to frequent changes in SW in the recent past. Standard partially met.
Rating	Can you give an overall rating (met, partially-met, not-met)	64 cases were deemed to have met the standards. 20 were rated as partially-met 12 were rated as standards not-met

Social Work Practice [SWP]

The social work practice [SWP] has case responsibility for a cohort of 77 children-in-care in which London Borough of Hillingdon has corporate parenting responsibility.

Of this cohort, 11 cases were independently audited by an Independent Reviewing Officer [IRO] from the safeguarding children and quality assurance service, using the new auditing format. The cases were randomly selected from cases that were due to have a statutory review within the following 2 weeks. The file was audited for the last year i.e., a few months after allocation to SWP.

As there were relatively few audits done the findings will be summarised without using the table.

- Care plans: 4 out of 11 cases had satisfactory care plans because they reflected an assessment of the child's needs and indicated a plan for a way forward. Those that were deemed unsatisfactory generally did not provide a good enough account of the child's needs did not identify actions required, timescales and who is responsible. The majority of the care plans had not been updated, nor contained inaccurate information, or reflected a 'copy and paste' from older care plans (this in itself is not a problem- it is the updating and making the care plan current that was lacking).

- Statutory visits: there were 2 cases where there was clear evidence of regular visits to the child (minimum standard 6 weekly visiting). There were some write ups of visits that did not read like a visit to a child but were counted as a statutory visit at a minimal level for purposes of this audit. There was at least 1 case with a write-up of a statutory visit that seemed to be "a copy and paste" of the minutes of a child-in-care statutory review; and another where there was apparently no visit but a statutory visit is recorded on the case file. Based on the evidence of the ICS electronic case files, it appears that most of the children and young people had not been visited at a satisfactory frequency i.e. within the statutory minimum timescales of six weekly.

- Chronologies: there were no up-to-date chronologies in this cohort of cases. Where chronologies did exist, they were mostly out of date by several years. Some chronologies were an aggregate of data merged from different sources and therefore unsatisfactory as a chronology in that they contained indeterminate information. When it became known that the SWP were keeping a separate folder for their client files, under staff names, these were also perused in subsequent audits, but did not reveal case chronologies at all that were fit for purpose.

- Child-in-care health assessments: 8 children from this cohort had up to date health assessments. This reflects a concerted effort by the SWP to meet this aspect of the care planning, although not reaching a 100% target.

- Personal Education Plans [PEP]: 8 children from this cohort had a current PEP. Again, although not reaching a 100% target, this appears to reflect a concerted effort by the SWP to raise standards.

- Ethnicity, religion and culture: 3 of the 11 cases reflected more than just a scant, superficial consideration of this aspect of the child's life. The other 8 cases contained some information but it wasn't integrated into the care plan.

- Change of Social Workers: 8 cases out of the 11 have remained allocated to the same social worker since case responsibility was handed over to SWP. This does not take into account two Social Workers who went on long term absences from the job. The case records show that in the period of these absences there was no active social work involvement with these children.

- Analysis: 2 cases were deemed satisfactory in that they met the basic core requirements for a child in care. The remaining cases from this cohort did not meet the standards. The minimum standard looked for within the audits were for 'good enough' practice rather than the excellent practice that it was envisaged SWPs would aspire to, as part of the pilot.

Themed audit on re-referrals

One of the key elements of the quality audit framework is to undertake a program of themed audits to help improve the quality of practice. In this audit period (July-October 2011), a themed audit focussing on re-referrals has been undertaken jointly by the service manager for family support and referral and assessment, alongside an IRO from the safeguarding children and quality assurance service. This theme was chosen in conjunction with the Local Safeguarding Children Board, because partner agencies expressed concern about it, as being a possible issue for children repeatedly being referred for a statutory service.

There were a total of 276 re-referrals in the Referral and Assessment team in the period April-October 2011. A random sample of 125 re-referrals was examined in greater depth.

The audits focussed mainly on qualitative analysis to generate themes for improving practice, but also attempted to identify the concerns/issues first leading to a referral being made, the decision to close the referral and the reasons for re-referral. The safeguarding children and quality assurance service undertook a large percentage of these audits to enable greater objectivity [75 out of the 125 audits].

Analysis & themes from audit of re-referrals

General

- Seventy six cases of re-referrals of children had more than 4 referrals on the system. However, 30% of these had referrals cutover from the old Carefirst system, and would have been designated as "contacts" on Protocol.
- In the judgement of the auditors it appears that approximately 60% of cases were dealt with appropriately. In some cases the referral was diverted to other services. In some cases an initial assessment [IA] was completed and case closed after relevant discussions with the family and in a small number of cases, a core assessment had been completed and the case had been closed after a time limited piece of work.

Domestic Violence & Chronic Neglect

- Forty percent of these audited cases, were chronic neglect and /or domestic violence cases, which had repeat referrals, most of which were dealt with through an initial assessment. In some of these cases the auditors felt that the repeat nature of chronic neglect or domestic violence should have triggered a child protection enquiry.
- Many of these re-referrals were made within a short space of time, which should have been an added warning to address the concern through either a core assessment or a child protection enquiry.

- Some of these cases have subsequently come back into the system as tier 3 cases, where child protection plans have been implemented, 2 children had come into the care system. Hence the earlier referrals may have been a missed opportunity.
- Many of the cases did not have chronologies which were up to-date, appropriately recorded and easy to read by a Social Worker completing an assessment of a re-referred family.
- The majority of the re-referrals were about children between the ages of 4 and 10 years, which emphasised the need for early intervention.
- It also appears that some Initial Assessments undertaken by social workers were not connecting the re-referrals made for similar issues or general neglect/domestic violence .This meant that the presenting problem was being assessed in isolation rather than considering the holistic picture of the family, parenting and the individual child's needs. Therefore, it appears that managers were inadvertently signing off some incomplete initial assessments that may not be based on the full history of the family.

Mobile families

- Another issue arising from the audit were re-referrals that had been associated with families on the move. Often in these cases, the assessments had not always gathered the relevant information from other Local Authorities; so the initial assessment had been based on information provided by the family within Hillingdon.
- Where Hillingdon had been contacted for information on families that had moved out of the area, detailed chronologies, up to-date information and a detailed assessment were often not fully available on file.

Pre-birth assessments

- There was some evidence that pre-birth referrals were being made early in pregnancy. These cases were then closed due to the expected date of delivery (EDD) not being within three months at point of referral. This is a factor which had contributed to the re-referral rate. Case closure in these cases was probably appropriate and there were internal mechanisms in place to track such cases.
- Whilst infants were adequately safeguarded an assessment at an earlier point in some cases would have lead to improved case planning and partnership working. This would be particularly relevant to those referrals where there had been significant historical concerns, and the need for safeguarding measures to be in place prior to birth.

Relationship with partner agencies

- Feedback from referrers in partner agencies made via the Local Safeguarding Children Board [LSCB] had highlighted gaps in communication; especially regarding feedback following a contact to children's social care. The audit found that whilst referrers were contacted during the course of an assessment they were not necessarily routinely provided with a copy of the completed assessment and details of outcomes, including referral to tier 2 support services.

Re-referrals & Chronologies

- The issue of chronologies has been covered in the comments above regarding domestic violence and initial assessments. It was also an issue raised by the service manager, Parmjit Chahal, in the report for the Policy Overview Committee (POC) at the start of the year. Chronologies continued as an issue in this themed audit.
- Chronologies needed to be completed in a consistent way and would have assisted in the risk assessment process.
- In some cases where chronologies were completed they were of a variable quality and therefore did not assist the decision-making.
- The chronologies being 'pulled through' from case notes on the electronic file had often resulted in the chronology lacking emphasis on significant events.
- There was evidence of duplication of information resulting in paper and electronic files being used. At the current time it is not possible to obtain all the information held about a child from one source, although this has improved significantly since the last audit; and will be further improved by the introduction of the CIVICA Program.

Areas for Development and actions taken

In response to all the audits a number of areas for development were identified. These will continue to be discussed in the managers' meetings at both senior and operational level, along with actions to be taken to address them.

Chronologies

Though there had been some improvement in the usage of chronologies since the audit undertaken at the start of 2011, it remained a significant issue across all the audits from referral and assessment to child in need, children-in-care and the social work practice**.** This was further confirmed by the audits undertaken by the safeguarding children & quality assurance service. The service manager for family support services, Parmjit Chahal has taken direct responsibility for mentoring front line managers and practitioners about what constitutes a good chronology through the "Practice PODS" set-up in the child-in-need team. Workload relief is being given to allow managers and their supervisees to get chronologies up-to-date. Also a checklist has been put in place for referral and assessment team managers, to ensure that no case file is transferred to other teams in children's services without an up-to-date chronology being part of the child's record.

The safeguarding children and quality assurance service has been assisting with the focus on chronologies through their link role with each of the operational teams, and identifying where cases may need remedial action in terms of missing chronologies.

Quality of child protection plans and care plans

In most cases audited there was usually either a child protection plan, or a care plan in place on file if the child was in care. However, the quality of the plans was variable, and not detailed enough.

Managers have been briefed on this finding, and have been asked to give more attention in supervision to the quality of child protection plans and care plans. The Independent Reviewing Officers have been asked by the deputy director at their business planning day [7th October 2011] to be more challenging of the quality of these plans at both case conferences and statutory reviews.

The LSCB has developed core group guidance which focuses on the effectiveness of the child protection plan, and multi-agency training is now being delivered, which includes social workers and their managers

Similarly, the learning and development teams have organized additional training for social workers and managers on care planning and improving quality in compliance with the new regulations.

It has been agreed that care plans will be updated routinely, immediately after a statutory review so that it does not drift between reviews. The Independent Reviewing Officers, have been asked to follow up between reviews to check that the care plans are updated in this way.

Transfer Protocols

It was apparent from the audit work undertaken that the transfer of cases within services was not as clear and transparent as it might be, and therefore work has been commissioned on refreshing the transfer protocols. These 'transfer windows' are potential areas of delay in which families and other professionals can be less clear about how the service will be provided to them. Also the referral and assessment team managers have been asked to introduce more stringent audits of cases that are transferring to other teams to ensure that the key documents are there; especially case conference reports, chronologies and where appropriate child-protection plans.

Statutory Visits

A significant area of concern arising from the audits within the child protection arena, and in relation to children in care, was the inconsistent recording of social work visits demonstrating that children had been seen alone. The deputy director met with all the divisional managers in September 2011 to clarify the expectations around children being visited to re-set the standard of children being seen alone for safeguarding purposes.

Based on the discussions with managers, it was apparent that children had been visited and seen, but not always seen alone at the required frequency. It was also apparent that the recording for visits was often being made in the case notes, but not in the correct location on the ICS system. This made it difficult to run proper management reports for scrutinizing this activity.

A template has been drawn up to aid managers and practitioners in their recording of statutory visits, which demonstrates that children are being seen alone, and that there is a clear focus on safeguarding the child or young person.

This issue will continue to be scrutinized by means of future case audits, and by running regular reports from ICS for managers to identify where statutory visits are not being recorded.

Pre-birth assessments

All pre-birth referrals will be subject to an initial assessment at point of referral where deemed appropriate. Where historical concerns indicate significant concerns the case will be transferred to the children in need team at an earlier point prior to birth, following the completion of a core assessment, and where necessary initial child protection conference. This will ensure robust plans are in place prior to birth and enable a better seamless transfer of the case at an earlier point. It should be noted that some cases already transfer directly into CIC where care proceedings are to be initiated at birth. The RAT & CIC teams operate an early warning system in relation to these cases and it is currently working well.

Thresholds and levels of need

Significant work has been undertaken on developing a comprehensive threshold document with partner agencies. The views of stakeholders and partner agencies were sought and incorporated into the final document, before it was rolled out earlier in the year (2011). [See Appendix 2] .There is a commitment to strengthening partnership links which in turn will enable greater transparency and clarity in regards to thresholds for referrals. It is apparent from discussions with partner agencies that further work needs to be undertaken to integrate and evaluate the use of the threshold document through the Hillingdon Children's Trust Board as well as the LSCB.

There are now systems in place to ensure formal feedback is given to the referrer in a timely way at each point a decision is made. For example:

- Each referrer receives written notification of the outcome of their initial contact. This includes details of the decision made in regards to what action is to be taken i.e. no further action, sign posting to other agency, initial assessment or a section 47 investigation.

- On completion of an assessment the referrer is notified of the outcome and sent a copy of the assessment where there is parental agreement

Recording of supervision

One of the key drivers for improving standards of practice is the availability of reflective supervision for both front line managers and practitioners. The case file audits showed that the recording of supervision on both ICS, and paper based supervision files, was variable. This has been raised with the managers at a recent divisional management meeting, and at local management meetings.

The requirement for recording supervision on ICS to enable proper management reports to be run has been reiterated. In addition, a separate audit tool has been devised to enable service managers to routinely audit the regularity and the quality of supervision.

Fortnightly reflective practice seminars have been initiated for all new staff in the referral and assessment teams and the child-in-need team. These were set up by the service managers with involvement from the safeguarding children and quality assurance service. A key element of these seminars is to enable 'active learning' from different sources including serious case reviews. The importance of chronologies has been a consistent theme. It is intended that these seminars will become multi-disciplinary drawing, on the skills of local partners including: Health, Education, Probation and Police.

Evidence based practice

The audits noted that whilst most cases had an assessment [initial or core] ; often it was not up-to-date, and was not detailed enough, and contained insufficient analysis. Management decisions were not generally well-evidenced

The deputy director has commissioned Dr David Lawlor from the Tavistock clinic to deliver a program of support and training for managers on the use of reflective supervision. It is expected that this will begin to improve the practice of supervision and make a difference to the quality of work done with the children and families who use the child protection and care system.

The corporate parenting board also organized a recent conference [7th October 2011] on promoting the health of children in care; with briefings for practitioners on how to complete meaningful health assessments, and how to use the strengths and difficulties questionnaire to improve the emotional well-being of looked after children. In addition to this the Clinical Psychologist for LAC has run a number of training sessions on SDQ and improving self esteem of LAC.

Protocol ICS compliance

Overall, the audits done in this period (July-October 2011) showed that there is increasing compliance with the use of electronic files although significant difficulties continue to occur through recording information in the wrong place, and using case notes as a "catch-all" location for recording information. The move towards the electronic file being the only source of information for each child is being accelerated by the introduction of the 'Civica Programme', which will facilitate better scanning of paper documents, and linking to the child's record on protocol.

An emerging issue which came up in the audits was the quality of case conference reports, and the difficulty of undertaking assessments on ICS with multi-sibling families. In some cases the assessment was done on one of the siblings, and then the other assessments of siblings were left incomplete, though it was apparent that the work had been done.

This issue of needing to do family based reports on protocol has been formally raised with the provider company, liquid logic. The company has now developed a family assessment module, which will be purchased and rolled out in the New Year 2012. Hillingdon has also nominated an IRO to represent the social work teams at the USER GROUP meetings of Liquid Logic to ensure that protocol is evolved by social work practitioners rather than simply IT experts.

Social Work Practice (SWP)

The audits undertaken in the social work practice revealed the difficulties of exercising corporate responsibilities for this cohort of children at arms length from the Local Authority. To enable closer scrutiny of the work of the Social Work Practice, and to improve standards, an IRO has been seconded to the SWP for two days per week. The aim of this secondment is to support SWP and ensure that ICS is used more consistently to evidence their direct work with children in care.

Future plans

The quality audit framework will be extended to include audits from the youth offending service and the children with disabilities team. [These teams currently do audits, which are not easily merged into the format above, but do still cover similar issues]. It is expected that by the time of the next report to the Policy Overview Committee in March 2012, there will be more performance information available from these teams

The overarching challenge will be to better capture the experience of the child's journey through the system. The audits carried out to date, have picked up themes and issues that undoubtedly impact on the child's journey, but there has been a significant focus on improving the case recordings and the compliance with the ICS system. Service Managers and the Deputy Director have started to do their own direct observations of practice as part of the audit framework, and have met families and young people as part of the programme. The aim will be to do more of this kind of direct observation.

Other themed audits will be undertaken over the next few months to include a focus on the quality of child protection plans, as well an audit of the decision-making in child protection enquiries; especially those enquiries that do not proceed to a case conference.

APPENDIX 1

London Borough of Hillingdon

Policy and Procedure for Quality Assurance Audits Social Care, Health and Housing

1. Introduction

This policy outlines the strategic approach to managing the quality assurance of performance across adults and children's services. The council has well established mechanisms for evaluating performance and driving improvement in social care with good ratings achieved in both adult and children's services.

Hillingdon children's services have an established auditing framework, together with routine collection of national and local performance indicators. In addition the Local Safeguarding Children Board (LSCB) has a well established monitoring framework for overseeing progress or otherwise in making improvements in response to serious case reviews, case audits and any other identified areas of concern. Audits are collated and reported to members on a regular quarterly cycle and monthly reports on performance across a number of areas including staff vacancies go to the Children's Social Care, Service Managers meetings (SMT).

A great deal of information is therefore collected for different audiences already but there is scope for development. For example, although elected members get regular reports including the outcomes of audits, the audit framework is based on standards with each standard scored as *fully met, partially met* or *unmet*. This does not translate easily into current Ofsted scoring for social work and safeguarding services where the judgements range from inadequate to outstanding on a four point scale. The previous framework consisted only of audit reports completed in line management with the consequent risks of subjectivity and overly positive findings.

Common principles apply to adults and children's services. These include the importance of using performance indicators together with individual audit and casework quality measures to manage services and improve overall performance. Minimising risk, improving outcomes and ensuring value for money are priorities for the council and the department. However, it is recognised that there are some differences and there is therefore a separate indicator set and audit tool proposed for children's and adult social care services. It is vitally important that any audit framework focuses on outcomes; and the experiences of service users, as well as traditional key performance indicators.

2. Aim and Purpose

Audits are designed to ensure managers and elected members are equipped with the knowledge they need about performance across social care services for children. It should:

- identify areas of strong performance
- as well as areas that need attention
- should be sufficiently robust to identify improvements and any areas of decline.

Audits should also be used as a benchmarking tool whereby the council can compare performance with other similar councils; and also capture the qualitative experience of service users.

3. Scope

The following services are fully included at this stage:

- Children's Social Care teams – Referral and Assessment, Children in Need, Looked after children, Children with Disabilities, Sixteen plus, the Asylum Service.
- Social Work Practice pilot
- Targeted Youth Support Service

- Older Peoples' social work
- Mental Health Social Work
- Learning Disability social work

The following teams are not included in the new audit framework at this stage.

- Fostering and Adoption teams
- Children's Homes
- Youth Justice service

This is either because they have their own inspection and reporting frameworks which the current auditing arrangements capture, or in the case of Intensive Family Support, the work should be reviewed as part of the overall casework with the family. The current audit arrangements will remain in place and be reviewed at timescales of 6 months/12 months in the year. Performance data will be reported as part of the overall data reports, on a monthly basis via the rag rated scorecard.

Other areas not in scope at present include:
- Short breaks for disabled children (this will be reviewed independently)
- Home care services

4. The New Quality Assurance Framework

The new framework is based on the principles in the Quality Assurance Framework recently developed by Local Government Improvement and Development Board and the London Safeguarding Children (LSCB). This has been developed as a framework for LSCBs but it adapts easily for use by Children's Social Care services.

http://www.idea.gov.uk/idk/aio/25409798

The framework will bring together three types of information –

- quantitative (mainly performance indicators and data as in Appendix 1A),
- qualitative (which will include audits using Appendix 1B for children's social care)
- information about outcomes for children (see Appendix 1A).

The set of performance data in Appendix 1A will be reported to:
- elected members,
- the LSCB, Children's Trust, (LSCB) (HCFT)
- Corporate Management Team, (CMT)
- Departmental Service Management Team (SMT)
- Children's Services Divisional Management Team. (DMT)

An audit format for children in need, child protection and looked after children is attached in Annex B. The format is designed to capture the key qualitative information on case holding social work records. It should be used with children with disabilities where there is an allocated social worker and similarly with young asylum seekers who are looked after or otherwise children in need. There will continue to be a need for an additional audit tool for Youth Offending services.

4.1 Quantitative data

Children's services already have a structured reporting of performance data. The monthly performance report is a comprehensive set of performance indicators and useful data. It is reported to the children's Senior Management Team (SMT). It enables the SMT as a whole to track performance and to enquire into areas where performance may be dipping.

As well as including the national indicators and comparisons with statistical neighbours, the report addresses other key management information including vacancy rates broken down on a team by team basis, assessments on a team by team basis and a wealth of information about looked after children's education.

The core data set includes a section on 'Workforce and Workload' with vacancy information team by team. This should be a regular item for SMT as there are considerable variations ranging from no vacancies in some teams to over 50% in another team. The workload statistics are useful on a team basis for SMT, elected members and other forums but should also be considered on a child per worker and family per worker basis, by service managers and team managers. Frequency of supervision should be reported on a team by team basis, and the audit framework will attempt to capture supervision quality.

The above information is consistent with the recommendations of the Munro review, which focuses on the child's journey through Children's Services, and is based on systems analysis.

4.2 Qualitative data

There is a sound basis for audit in Hillingdon. Managers routinely audit within their own services and the Safeguarding Children & Quality Assurance Service undertake independent audits. The LSCB has also commissioned multi-agency audits.

The Safeguarding Children & Quality Assurance Service will take on an enhanced role in overseeing the routine audits that will be taking place within line management. This will include ensuring the audits are taking place, that they are proportionate to risk and that all social workers are included over each six month period

5. Guiding Principles for Audits.

The following guiding principles should be applied:

1. Proportionality. Audits should be proportionate to risk. Some services such as work with children on child protection plans or mental health social work, present high levels of risk to vulnerable individuals as well as reputational risk to the council. Other services will present financial risk (e.g. looked after children in residential care, children and adults with complex and challenging needs). Other services may pose lower risks but be high volume.
2. Effective auditing should involve line managers. In line audit should be undertaken as part of the line management function – it is an essential part of the line manager's repertoire of methods and skill. Managers should use audits as part of their overall management and supervision of teams and individuals.
3. Independent auditing is equally important. It should be undertaken by suitably experienced and skilled staff to ensure that there is a consistent check on the quality of work undertaken. It complements in line auditing and provides a check on the standards of line managers. It ensures consistency of approach and guards against complacency.

4. Regular audits should be complemented by themed audits which may arise from regular audits or other sources such as performance indicators, serious case reviews or agency concerns.

6. Expectations of Managers

It is expected that managers will use the outcomes of audit, together with performance indicators relating to their service area, to improve the quality of services, ensure value for money, and to focus on good outcomes for children and adults in receipt of services. It is also expected that managers should use audits plus performance indicators to assist in staff and team development and to tackle poor performance effectively at an early stage.

7. Audit Format

The new audit format is intended to capture risks to children as well as compliance with statutory requirements. It should give a good picture of the quality of the work. The format is reproduced in Appendix 1B and it prioritises the following:

- Were statutory requirements met and if not why not?
- Is there an up to date chronology on the file?
- Is the plan up to date and clearly focussed on addressing the needs of the child and any areas of risk of harm? Is there evidence that the social worker communicates well with the child and is there a clear picture of the child's needs and risks and action being taken to meet them? Is there a focus on health and education? Are race, religion and culture taken into account?
- Is the work with the parents and/or carers focussed on the child's needs and improving their capacity to meet those needs? Are the day to day risks in the child's home environment being adequately addressed where these exist (mainly Children in Need and Child Protection). With Child Protection are core groups effective - is there evidence of reducing risk?
- Where the main risk to children is outside the home or extra familial – e.g. involvement in gangs, sexual exploitation or trafficked children. Is the plan likely to reduce the risk of harm? If so, is it being implemented properly and is it being appropriately reviewed?
- Similarly with Looked After Children – is there a focus on working with carers to meet the child's needs and improving outcomes? If the child is at risk – e.g. running away, risky behaviour etc is this being addressed proactively
- Comment on the quality of supervision (and whether it is progressing the plan for the child)
- Is supervision reflective, with due consideration given to evidence based practice.
- Have there been any changes of social worker in the last year?

An overall grade will be allocated and at this stage the grading should use 'inadequate/adequate/good' with the possibility of introducing 'outstanding' at a later date once use of the new format is well established.

8. Procedure

- All managers at team manager level and above, including Independent Reviewing Officers to independently audit 3 cases on a monthly basis which should be randomly selected. This is a minimum standard. More audits should be undertaken if possible.

- Some Service areas (e.g. Referral & Assessment) would expect to undertake more audits by agreement with the Service Manager.

- Service managers should audit within their own service and use the findings together with the findings from off line audit (below), as the basis for improvement plans. Findings should be fed back into the service as a whole and to individual workers and managers through the individual audit report and face to face feedback where feasible.

- Team managers and deputy team managers to audit 3 cases a month in their own teams ensuring that they audit across the workforce. The service managers should line manage the process in consultation with the Safeguarding and Quality Assurance Service who have the lead role in ensuring a robust auditing system is in place and reported upon.

- Social workers should be encouraged to audit their own work using the audit tool, which can then be discussed in supervision. It is important that social workers feel part of this process of improving standards.

In Hillingdon, senior management up to the level of Chief Executive also audit cases via Protocol. There are many possible permutations but as there is a newly formed new management team, across Adults and Children's Social Care, and a wish to have a framework across the new Directorate, the departmental management team may wish to set aside some time to audit together as part of a regular timetabled session to look at casework quality. We would recommend that a senior management audit should include some random sampling of care plans, reviews and child protection plans, and reviews in children's services and a similar sample of plans in adult services.

9. Audit Schedule

Audits/Reports Schedule					
Type of Audit/Report	Completed by	Reports Presented to			Frequency
		SMT	**CMT**	**POC**	
Qualitative case file audits – 3 per worker	Team/Line Manager	√			Monthly
Qualitative random case file audits 4 per IRO	Independent Reviewing Officer /S&QA	√	√	√	SMT Monthly CMT and POC quarterly
Children's core data set/score cards	Data Analyst/Service Managers	√			Monthly
CIN,CP and LAC reports	Data Analyst/Service Managers /S&QA	√	√	√	SMT- Monthly CMT – quarterly POC - quarterly

Themed audits	Service Managers/SC&QA	√	√	√	As and when – annually
SC&QA report to accompany management information	SC&QA	√	√	√	Quarterly
Random selection of cases for audit	CMT/Chief Executive		√	√	Six monthly
End of service feedback from service users report	Team Managers/Service Managers	√	√	√	Annually

10. Implementation

A phased implementation is proposed with the children's audit tool in Appendix 1A, being used first in the Children's Social Care teams, the Social Work Practice pilot and the Targeted Youth Support service. This will commence in September 2011. The amended dataset for children at Appendix 1B will also commence from September 2011.

11. Monitoring/Evaluation

Compliance with the audit framework will be monitored by the Performance and Intelligence Service.

Given that there is less outcome data for CIN and CP services, the LSCB and SMT are committed to designing an end of service 'exit interview' based on whether the help given to service users had made a difference. This will be more useful if parents and children give permission for a further follow up phone call after a year. If in addition permission was given to follow up with a phone call to the child's school (or health visitor/children's centre for younger child), a reasonable assessment could be made about whether the intervention had made a positive and sustained difference. Over time this could be valuable data for developing, commissioning and decommissioning services.

Appendix 1A core dataset

National indicators

Health – all three are outcome indicators

- Prevalence of breastfeeding NI53
- Obesity in reception class NI55
- Emotional and behavioural health of looked after children(think this needs treating with caution as more subjective than previous indicators) NI58

Staying safe

- % of IAs in 10 days and Core assessments in 35 days NI 59 and 60
- Timeliness of placements for looked after children for adoption following agency decision that child should be placed for adoption NI61
- Stability of placements (number and duration indicators NI63 and 63)
- CP plans lasting 2 years or more NI64
- Percentage of children becoming subject of a CP plan for second time NI 65
- Looked after children reviewed within timescales NI66
- Percentage of CP cases reviewed within timescales

Education – all outcome indicators

- Secondary school persistent absence rate (could be a proxy outcome indicator)
- Looked after children receiving 5 A* -C at key stage 4 English and Maths NI101
- Young people from low income backgrounds progressing to higher education NI 106

Positive contribution – all outcome indicators

- First time entrants to youth justice system NI 110
- Under 18 conception rate NI 112
- Rate of permanent exclusions from school NI 114

Economic well being

- Care leavers not in education, employment or training
- Care leavers in suitable accommodation

Other indicators not currently NIs but collected

- Percentage of LAC who are adopted
- Vacancy rates by team
- Children missing from care
- Looked after children and young people who have an up to date personal education plan

New indicators

- Levels of staff sickness by team
- Frequency of supervision
- Timescales for care proceedings
- Frequency of announced and unannounced visits for children on CP plans
- Fostering recruitment activity data

New outcome indicators to be developed by LSCB and Children's Quality Assurance

- Views of children who have been subject to child protection plans on the effectiveness of help provided (to be sought through interviews with a sample of children and young people)
- Views of parents and carers on the help provided through child protection plans.

Appendix 1B – Children's Social Work audit framework

Children's Social Work Audit Form

Child's Name

Audited by

Date

1. Is there an up to date chronology on file? Comment on quality.
2. Where child is deemed a child in need but not on CP plan or looked after or care leaver, is there a child in need plan in place which is up to date and kept under review? *Comment on quality of plan and whether child's wishes and feelings are sought and whether plan is realistic and understood by parents/carers.* *Also where there is a support package in place for a child with disabilities or additional needs, or where parenting support is being offered comment on the likelihood of the additional support promoting a positive outcome for the child and minimising any risk of harm.*
3. Are statutory requirements being met? If not are reasons identified? *If statutory requirements are persistently unmet case should be rated as inadequate.*
4. Have Court/Panel filing dates been met? If not are reasons identified. *Drift in care proceedings is likely to have an adverse impact on the child. This will become a new performance indicator once baseline established across legal and children's services. Meanwhile audit should be used to help identify areas where practice can be improved.*
5. Is the plan up to date and clearly focused on the child's needs and any risk of harm? Is there a clear picture of the child's needs, any risks and the actions being taken to meet needs and reduce risks? Is there a proper focus on health and education? *This question applies to young people over 16 including care leavers. It also applies to children with disabilities in receipt of services from CWD.* *With care leavers auditors should ensure there is an up to date pathway plan which has clearly been drawn up with the young person and which is tailored to their needs. If it is the final review ensure that there is a clear support plan especially with education, training and employment.*
6. If child is looked after is there: 1. an up to date PEP and 2. a current health assessment? 3.a current SDQ *Yes or no to each question will suffice but please comment on quality if it is either poor or good.*

7. Are ethnicity, religion and culture taken into account in assessment and work with the child and family?
Some supporting evidence should be provided to back up your judgement

8. Is the work with the parents/carers focused on the child's needs and their improving their capacity to meet those needs? Are the day to day and longer term risks being adequately addressed? If child on CP plan comment on the quality of the core groups.

This section will mainly apply to CIN and CP but may also apply to some LAC.
For CP cases, the functioning of core groups should be commented on here

9. Where the main risk to a child is outside the home or extra familial – e.g. involvement in gangs, sexual exploitation or a trafficked child, is the plan likely to reduce the risk of harm?
Comment here whether the plan is appropriate and whether it is being implemented and reviewed as necessary and whether there is any evidence of reduction of harm Also with care leavers this section should be used to identify areas of risk and steps being taken to attempt to reduce harm

10. If the child is looked after, is there a focus on working with and supporting the carers to meet the child's needs and improve outcomes? If the child is at risk – e.g. running away, involved in risky behaviours, is this being addressed proactively?

11. Are the reasons for any changes to the care plan clearly identified? Are changes soundly based on a thorough assessment of the child's needs and the best ways of meeting them?
Care plans should be kept under constant review so changes are often appropriate. However, they should be well considered and there should be evidence of this in the records.

12. Comment on the frequency and quality of supervision.
It is especially important here to ensure supervision is addressing the plan for the child and focussing on reducing harm and improving positive outcomes

13. Changes of social worker.
There is a correlation with 'drift' and looked after children particularly are adversely affected by social worker turnover and changes.

14. Can you give an overall rating

An overall score should be given where possible – if you want to qualify it you can do so but please try and use the 3 point scale.

APPENDIX 2

Levels of need and thresholds for access to children's social care services in Hillingdon

Introduction: the case for agreed thresholds

One of the features of the best children's services as evaluated by Ofsted is that they should have agreed and understood thresholds for referral to social care. In the Chief Inspector's most recent Annual Report she states that:

> *Partnerships should define and agree thresholds for referral to social care – the level of concern which would make such a referral appropriate ……. Unannounced inspections have found that where there is a lack of clarity among partner agencies in relation to the threshold for referrals to social work teams, this can lead to a high percentage of referrals resulting in 'no further action'. In turn, this has an adverse impact on the ability of social work teams to complete assessments in a timely fashion. Inconsistent application of thresholds by managers across the referral and assessment teams also has an impact on the timeliness of assessments and on the rate of unnecessary re-referrals.*

Thresholds for access to children's social care are often seen as purely rationing mechanisms. However, effective thresholds should also promote referrals so that agencies know when to refer to social care. In a recent Ofsted report on serious case reviews: *Learning lessons from serious case reviews 2009-2010* it is stated that:

. *This concern about the application of thresholds was one of the findings from a review in which the parents had a history of substance misuse. The Local Safeguarding Children Board concluded that more immediate referrals to children's services and, in this particular case, to the community drug team would have enabled information-sharing, assessment and planning to be more effective. The Local Safeguarding Children Board identified differing views within the services about thresholds for referral. The review highlighted the need for work to ensure clarity across agencies about thresholds, including a shared understanding about the boundaries of family support and child protection, and the nature of the roles and responsibilities of key staff in the relevant services.*

The overall message from Hillingdon Safeguarding Board is that if there is any concern that a child may be at risk of serious harm, a referral should be made immediately and where possible it should be accompanied by a Common Assessment (CAF).

In all other cases the Common Assessment Framework (CAF) should be used to assess the child's needs and assess whether they can be met within universal services. Where there is any ambiguity about whether a child may reach the thresholds for social care, professionals can consult with the Referral and Assessment team for advice and assistance prior to making a referral. As well as advising whether thresholds are met, the team can signpost to preventative services

and assist with the CAF process.

Terminology

There is confusion about some of the terminology used in children's social care. Colleagues from partner agencies have also pointed out that there can be differences in the use of seemingly common terms across different local authorities. These are the definitions in current use in Hillingdon.

Thresholds – when applied to social care, thresholds describe a framework for deciding whether children are likely to be children in need as defined by the Children Act 1989 and whether the level of need is such that an assessment should be provided by social care rather than by other services through use of the Common Assessment Framework. Children at risk of significant harm are at the highest and most urgent level of need.

Child in need – the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority, his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or he is disabled.

Significant Harm- The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Sometimes, a single traumatic event may constitute significant harm, such as a violent assault. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

Contacts and referrals – A contact is made when the Children's Services referral and assessment team is contacted about a child who may be a child in need, and where there is a request for information, advice or a service. At the point that the contact is made the duty worker will establish whether it can be dealt with by information, advice or signposting elsewhere.

All initial approaches to the referral and assessment team are deemed contacts in the first instance. A contact will be progressed to referral where the duty worker and manager consider an assessment and/or services may be required for a child in need.

Requesting an assessment or service – in most circumstances, requests for assessment and/or services from social care should be made via a common assessment (CAF). Exceptions to this are the Police who use their own Merlin/Form 78 form and acute hospital services who use a modified CAF. The exceptions are on the basis that both the hospital and the police often have a brief intervention with the child and /or family and are not be in a position to make an assessment over and above the actual incident leading to the contact.

Levels of need: threshold guidance for referrals to children's social care in Hillingdon

Most children achieve good outcomes with the help of their families alongside universal education and health services. Some children are vulnerable and at risk of poor outcomes. The factors that impact on this could be within their family, their environment or in themselves. These children need extra help, either to reduce the risk or increase the protective factors, or a combination of both. Some examples of Risk and Protective factors are described in the appendix.

When deciding which level of priority need a child or young person falls within, Hillingdon children's services will take into account the age of the child and the likely impact of the concern on the child's welfare and development. The purpose of any assessment is to identify the risks that make a child vulnerable, identify the protective factors that are present, and develop a plan with the aim of increasing resilience and reducing risks.

For a small group of children the identified risks are so many, or of such severity, that statutory services need to be involved. These children will include children at risk of significant harm, at risk of family breakdown, or at a serious risk to themselves or to others in the community. They will include all those identified below as meeting the criteria for Level 3 and a significant proportion of Level 2 Children in Need.

The following examples are not exhaustive and with the exception of the high priority need category, a single example will not necessarily trigger a specific response.

Level 1 Additional needs – may require a common assessment /lead professional response

This category includes children whose needs may not be consistently met, but where there are no acute risks. Children's social care services help is not essential and a social work assessment will not be required to access services. Other children's services may already be involved e.g. health visiting, educational welfare.
Where an assessment is required Hillingdon agencies use the Common Assessment Framework (CAF) to assess a child's additional needs and decide how these should be met. The CAF should be also be used by all agencies before contacting children's social care unless there are clear and urgent child protection concerns.

Areas of need	Additional needs which may need a multi-agency response or may need signposting or referral to services other than social care including parenting support services and community based services. *These are examples – other situations may fit this criteria*
Health	• Slow in reaching developmental milestones • Limited take up of universal health services • Children with some special needs/health needs(including mental health) requiring coordinated support
Education	• Children regularly absent from school or not reaching their potential educational targets • Children at risk of school exclusion or who have been excluded • Children with an educational statement who have broader needs than educational/developmental issues, requiring a more holistic assessment and a multi-agency response.
Social, Emotional, behavioural	• Children who have little opportunity to meet and play with other children, given their parents' isolation. Advice will be given on playgroups/after school clubs etc • Children involved in petty crime and who have received a final warning/reprimand • Early onset of sexual activity/ teenage pregnancy • Onset of low level substance abuse • Children suffering the impact of past domestic violence • Children occasionally reported as missing from home for short periods (not overnight)
Family and social relationships	• Children with challenging behaviour whose parents are unable to cope without the provision of services • Parents have relationship difficulties which may affect the child • Children who are young carers
Child's environment	• Homelessness or severe overcrowding • Family require support or advice in respect of harassment including racial harassment
Parental factors	• Parental substance misuse/offending behaviour impacting on child but below level of significant harm • Parents mental or physical health impacts on child but below significant harm • Children whose life chances are limited by parental poverty

Level 2 Child in need

A child in need will have identifiable factors, which indicate that considerable deterioration is likely without support. This will include children who have been 'high priority' in recent past (e.g. looked after or on a child protection plan). Children's social care referral and assessment service are likely to undertake an initial assessment and possibly a core assessment by a qualified social worker. Children who need ongoing support are likely to go on to receive specialist support services (e.g. Intensive Family Support or Targeted Youth Support Services). Some children may have some features, which indicate level 2 support but which are mitigated by protective factors. (See appendix).

Areas of need	**Child in need** *These are examples- other situations may fit this criteria*
Health	• Children living in an environment that poses a risk to their safety or well being • Children who self harm where parents are not responding appropriately • The physical care or supervision of the child is inadequate • Children with a high level of special needs or disability requiring constant supervision, which results in high risk of family breakdown
Education	• Child underachieving severely at school and not supported or encouraged by parents • Child's attendance at school is very poor because of parental neglect • Child has been excluded and is at risk of permanent exclusion and/or family breakdown
Social, emotional, and behavioural	• Children with challenging behaviour (including disabled children) whose parents are unable to cope without provision of services • Children who are often missing from home or have been missing for lengthy periods • Children who are firesetting and placing themselves or others at risk of harm • Children involved in offending behaviour leading to the involvement of courts
Family and social relationships	• Children under 16 who are privately fostered • Children where there is a risk of breakdown of relationships with parents/carers • Children experiencing several carers within their own family networks where there is inconsistency and insecurity for the child • Children exhibiting attachment disorders e.g. severe separation anxiety which impacts on their development

Child's environment	• Child lives in a family which is characterised by ongoing domestic violence or where there has been a history of domestic violence • Home environment or hygiene places the child at risk of significant harm
Parental factors	• Parent has a physical disability or history of mental health problems or learning disability which affects their ability to care for the child • Parent has a history of being poorly parented or looked after which is impacting on parenting their own child. • Parents whose criminal and /or anti-social behaviour threatens the welfare of the child • Parent has no effective family or community supports, or is victimised within their family or community with consequences for the child

Level 3 Children in need of protection

This is the most urgent category, which always requires a referral to children's social care. There will be serious concerns about the health, care or development of a child. It may include serious family dysfunction, a child beyond control or a child who has been severely rejected including abandonment. There will be a likelihood of a need for statutory intervention.

It will also include children with severe disabilities who need access to overnight care in either a foster home or residential child care provision and as a consequence are looked after children.

Areas of need	**Child in need of protection/safeguarding**
Health	• Situations where the physical care or supervision of a child is severely neglected • Pre-birth assessment indicates unborn child at risk of significant harm • Children where there is sufficient body of evidence to suggest there is a risk of FGM • Serious substance abuse • Children who seriously self harm including eating disorders
Education	• Chronic non attendance at school attributable to lack of parenting support
Social, emotional and behavioural	• Children with severely challenging behaviour, which results in serious risk to the child or others. • Children who are experiencing acute emotional rejection by parents/carers including unrealistic expectations, 'scapegoating' and seriously inconsistent parenting

Family and social relationships	• Child has suffered significant harm or is at risk of suffering significant harm through parental abuse • Child needs to be looked after outside own family because of immediate risk • History of previous concerns or past abuse that have not been effectively resolved • Child is running away because of abuse
Child's environment	• Child has been sexually exploited or trafficked or is at serious risk of exploitation • Home environment or hygiene places a child at risk of immediate harm • Child lives in an environment with a high level of violence • Child is in contact or association with unsafe adults
Parental factors	• Parent is suffering from severe physical or mental health problems or learning disability and is failing to adequately care for their child. • Both or only parent is involved in severe alcohol or substance abuse which is affecting the child's well being • Parent has a pre-disposition to violence and /or extreme anti-social behaviour • Parent/carer has a conviction against children or is known to have had a previous child removed under a court order

Appendix 2A

Risks and Protective factors

	Risk Factors	Protective factors
The child/young person		
Health	Birth problems – e.g. low weight, drug withdrawal Developmental delay Poor health Frequent attendance at A&E/hospital admissions Physical or learning disability Mental health problems Early sexual activity	Full term and normal birth Up to date with immunizations and dental checks Achieving developmental milestones
Emotional and social development	Isolated, sad or depressed Poor appetite Poor sleeping Being bullied or bullying others Engaging in crime or anti-social behaviour Few or no friends Early signs of physical aggression	Strong attachment to one or more significant adults Age appropriate and positive friendships Behaviour within normal range for age Sense of humour/easy temperament Good coping skills-optimism, problem solving
Parents/carers		
Basic care	Parents have mental health problems/depression Misuse drugs/alcohol Learning or physical disability Domestic violence Physical aggression to child Lack of basic care- food hygiene etc Young parent Isolated parent Parent unable to recognize particular or special needs of the child	Parent provides basic care – home, food, health care Parent protects from danger and harm Good ante-natal and post natal care Parents own problems don't get in the way of good care for the child
Emotional warmth and stability	Lack of routine in the home Inability to get child to school/health appointments etc Excessive control or punishment Over anxiety Lack of emotional warmth and encouragement Ongoing disputes within the	Stable and affectionate family relationships Parents show warmth, praise and encouragement Provide secure and consistent care

	family Family life prevents child from making friends or forming significant attachments	
Guidance and boundary setting	No appropriate role modeling Absence from school condoned/encouraged Lack of consistent boundaries and discipline Lack of appropriate monitoring and supervision Low level of interaction between parent and child	Parents provide appropriate guidance and boundaries to help child develop good behaviour and values Parents provide stimulation and play Parents interact appropriately with child Education, health care and achievement encouraged and supported Parents respond appropriately to concerns about their child
Environment		
Wider family	Family engaged in crime or anti-social behaviour Family isolated Lack of contact with extended family History of involvement with statutory services Loss of significant adult through death or separation Large family size	Child has strong relationships with wider family/siblings Family deals well with temporary stress factors Parental disputes have minimal impact on child
Physical	Homelessness Poor housing Unemployment Low income Frequent moves	Accommodation has basic amenities and is in reasonable condition Family manage income and employment issues to ensure minimal impact on child Reasonable income with resources used appropriately to meet child's needs

Community	Family not accessing universal or targeted services Family socially excluded Experiencing harassment or discrimination High levels of crime /violence/anti-social behaviour in the community Child involved with anti-social peer group	Appropriate services accessed within the community Family has positive friends and family networks Child has supportive and positive peer group Child attends appropriate leisure activities
School	Poor attendance Poor concentration Not functioning to level of ability Quiet and withdrawn Persistent poor behaviour Low expectations from teachers Excluded for temporary or permanent period	Child has good relationship with teachers School views child positively School supports child to achieve Child has strong friendship groups in school