

SUMMARY REPORT ON THE AUDIT OF CHILDREN'S SOCIAL CARE RECORDS - LOOKED AFTER CHILDREN – QUARTER 4 – OCTOBER TO DECEMBER 2010

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1. Introduction

This report provides a brief summary of the findings of the quarterly audit of the Looked After Children's (LAC) Service Children's Social Care Records. In this period 27 files were audited.

Since the last report there has been a significant change in the workforce as a result of a concerted recruitment drive. This has impacted on the number of changes in Social Workers and recording issues due to training needs. Within this time there has been a 15% turnover in staff in three months with varying periods when posts remained unfilled.

There have also been changes in the management group since the last audit and for a period at least one Deputy Team Manager post was vacant.

The report is structured to address the individual standards with recommendations for improvement where necessary.

2. Performance Standards

The Quality Practice Audit Tool sets out the Quality Standards that will help the Department to achieve quality practice. The standards are set out below, and the following is a summary of the findings from audits across the LAC service social care casework records.

Standard 1 **There is enough information collected on which to decide further action**

There is evidence of quality in the Initial Assessments and good information recorded within case recording and care plans. The quality of care plans has improved generally but there are still inconsistencies between workers which is being addressed in supervision and training. There was some evidence of case recordings being incomplete, which is being addressed with individuals in supervision and file auditing.

The standard was met in the majority of cases. (88.9%)

Standard 2 **The decision making is consistent with the eligibility criteria**

Where the eligibility criteria is applied for referrals there is evidence of appropriate decision making. Many of the cases are in care proceedings and decision making is evidenced in the care plans and recorded in supervision and managers decisions noted on ICS.

This standard was met in 100% of the cases audited.

Standard 3 **The assessment adequately reflects all areas of risk to the service user, staff members and the public.**
The assessments of risk to the service user are contained within care plans. Risk to staff is continually assessed in relation to the known facts of the case and this is evidenced in relation to the alerts and contact plans set. Risks to the general public are not always applicable in care cases but there is evidence of appropriate liaison with other agencies where needed.

This standard was met in 100% of the cases audited.

Standard 4 **There is evidence of the referred child being seen (Children's records)**
There is evidence of statutory visits being carried out. The format for recording statutory visits is not used consistently; however this is being addressed in team meetings and supervision. There is evidence of young people and care leavers engaging in producing and discussing pathway plans.

This standard was met in 100% of the cases audited.

Standard 5 **There is evidence of the needs of the referred child being clearly stated within an Assessment framework (Children's records)**
As above young people are encouraged to engage in pathway planning as far as they are willing and able. The needs of younger children are clearly stated in the care plans and permanency plans. The stated wishes of young people, as according to their age and understanding, are also evidenced in these documents.

This standard was met in 100% of the cases audited.

Standard 6 **The Care/Pathway Plan is informed by assessment findings**
In three of the files audited this standard was not fully met, in the main because the care plan had not been updated at the time of the audit. In one file the standard was well met, evidenced by a comprehensive care plan.

This standard was met in the majority of cases. (88.9%)

Standard 7 **Issues of ethnicity and equality are addressed in the care plan**
Throughout the audit this standard was met and in one case well met. However the standard was partially met in one audit as the difficulties in meeting the specific ethnic needs of one child in placement were not fully accounted for in the care plan.

This standard was met in the majority of cases (96.3%)

- Standard 8 **Clear outcome measures are established and agreed with the service user**
This is clearly met and evidenced in relation to pathway planning with young people and is evidenced in the care plans and reviews of LAC children.

This standard was met in 100% of the cases audited
- Standard 9 **It is clear who is responsible for developing the plan**

This standard was met in all cases and evidenced in pathway plans and care plans (100%)
- Standard 10 **There is evidence of users/care-givers/ significant other/s ongoing involvement in the decisions about services being provided**
This evidence is contained within the care planning review minutes and the consultation documents. There was some evidence of plans being adapted through this involvement /consultation.

This standard was met in 100% of the cases audited
- Standard 11 **Monitoring is carried out at regular intervals**
This was evidenced in the care planning reviews and supervision decisions. The standard was met in all cases apart from one in which it was partially met as some of the manager decisions had not been recorded on ICS

This standard was met in the majority of cases. (96.3%)
- Standard 12 **The review decisions are clearly reflected in the care/pathway plan**
This standard was met in most cases however in two cases it was partially met as the care plan had not yet been updated by the new allocated worker.

This standard was met in the majority of cases (92.6%)
- Standard 13 **The review identifies both successes and weaknesses in meeting identified needs**
This was met in all cases and evidenced in the review minutes (100%).
- Standard 14 **The decision to close/transfer the case is related to assessments, care/pathway plans and reviews**
This standard was not applicable in many cases as they remain open however transfers within teams are fully discussed and evidenced within the transfer summaries.

This standard was met in 100% of the cases audited

3. Conclusion

This audit highlighted that improvements are being made but there are still inconsistencies in the quality of recording.

There are issues in relation to the imputing of information in a timely manner and this has been addressed in team meetings and through individual support where applicable.

Further training in relation to producing and maintaining good quality chronologies that can be recorded on ICS and adapted for Court is under discussion.

	Oct – Dec 2010	Percentage of total standards met
Met	21	78%
Partially Met	6 (4 files=2 stds part met, & 2 files =1 std part met)	22%
Not Met	0	0%
	27	100%