



## **Special Children and Young People's Overview and Scrutiny Committee**

**Date**        **Tuesday 21 November 2017**  
**Time**        **9.30 am**  
**Venue**       **Committee Room 2, County Hall, Durham**

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### **Business**

#### **Part A**

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chairman's  
agreement.**

1. Apologies for absence
2. Substitute Members
3. Declarations of Interest, if any
4. Durham Local Safeguarding Children Board Serious Case Review Process (Pages 3 - 6)
  - a) Report of the Independent Chair Durham Local Safeguarding Children's Board
  - b) Presentation by Jacqui Doherty, Business Manager, Local Safeguarding Children's Board
5. Case File Audit (Pages 7 - 74)
  - a) Report of the Corporate Director of Children and Young People's Services
  - b) Presentation by Julie Scurfield, Strategic Manager Children's Services Reform
6. Role of the Social Worker - Overview (Pages 75 - 82)
  - a) Report of the Corporate Director of Children and Young People's Services
  - b) Presentation by Mark Gurney, Strategic Manager Child Protection and Disability

7. Scoping Report: Role of the Social Worker from a Child's Perspective - Report of Director of Transformation and Partnerships (Pages 83 - 96)
8. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

**Helen Lynch**  
Head of Legal and Democratic Services

County Hall  
Durham  
13 November 2017

To: **The Members of the Children and Young People's Overview and Scrutiny Committee**

Councillor C Potts (Chairman)  
Councillor H Smith (Vice-Chairman)

Councillors B Bainbridge, D Bell, J Blakey, P Brookes, J Charlton, J Considine, R Crute, S Durham, N Grayson, C Hampson, K Hopper, I Jewell, L Kennedy, L Mavin, A Patterson, A Reed, M Simmons, A Willis and M Wilson

**Faith Communities Representatives:** Mrs A Swift and Mrs C Craig

**Parent Governor Representatives:** Mr R Patel

**Co-opted Members:** Miss K Ashcroft and Mr J Conlon

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Contact: Jackie Graham/ Jo March

Email: 03000 269704/ 03000 269709

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## Children and Young People's Overview and Scrutiny Committee

21 November 2017



## Durham Local Safeguarding Children Board Serious Case Review Process

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### Report of Jane Geraghty Independent Chair Durham Local Safeguarding Children Board

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#### Purpose of the Report

1. To provide members of Children and Young People's Overview and Scrutiny Committee with information on the processes involved in the Local Safeguarding Children Board Serious Case Review (SCR).
2. To provide members of the Children and Young People's Overview and Scrutiny with the learning from the published SCR.

#### Serious Case Review Presentation

3. Serious Case Reviews are multi-agency reviews of how professionals and organisations have worked together with a child and their family when a serious incident has occurred.
4. The Local Safeguarding Children Boards Regulation 2006 indicates the functions of local safeguarding children boards including the criteria for serious case reviews.
5. A serious case review must be initiated when abuse or neglect of a child is known or suspected; a child is seriously injured or when a child has died. Other circumstances where such a review must be conducted are outlined in the presentation slides.
6. The Local Safeguarding Children Board Business Manager will provide the committee with information in relation to:
  - What is a Serious Case Review?
  - When and why they are carried out?
  - Who is involved in Serious Case Reviews?
  - Which organisation leads Serious Case Reviews?
  - How are Serious Case Reviews undertaken?
  - What happens after the review has taken place?
7. The presentation will also outline the flexibilities and specific expectations on Local Safeguarding Children Boards to publish Serious Case Review reports as

set out in Working Together 2015. Mention will be made of the role of the Department for Education (DfE), the National Panel of Experts and Ofsted.

8. The presentation will also highlight the learning and subsequent actions taken by the LSCB.

### **Recommendations**

9. The Children and Young People's Overview and Scrutiny Committee is recommended to:
  - a. Note the content of this report and receive the presentation.

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**Contact: Jacqui Doherty, LSCB Business Manager, Tel 03000 263989**

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## **Appendix 1: Implications**

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### **Finance**

There is a financial implication to Serious Case Reviews due to the national requirement to commission an independent person to conduct the review. Costs vary depending on how complex a case might be. The cost of reviews are primarily met by the LSCB through its direct funding from partner agencies. Some agencies also commission independent reviewers to conduct individual management reviews which inform the overview report.

### **Staffing**

Serious Case Reviews involves significant amount of staff time in terms of their involvement in meetings and interviews. This also includes attending lessons learnt events.

### **Risk**

High profile reviews carry the reputational risk for the local authority and the partner agencies who make up the LSCB.

### **Equality and Diversity/ Public Sector Equality Duty**

Serious Case reviews have to take into account issues of Equality and Diversity.

### **Accommodation**

No adverse implications.

### **Crime and disorder**

No adverse implications.

### **Human rights**

No adverse implications.

### **Consultation**

No adverse implications.

### **Procurement**

The LSCB is required to commission an independent author to lead the Serious Case Review.

### **Disability Issues**

No adverse implications.

### **Legal Implications**

The Local Safeguarding Children Boards Regulation 2006 require the LSCB to undertake Serious Case Reviews. In conducting Serious Case Reviews the LSCB must also take account of any legal processes that are taking place such as Coroner proceedings, proceedings in the family or the criminal court.

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**Children & Young People's  
Overview and Scrutiny Committee**

**21 November 2017**

**Case File Audits**



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**Report of Margaret Whellans, Corporate Director of Children &  
Young People's Services**

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**Purpose**

- 1 The purpose of this report is to provide Members of the Children and Young People's Overview and Scrutiny Committee with an overview of the Audit Programme being delivered in Children's Services.
- 2 The presentation will be given by Julie Scurfield, Children's Services Strategic Manager supported by Rachel Harris, Children's Services Service Improvement Manager.

**Introduction**

- 3 The Audit Programme forms part of the Ofsted Improvement Plan and a target of 90-100% Good or better by March 2018 has been set for audited casework by the Quality Improvement Board which oversees the implementation of the Ofsted Improvement Plan and which is chaired by the Corporate Director for Children & Young People's Services.
- 4 The presentation will take Members through the following aspects of the implementation of the Audit Programme:-

- **Quality Improvement Framework**

We will share with Members the Quality Improvement Framework (attached Appendix 2) developed and implemented across the Service post Ofsted. The Framework sets out the Service aspirations and ambitions regarding developing a quality culture of "High Expectations, High Challenge, High Support".

- **Auditing Methodology, Process and Practice:**

We will describe to Members how the Audit approach was developed, taking account of the learning from Ofsted, and from other authorities where inspection outcomes have been good. The presentation will cover how objectivity is provided and how the audit programme contributes to the quality culture which is being embedded across the service.

- **Quality Improvement Activity to support Practice Improvement:**

The audits are not a “stand-alone” exercise, they sit within a broad programme of quality improvement being implemented across the Service. The presentation will share with Members an outline of the range of activity taking place which underpins and supports the Quality Improvement agenda.

- **Quarterly Audit Programme:**

The presentation will set out our quarterly audit programme and describe the range of full case file and thematic audits that have taken place, and those that are planned, and how these support and inform progress against issues of practice identified during the Ofsted Inspection, and also those identified by managers as requiring further in-depth investigation. We will describe how the outcomes from each quarterly audit inform service improvement and development.

- **External Validation:**

In order to provide additional independent scrutiny, the Service engages with external auditors who carry out a bi-annual audit of randomly selected cases that have been audited by service auditors. The presentation will share the findings from the two independent exercises carried out to date.

- **Audit Outcomes:**

Members will be provided with an overview of the outcome of the first three quarters auditing from January to September 2017. The progress and quality improvement journey which the audits are demonstrating is taking place across the Service will be described.

- **Next Steps:**

The presentation will conclude with the key actions and next steps being taken by the Service to continue to drive quality improvement activity.

## **Recommended**

- 5 Members of Children and Young People’s Overview and Scrutiny Committee are requested to receive the presentation and comment accordingly.

## **Background Papers**

None

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Contact: Julie Scurfield Tel: 03000 261 630

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**Appendix 1: Implications**

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**Finance - None**

**Staffing - None**

**Risk - None**

**Equality and diversity/Public Sector Equality Duty - None**

**Accommodation - None**

**Crime and disorder - None**

**Human rights – None**

**Consultation - None**

**Procurement – None**

**Disability Issues - None**

**Legal Implications- None**

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# Children and Young People's Services Quality Improvement Framework

October 2016



Together we can do

**GREAT THINGS**

# Children and Young People's Services Quality Improvement Framework

October 2016

## Contents

	<b>Page No.</b>
Aspiring For Excellence	3
Introduction	4
Getting to Good	4
Our Approach with Children, Young People and Their Families	5
Aspirations for the Workforce	6
Achieving Excellence	7
Getting it right the first time	8
Single Assessments and Manager Checkpoints	8
The Working Environment	9
Quality Assurance Activities	9
Quality Assurance of Reports and Management Sign Off	9
Case File Checklist	9
Standard Case File Audits	10/11
Audit Programme	12
Benchmarking	13
Practice Observations	13
Supervision Audits	14
Service User Feedback	14
Dispute Resolution Process – Independent Reviewing Officers (IRO)	14
Measuring Impact and Progress	15
Quarterly Quality Report	15
Future Aspirations	15
Appendix 1 - Key Practice Standards (KPS)	16
Appendix 2 - Audit Programme	17
Appendix 3 - Case File Audit Tool	18/24
Appendix 4 - Auditors Handbook	25/62

# Aspiring For Excellence

Durham County Council’s Children’s Services have a dedicated, skilled and professional workforce who aspire to change children’s lives for the better. Not just by improving the circumstances of an individual child but by transforming them, and their future life opportunities. Each of the services within Children’s Services, and the individuals who make up their teams are driven and committed to working in partnership with children, young people, their families and other agencies to give every child the very best opportunities in life enabling them to fully achieve their unique potential regardless of their family’s circumstances. Ensuring the safety and welfare of the most vulnerable children who need help and protection are at the centre of this aspiration.

We want our workforce to be knowledgeable and confident in their decision making and interventions and for them to thrive in an environment of high expectations, high support, and high challenge. We aim to champion good quality frontline practice and management, leading to the best outcomes for children and young people: Only good is good enough and excellence is our aspiration. Our quality journey strives to attain the consistent provision of a good, and ultimately excellent, service for every child, young person and family with whom we work, by getting it right the first time.



Together we can do

**GREAT THINGS**

# Introduction

This framework provides the basis for the continual development, improvement and review of frontline practice and encourages innovation and creativity which is reasoned and evidence-based. It brings together the opportunities and duties, which arise throughout the life of a case and the child's journey to ensure good quality casework which is comprehensively and concisely recorded.

Durham has found that:

- Too many children and young people are left too long suffering from chronic neglect;
- The level of re-referrals for families who have received specialist support is too high;
- There are too many children in receipt of statutory services;
- Placement stability could be improved;
- Social work practice is not always effective at achieving lasting change;
- Too many care leavers were NEET (young people Not in Employment, Education or Training) and became involved in safeguarding services once they became parents.

In response to this, through our Innovations Programme, an approach has been devised that includes early help, high quality and more intensive social work, proactive intervention which is child centred and takes a whole family approach to assessment of need and risk, and subsequent interventions.

Through the Innovations Programme our ambition to fundamentally transform our approach to helping children lead safe, happy and fulfilling lives has led to the introduction of Families First teams. These teams are situated within area Hubs co-located with the One Point teams to aid the sharing of knowledge and skills and the provision of seamless and well-coordinated working across the service for the benefit of service users in cases that require escalation and de-escalation.

# Getting to Good

Good quality casework has a strong correlation with good outcomes for children and young people and with professional pride, motivation, satisfaction and accomplishment. There is a genuine and powerful desire amongst staff to be consistently good or beyond in their casework practice and a commitment to beating the barriers to this which add to the complexities of safeguarding children.

Sharing a common purpose and an understanding of what good casework looks like is fundamental. Recognising and discussing good aspects of casework and those areas which require strengthening as individuals, between peers, between supervisor and supervisee, in teams and in management teams leads to a more universal benchmark of what is good and that which must be improved. This approach also supports learning through experience and reflection which is more likely to become embedded and applied to future casework.



# Our Approach with Children, Young People and their Families

Delivering a service that promotes the wellbeing and ensures the safeguarding of children is a highly complex and demanding task: elements of risk and some uncertainty is inherent. It is our ambition, and is central to the design of services and how we deliver them, to work with children, young people and their families in a balanced, respectful, supportive and transparent manner which:

- Is consistently child centred
- Provides support and practical help at an early help stage and beyond
- Provides more intensive support
- Takes a holistic assessment of need using a whole family approach
- Relies on a multi-agency approach to assessments and service provision
- Takes a solution focussed and restorative approach
- Has SMART (Specific, Measurable, Achievable, Realistic, Timely) goals which are common to and shared with the child, young person and family and are outcome focused
- Is empowering and attentive to the voice of the child, young person and family members
- Aims to understand and strengthen family relationships and parenting capacity
- Takes a persistent, assertive and challenging approach
- Demonstrates professional curiosity and a respectful apprehension



- Information is systematically broken down and evaluated objectively leading to decisions, and the rationale for these, being transparent and understandable
- Is informed by evidence through the use of approved evidenced-based tools
- Genuinely adds value and positive impact to the child and young person's lives

These approaches are supported by service specific policies, procedures, guidance and standards (which should be read in conjunction with this framework) including: the Single Assessment Procedure and Practice Guidance Procedures; Families First Procedures; One Point Procedures; LAC Procedures, LSCB Child Protection Procedures; Early Help and Neglect Strategy; for social workers Standards of Conduct, Performance and Ethics and for managers of social workers Knowledge and Skills Statement for Practice Leaders and Practice Supervisors

# Aspirations for the Workforce

No system or approach can be stronger than the workforce operating within it: our workforce is our greatest asset. We strive to support and build on the experience and strengths of our professionals, in order that we can deliver good services effectively. Workers holding a sense of ownership and professional pride in their work and taking appropriate levels of accountability is expected and contributes to the raising of standards. We have a strong commitment to recruiting and retaining good and valuable staff.

Social workers and their managers hold additional responsibilities and accountability due to the level of complexity and risk within the families with whom they work as lead practitioners and duty social workers. They are also required to meet and follow prescribed standards of conduct, performance and ethics in order to satisfy their continued registration. Training, supervision, management, reflection on practice, challenge and support must, as with all practitioner disciplines, be of a high quality and aligned with their profession's specific expectations and standards. This provides the opportunities for them to enhance their social work expertise and flourish within their teams.

There is a commitment to developing the very best working environment in which staff expect and welcome the checks and balances which support safe and good quality practice.

We continue to invest in good and relevant training for all staff to complement their initial training and qualifications so as to maximise each workers' potential in their career. This is driven by the 'Raising the Bar' group which has been introduced to address the challenges of continuous staff recruitment, retention and staff progression. A key focus is on reaching and maintaining appropriate and manageable caseloads for all staff. This is a significant aspect of developing the best working environment in which levels of support, work-life balance and good quality practice can be maximised.

As part of our Innovations Programme we are ambitious about practice transformation for social workers and other Children's Services practitioners.

Our programme seeks to:

**Deliver a significant programme of workforce transformation designed to create a new culture by developing new skills and attitudes, through training, mentoring, reflective practice, clinical consultation and challenge.**

This is additional to, and sits alongside, the Children and Adult Learning Development Programme which provides general workforce development opportunities for working with children, young people and families across all levels of the 'Durham Staircase'. The application of this training and knowledge into casework is further supported by the introduction of the Social Work Consultant role, reflective supervision and learning communities. The continuing development of reflective practice is a cornerstone on which practice and decision making can become more analytical, understandable and safer.

Learning from our own Serious Case Reviews and other cases that go wrong, as well as nationwide Serious Case Reviews needs to be further embedded into frontline practice with frequent and regular learning and discussions. Too often, the same mistakes are repeated.

Our strong programme for newly qualified Social Workers in their Assessed and Supported Year in Employment (ASYE) continues. May 2016 saw the introduction of the AYSE Academy, a 'grow your own' innovation which has recruited 12 AYSE social workers over establishment who are separately managed, given a range of social work experiences and casework within their first year before being deployed into vacancies.

Career progression pathways from practitioner to manager are also being developed through an Aspirant Managers Programme which includes the provision of coaching and mentoring support. These innovations will provide rich opportunities to improve frontline practice and its management and support staff in safely stretching their skill sets in a supported manner.

# Achieving Excellence

Our involvement with children, young people and families must be of a consistently good standard. Accountability for quality, the continuous improvement and maintenance of good and aspirational standards of frontline practice with children and families is the responsibility of practitioners and managers at every level. Central to this is the ongoing development of a culture of transparency, continuous workforce development with analytical, supportive reflection and evidenced professional challenge.

Our improvement journey is underpinned by the following key principles:

- ✔ **Accountability for quality is everybody's business:** practitioners and managers shall be professionally responsible for the quality of frontline practice to children, young people and families.
- ✔ **Common understanding of what is good:** identifying and having a consensus of what good looks like, sharing and building on good practice are key to standard setting and improvement.
- ✔ **A culture of high expectations, high support and high challenge:** safe and effective services are dependent on a valued, well-supported and skilled workforce of practitioners and managers. There is an expectation on practitioners and managers to routinely facilitate and engage in dynamic, critical thinking where issues are broken down systematically, evaluated objectively and knowledgeably challenged or commended.
- ✔ **Learning not blaming:** restorative quality improvement through learning and building on strengths in a context of mutual ownership and responsibility supports reflective thinking and continued workforce development.



- ✔ **Child centred work:** ensuring that casework, and its review, is always child centred, focused on the child's journey and maintains the uniqueness of each individual child at the forefront of assessments, planning and interventions.
- ✔ **Focused on experiences and outcomes:** quality assurance review of the child's journey and practice should be outcome focused rather than solely on compliance with procedures and performance management.

The Key Practice Standards (KPS) (Please refer to Appendix 1) clearly identify what is expected of all casework across the service and underpins good practice, leading to the best outcomes for children. Key Practice Standards and accountability for these being continuously met should carry a strong emphasis throughout the induction process of new staff and continuously through all casework support, supervision and appraisal.

Each service within Children's Services has, and will continue to develop, quality improvement and assurance activities in response to specific service and relevant regulatory body requirements. The Key Practice Standards are common expectations and standards shared between all services which includes rigorous evaluation of the child's journey and quality of casework. The Quality Improvement Framework is not designed to restrict these but to provide a common framework of expectations.

## Getting it right the first time

Improvement in the quality of casework is reliant on reflective practice, high expectations and a number of quality improvement activities and approaches which start immediately prior to allocation and continue right through the life of the case.

Time to properly plan and allow for critical thinking and reflection enables a more analytical approach to safeguarding, makes getting it right the first time more likely and reduces the time taken for avoidable re-working. Most importantly it can avoid a child or young person experiencing the impact of poor decision making or practice.

Opportunities and the checks and balances provided for this to develop include, though are not restricted to, case discussions, case review clinics, 1:1 supervision sessions, group supervision, situational supervision, reflective supervision, observations of practice and use of 'manager checkpoints'. When these are dynamic in nature, with appropriate and supportive levels of professional challenge and incorporate the testing out of the validity of hypotheses and decisions, they provide fuller understanding and therefore analysis of issues and added safeguards for children young people and their families as well as providing professional safeguards for practitioners. They provide opportunities to consider the child, young person, family and their difficulties 'through a different lens' or by taking a 'critical friend approach', 'playing devil's advocate' or 'holding a mirror up to one's own practice' and ultimately 'stopping the line' of poor practice by not letting it go on unchallenged and insisting on improvement.

The learning at these points and the subsequent actions undertaken to further improve the casework are all integral to good quality case management resulting in better outcomes for children.

It is the actions taken prior to the quality assurance of written work, manager sign off and auditing that make the immediate difference and improves and maintains good practice standards. These operational quality improvement or 'live' activities improve practice at a time when the benefits are tangible to the child, young person and their family. Audits should provide the reassurance by evidencing improved practice, or otherwise, and signpost future focus areas for casework improvement and action.

## Single Assessments and Manager Checkpoints

The planning and carrying out of the Single Assessment is fundamental to the interventions which follow. Properly applied manager checkpoints at the point of allocation, and days 10, 28 and 40 can ensure that work is well planned, timely, on track or put on track and that there is an effective schedule for ensuring that the issues are proportionately addressed during the assessment period.

Manager check points provide the opportunity for the work to be systematically appraised and reflected upon during the start (planning and analysing), middle (action, and analysing) and end (conclusions and analysing) of the assessment period, and at a time when improvements made are meaningful to the child, young person and family. Rigorous application of the Key Practice Standards through reflection and challenge supports a higher level of information analysis and the completion of a proportionate, timely and good quality assessment, which is more likely to be of a good quality at the quality assurance stage and reduces the time spent on preventable reworking. A good assessment provides the foundations for the quality of the subsequent family/care plan and interventions and is likely to impact positively on the outcomes for the child.

# The Working Environment

Developing the right positive working environment which is conducive to producing and maximising good work is significant and contributes to, and further enhances, a stable, competent and well supported workforce who feel a sense of belonging and purpose. We are committed to providing:

- Manageable caseloads;
- Effective business support including the introduction of Team Coordinators in some teams to free up social worker's time allowing them to spend more time with families;
- Flexible working and support to achieving a positive work-life balance,
- Relevant and up to date training;
- Good, regular, reflective and challenging supervision;
- Greater opportunities for reflective practice through situational supervision and the introduction of Learning Communities, and access to Social Work Consultants;
- Smoother and more intuitive IT Systems;
- Accessible and visible senior managers.

## Quality Assurance Activities

The programme of quality assurance activities, which serves to provide insight review of the quality of case work and management grip and oversight, includes:

- Case File Checklists
- Standard Case File Audits
- Thematic Case Audits
- Supervision Audits
- Observed Practice
- Benchmarking
- Service User Feedback

- Principal Social Worker network and Health checks
- Independent Reviewing Officers' Dispute Resolution Process

All of the audit processes include an element of moderation to ensure that the consistency of judgements are applied across the auditing programme and that the standard for good casework is maintained.

The collation of all audit findings, their analysis and subsequent action at each management level, and the dissemination of the learning gained makes the very best use of the data by making it meaningful to frontline practitioners' practice.

## Quality Assurance of Reports and Management Sign Off

Reports should all be quality assured by managers in order to provide scrutiny and knowledgeable challenge in a way that makes practitioners feel supported and empowered to make professional judgements, and to assure or improve the standards of work. Key Practice Standards need to be rigorously and objectively applied with the expectation that they are met to a good or above level. Feedback, what is good and what needs strengthening, is given directly to the practitioner. The work should not be signed off unless the work meets the Key Practice Standards to a good standard.

## Case File Checklist

Case file checklists are to be completed within the first 45 days on every case new to the team and then no more than every twelve weeks thereafter, unless a higher frequency is necessary.

Again, case file checklists require rigorous application and any required actions to ensure good standards is made explicit, has a timescale and is reviewed.

# Standard Case File Audits

Regular standard case file audits are completed across Children's Services with the exception of Secure Services. In order to gain the best learning and improvement from all auditing it is essential that the emerging themes, the evidenced good practice and learning points, are collated, analysed, shared and understood at an individual practitioner, team, locality and service area level.

Case File Audits are completed in each quarter of the year. The sample for each quarterly case file audit will consist of 5% of the open cases for each service which are randomly selected. The Head of Service, Operations Managers, Team Managers, Senior Practitioners, Social Work Consultants, Service Improvement Manager and any other auditor (which may include Independent Reviewing Officers) will be informed at the start of the auditing quarter of the cases identified. All Case File Audits are audited by peer auditors. Work requiring auditing is allocated in such a way that peer auditors do not audit work of practitioners whom they manage. The rationale for this is that audit findings can be strengthened by work being audited by peers who do not hold line management responsibilities for the work. It can bring more objectivity by limiting the influence of what is known about the case from other sources, such as supervision and case discussion, to what is evident from the file.

Peer auditors are expected to audit and submit a proportion of case files each month in each quarter, using the relevant Children and Young People's Service case file audit tool and accompanying auditors handbook (see Appendix 3&4) Primarily, every audit should focus on quality, the child's experiences over the past twelve months, added value of our intervention, outcomes and will include relevant performance and practice compliance with procedures. The overall focus must be on the quality of the child's experience.

Each audit will include a discussion with the Team Manager with case responsibility, the lead practitioner and, if relevant, the Independent Reviewing Officer (IRO) in order to make the audit process more holistic. This also assists in capturing work undertaken but not evident from the file, emphasising the need for good recording.

With every audit undertaken direct and timely feedback to the practitioner and their manager makes it purposeful and is an essential element of practice improvement. It should not wait until a formal supervision session. It is important that this learning is presented in a way which nurtures a culture of high expectations, high support and high challenge.

Each peer auditor is responsible for providing audit feedback to the Team Manager who holds management responsibility for the audited case. The auditor and Team Manager will agree between them who will provide the direct feedback to the practitioner and by when.

The Head of Children's Services is required to complete one case file audit each quarter on an audited case. In addition to this they will also be involved in some quarterly case file audits. The Corporate Director for Children's Services is required to observe or complete two case file audits or benchmarking sessions each year and the Chief Executive is required observe one case file audit or benchmarking session each year.

If, in any case file audit, the case is graded as less than good a Quality Improvement Support Plan is required to be completed immediately by the auditor. This is discussed with the case responsible Team Manager who, in turn, discusses it with the practitioner, agrees a timescale of the actions and support and reviews this. This should form part of the case file audit feedback provided. A copy must be placed on the practitioner's supervision file. Timescales and a review date should be set within four weeks of the actions having been identified. It is the responsibility of the Team Manager and Operations Manager to ensure that all Case Action Plans are closely monitored and discussed in supervision.

A copy of each Quality Improvement Support Plan should be sent to the Operations Manager and Service Improvement Manager. This information should be analysed with any themes and patterns at individual practitioner, team and, or, locality level being pulled together and action being agreed and taken forward.

If, during any case file audit a child is deemed to be unsafe due to poor practice and or unaddressed safeguarding issues are identified or the case file is graded as inadequate, the peer auditor should escalate the case and consult with the relevant Operations Manager who, with the Team Manager, will determine what immediate action needs to take place to protect the child. If necessary, this will be further escalated to the Strategic Manager. Additional case file audits/case reviews to specifically evaluate the practitioner's other work, the scope, timescale for these and who will complete them will be determined by the Operations Manager with the Team Manager and reviewed.

Particularly good or outstanding work identified in audits that may be suitable as good practice examples should be moderated by the Operations Manager, circulated to teams and sent to the Service Improvement Manager. All audit findings should form part of supervision discussions with individual practitioners and learning activities identified where appropriate.

Key themes taken from all the team's audits are collated and analysed by the Team Manager on at least a quarterly basis, more frequently if strong themes emerge at an early stage. These themes, the learning points and good practice, are disseminated to the team and discussed and compared with previous quarterly audit findings. Team Action Plans, where necessary, will be formulated at team meetings. The quarterly themes are also disseminated to the relevant Operations Manager and the Service Improvement Manager.

The Operations Manager collates and analyses locality themes, the learning points and good practice, and the quality trend (improvement, standing still, and decline) and disseminates these to their locality teams, Strategic Manager and the Service Improvement Manager.

The Service Improvement Manager collates themes, the learning points and good practice, and quality trends for the service areas and disseminates these to the Head of Service, Strategic Managers and Operations Managers for further action planning and dissemination.

# Audit Programme

The introduction of an annual programme of audits is to run each year. (see Appendix 2) This will include Thematic audits in response to service priorities identified through service improvement themes emerging from audits and Serious Case Reviews and agreed by the Strategic Managers. In addition to this, at least 2 audits each year will be completed using commissioned external auditors providing extra moderation from an independent source.

Additional specific service area thematic audits may take place during the year. The Service Improvement Manager should be involved in the planning of these and they should include a strong flow of feedback for the individual practitioner, team, locality and service area.

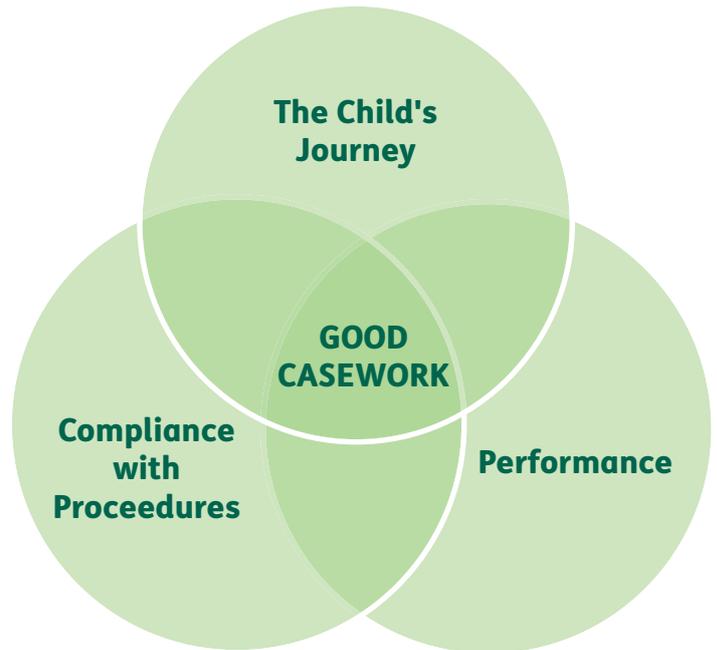
The process of each planned thematic audit involves four main elements:

- Standards and expectation are made clear and examples of good practice are made available
- Provision of additional training, coaching, workshops prior to and following the audit taking place if required
- Audits are completed by auditors who do not have line responsibility for the case or practitioner
- Strong feedback loops of themes of good practice and learning points is provided

The Quality Improvement Group is made up of a diagonal slice of managers and practitioners and considers audit standards and quality improvement. Prior to the audit taking place the Quality Improvement Group meet to:

- Define what good looks like;
- Agree on a small, but not exhaustive, number of non-negotiable elements that must be present for the audited work to be graded good or above where appropriate;
- Identify good examples of work relating to the theme of the audit;
- Design the audit tool and agree on the numbers for the sample.

The primary focus of the thematic audit tool will be on the quality of the child's experiences over the past twelve months and will include compliance with procedures. Good practice will demonstrate strong, positive elements of each of these domains but will predominantly be viewed through the child's journey and their experience and the impact of our involvement.



Operations Managers will provide information, good examples and a copy of the thematic audit tool to their Team Managers and practitioners in advance of the thematic audit taking place. This is discussed at team meetings along with any relevant procedures and guidance. Any additional learning needs should be identified which may be addressed by competent practitioners, Senior Practitioners, Social Work Consultants, Team Managers, Operations Managers, Workforce Development or the Service Improvement Manager.

Cases for thematic audit will be selected randomly. The Strategic Managers, Operations Managers, Team Managers and Service Improvement Manager will be informed of which cases have been selected at least one week in advance of the audit commencing. Cases for auditing are allocated in such a way that auditors do not audit work of practitioners whom they manage.

The peer auditor discusses with, and sends a copy of the completed thematic audit tools to the Team Manager with case responsibility, drawing attention to any work that requires a Quality Improvement Support Plan and to the Operations Manager to ensure that they have an overview. The auditor and Team Manager will agree who will provide the direct feedback to the practitioner and by when.

Team Managers collate the themes, good practice and learning points, for their team and disseminate to the team, Operations Manager and Service Improvement Manager to allow themes, good practice and learning points, to be collated for localities and services. Any work deemed as being particularly good or outstanding may be used as good examples.

Preliminary findings and a suggested action plan is formulated at the end of the thematic auditing process and presented at the Children's Services Senior Management Team (CSSMT) Meeting. This may include a plan to complete a further Thematic Audit on the same theme at a later date. Once agreed, the findings, the good practice and learning points, are disseminated to Operational and Team Managers and their teams for discussion and team targeting.

## Benchmarking

Benchmarking, whereby groups of managers and practitioners review and quality assure the same piece of work against agreed standards supports the development of a common understanding of what is good.

Benchmarking is to be carried out initially with the Head of Service, Strategic Managers, Operations Managers and Team Managers.

During benchmarking the selected work will be considered and graded using the relevant audit tool with a focus on quality, the child's experiences over the past twelve months, and the added value of intervention and achieved outcomes. It will include compliance with procedures.

A similar process at a team and practitioner level will also take place allowing greater learning, moderation and peer review.

## Practice Observations

This should be read in conjunction with the Guidance Note for Direct Observation of Social Workers (requires updating to include all practitioners). Children's Services practitioners' direct practice is observed twice yearly, once in each half of the year. Observed practice is usually completed by the practitioner's Team Manager, Senior Practitioner or Social Work Consultant. The two observations should be on different types of practice with one each year being direct work with a child(ren).

The observed practice should be agreed and planned in advance and the consent of the service user(s) secured. The Children and Adult Services Social Work Staff Direct Observation Form is used to record planning, observations and reflections.

Team Managers' practice should also be observed twice annually by the Operations Manager. One of these should be an observation of a supervision session. The consent of the practitioner whose supervision session is to be observed should be sought in advance.

## Supervision Audits

Effective frontline supervision, both formal and situational, is necessary for good, safe practice and professional development. Supervision and within that the opportunity for Practitioners to reflect on their practices is an integral part of casework improvement and as such its quality needs to be consistently good or above. The auditing of supervision sessions supports improved quality and consistency in approach and recording. This should be read in conjunction with the Professional Practice Standard for Children's Services Team Managers.

**All Team Managers** will audit one supervision file for each practitioner who supervises other practitioners within the team once a year, using the supervision audit tool. The supervision audit tool and the findings of the audit, the good practice and learning points, should be discussed and recorded at the following supervision and any actions reviewed. The completed supervision audit tool should be sent to the Operations Manager and Service Improvement Manager.

**Operations Managers** will audit one supervision file, using the supervision audit tool, for each Team Manager once a year. The supervision audit tool and the findings of the audit, the good practice and learning points, should be discussed with Team Manager at their following supervision and any actions reviewed within an agreed timescale.

**Strategic Managers** will audit three supervision files from their service area each year, and will include auditing Operations Managers supervision. The supervision audit tool and the findings of the audit, the good practice and learning points, should be discussed with the Operations Manager and recorded at the following supervision and any actions reviewed.

**Head of Service** will audit the supervision files of the Strategic Managers once a year.



FEEDBACK

## Service User Feedback

Service user feedback, compliments and complements provides a valuable insight into how it feels to receive services and their effectiveness directly from the people we want to help. Themes and information from the Annual Service User Survey, from compliments and complaints will be collated and used to inform thematic and case file audits. The data will also be linked to and be considered within the analysis of other quality assurance data and quality improvement information.

## Dispute Resolution Process – Independent Reviewing Officers (IRO)

The Dispute Resolution Process is applied to both looked after children and children who are the subjects of a child protection plan. The process provides arrangements for challenges to practice quality and performance. Themes and patterns are collated by the IRO Manager and reported to the CSSMT on a monthly basis informing actions to be taken. This data will also be linked to and be considered within the analysis of other quality assurance data and quality improvement information.

# Measuring Impact and Progress

Regular analysis of the feedback and data received from quality assurance activities informs us of whether what we are doing is achieving the changes to quality of frontline practice that we require. Using the data to inform us of strengths and weaknesses provides further opportunity to build on successes and develop new, innovative and focussed action plans to make further improvements.

Positive outcomes from the renewed focus on quality and getting it right the first time will be evident in:

- More children and young people receiving help before they reach a safeguarding level with them therefore being protected from significant harm or the likelihood of significant harm.
- A lower number of referrals into the social work teams and improved long term outcomes.
- A reduced number of children and young people will be the subjects of a child protection plan for neglect
- Less children becoming looked after as a result of different social work interventions which enable them to live within their family safely
- More families will receive long term, sustainable community based support through voluntary and community sector leading to a reduction of re-referral rates
- Wherever possible, children, young people and families will have a worker who will remain constant regardless of their level of need. There will be a planned approach at key transition points.
- All members of the family will have their needs met through the Think Family model which is implemented across the service
- There will be a clear focus on impact and outcomes particularly related to education attendance, financial literacy, employment and training as well as parenting capacity
- More stability for a child or young persons' placement

- A reduction in young people who are NEET (young people Not in Employment, Education or Training)
- Families will report a higher satisfaction with services

## Quarterly Quality Report

A Quarterly Quality Report will draw together information on the quality improvement activities and the data from the quality assurance activities including the grading of cases in case file audits and thematic audits, particularly focusing on casework graded as good or above and casework graded below good. The presented data will also include other possible influences such as caseload numbers, service user feedback (complaints and compliments), Dispute Resolution Programme reports and staffing issues (sickness absence, vacancies, use of agency staff and staff turnover) allowing for a wider understanding of what issues impact, in either a positive or negative way, on the quality of casework.

The Quality Report will provide an analysis of the data and information gathered drawing out themes and patterns, standout strengths and learning points. It will consider correlations with the previous Quarterly Quality Report and show the improvement journey. Holding a wider and deeper understanding of the impact of the data and information will lead to better informed next step action plans. Whilst improvement is not always linear, regular and critical review of the improvement journey will ensure that if progress is not being achieved as required this opportunity is used to recognise and understand the level of impact and reassess next step action plans and amended if necessary.

## Future Aspirations

Good social care practice is ever evolving and practice improvement can never stand still, to do so results in complacency, the lowering of standards and ultimately poorer services and outcomes for children, young people and their families. Our aspirations for Children's Services will remain high through our shared vision of high expectations, high support high challenge and getting in right the first time for children, young people and their families.

# Appendix 1

Key Practice Standards (KPS)	
<b>KPS 1</b>	The assessment clearly identifies the needs of the child and the adults in the family / placement
<b>KPS 2</b>	The plan clearly identifies what needs to happen
<b>KPS 3</b>	There is clear evidence of child/young person and family/carers engagement and meaningful relationships with workers
<b>KPS 4</b>	There is clear evidence that meaningful and practical support is provided to the child / family / carers to facilitate change?
<b>KPS 5</b>	The child's journey and progress is clearly seen throughout involvement with services. (The auditors overall judgement about the quality of the child's experience)
<b>KPS 6</b>	There is clear evidence of the child's voice
<b>KPS 7</b>	Evidence of clear and robust decision making
<b>KPS 8</b>	High quality recording
<b>KPS 9</b>	Evidence of robust management grip and oversight
<b>KPS 10</b>	Inequality, diversity and the wider needs of the child and their family are identified and managed

## Appendix 2

### Audit Programme

In total: 5% of open cases will be audited every quarter

Period	Dates	Audit	Type	Who
Q2/Q3 2016/17	Sept - Nov 2016	Assessment	Thematic/Annual	All Auditors
	Nov 2016	External Audit - Ingsons	Full	Ingsons
Q4 2016/17	Jan - March 2017	Case File	Full	All Auditors
		Domestic Abuse	Thematic	6-10 Auditors
		Family/Care Plan	Thematic/Annual	All Auditors
Q1 2017/18	April - June 2017	Case File	Full/Quarterly	All Auditors
		Neglect	Thematic	6-10 Auditors
Q2 2017/18	July - Sept 2017	Case File	Full/Quarterly	All Auditors
		Case Recording	Thematic/Annual	All Auditors
		Section 20	Thematic	6-10 Auditors
Q3 2017/18	Oct - Dec 2017	Case File	Full/Quarterly	All Auditors
		Assessment	Thematic/Annual	All Auditors
		Section 47	Thematic	6-10 Auditors
Q4 2017/18	Jan - March 2018	Case File	Full/Quarterly	All Auditors
		Family/Care Plan	Thematic/Annual	All Auditors
		CSE	Thematic	6-10 Auditors
Q1 2018/19	April - June 2018	Case File	Full/Quarterly	All Auditors
		Research in Practice	Thematic	6-10 Auditors
Q2 2018/19	July - Sept 2018	Case File	Full/Quarterly	All Auditors
		Case Recording	Thematic/Annual	All Auditors
		Pre-Birth Assessment	Thematic	6-10 Auditors

# Appendix 3

**Children and Young People's Services Case File Audit Tool  
Evaluation of the Effectiveness of Frontline Practice in County Durham**

**Please Note: This tool will be produced as an electronic SNAP survey.  
The questions will be the same, though the format will differ.**

The Purpose of this Case File Audit tool is to ensure that auditors are consistently evaluating and recording the quality of the child's experience and the added value our practitioners, intervention and services provide. The tool brings together key practice standards, service expectations and best practice.

Auditors should:

- View the case file pronominally from the child's perspective and referencing compliance with procedures and standards.
- Evaluate the quality of the evidence within the case file for each relevant question and provide examples
- Identify the added benefit and outcomes of our involvement
- Include aspects of good practice and learning points.
- Always consider whether the case file audit raises issues for partner agencies or safeguarding issues for non-subject children.
- Ensure that all case files graded as less than good have a Quality Improvement Support plan attached.
- Use their professional judgement of the evidence within the case file to grade each question, which should inform the overall grade.
- Use the Auditor's handbook as guidance and a prompt for area/issues to consider, and the grading thresholds for each domain

<b>Name of Auditor:</b>		<b>Unique ID:</b>	
<b>Date of Audit:</b>		<b>Name of Child:</b>	
<b>Period Covered by Audit</b>		<b>Date of Birth:</b>	
<b>Name of Practitioner:</b>		<b>Family Name:</b>	
<b>Name of Team Manager</b>		<b>Type of Case:</b>	
<b>Brief details of the context of CYPS involvement including concerns/risks</b>			
<b>Grading Threshold Summary</b>			
When selecting grades, the case file should be viewed primarily from the perspective of the quality of the child or young person's experience, and compliance with procedures and performance			
Outstanding	There is strong and consistent evidence of good/outstanding quality		

	<p>practice throughout with child/young person's circumstances clearly having been improved as a result of partnership working with agencies and the family. Risks are identified, analysed, reduced as a result of intervention and reviewed. Practice is compliant with practice guidance and policies to a high standard. Specialist knowledge/research underpinning best practice is embedded within assessments, reviews and recording.</p> <p>This grade indicates best outcome for the child/young person</p>
Good	<p>There is evidence of good quality practice throughout with child/young person's circumstances clearly having been or are being improved as a result of partnership working with agencies and the family. Risks are identified and analysed and reduced as a result of our intervention and are reviewed. Practice is compliant with practice guidance and policies to a good standard. Some minor actions may be required on the case.</p> <p>This grade indicates good outcomes for the child/young person</p>
Requires Improvement	<p>There is some, inconsistent evidence of good practice with significant aspects that could be improved upon. The child/young person's experiences of services have not always been timely and/or of good quality though some improvement in their circumstances is evidenced. Practice is generally compliant with practice guidance and policies with standards being followed, however, there are some gaps in assessment, planning, interventions or direct work with child/family.</p> <p>This grade indicates that the outcome for the child could have been better. Some actions are required on the case.</p>
Inadequate	<p>Practice lacks focus, practice standards have not all been adhered to and there are significant gaps with purposeless delay and drift evident. Assessments, plans, intervention or direct work with children young people or their family provide limited scope to improve their circumstances. There is no clear added benefit of services or involvement.</p> <p>This grade indicates that the outcomes for the child/young person should have been better. There are significant actions required on the case</p>

	<b>Audit Domain</b>	<b>Please provide evidence of the quality and effectiveness of the help and protection provided to children/young people and families.</b>	<b>Grade</b>
		<b>This should include your rationale for the grade given (i.e., I have graded this as good because...)</b>	
1.	<p><b>The Quality of the Referral/transfer</b></p> <p>The reason for, and the detail in, the referral and or transfer is appropriate, clear and is progressed efficiently</p>		

2.	<p><b>The Quality of Assessment</b></p> <p>The assessment is timely, proportionate to, and shows a good understanding of, the child/young person's and family's needs. Is analytical and of good quality with the potential of leading to an outcome focused Care Plan/Family Plan.</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed Requires Improvement</b></p>		
3.	<p><b>The Quality of the Care Plan/ Family Plan</b></p> <p>The Care Plan/Family Plan flows logically from the assessment and is easy to understand. It focused on what needs to change, how this will be achieved, how it will look once achieved and is measurable.</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement</b></p>		
4.	<p><b>The Quality of the Chronology</b></p> <p>There is an up to date chronology which is multi agency, reflects significant events in the child/young person's life, is up to date, concise and in line with LSCB requirements</p>		
5.	<p><b>Risk</b></p> <p>Risks are identified, responded to and reduced effectively throughout. Includes risky behaviour of the child or young person and those posed by parents/adults.</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate</b></p>		
6.	<p><b>Visits to the Child or Young Person</b></p> <p>All visits to the child/young person take place at the appropriate frequency specified by the Care</p>		

	<p>Plan/Family Plan and Team Manager:</p> <ul style="list-style-type: none"> <li>• are in line with statutory requirements (if defined)</li> <li>• are clearly purposeful</li> <li>• the child/young person is seen alone - age and understanding permitting</li> </ul>		
7.	<p><b>Involvement and the Voice of the Child/Young Person</b></p> <p>The child/young person are appropriately involved and their views, wishes and feelings are sought, listened to and represented.</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate</b></p>		
8.	<p><b>Involvement of Family and Carers</b></p> <p>Family and carers are appropriately involved and their views, wishes and feelings are sought, listened to and represented.</p>		
9.	<p><b>The Progress Made Towards the Intended Outcomes</b></p> <p>There is evidence of the goals and overarching outcomes identified within the Care or Family Plan being progressed. There is evidence of direct work focusing on:</p> <ul style="list-style-type: none"> <li>• The unmet needs of the child, young person and family</li> <li>• Reducing the risk of harm</li> <li>• Improving parenting capacity</li> <li>• Sustaining positive change</li> </ul> <p>Interventions have purpose and relates specifically to the Care Plan/ Family Plan and evidences the impact of interventions leading to good outcomes.</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate</b></p>		

<b>10.</b>	<p><b>The Quality of Decision Making</b></p> <p>All decisions are explained, child centred, balanced, well thought through with the rationale for following one course of action over another being made explicitly clear</p>		Please select
<b>11.</b>	<p><b>The effectiveness of Management Oversight and Direction</b></p> <p>There is regular case supervision and case discussions which are reflective and challenging and identify what has/has not been achieved and next steps/direction is agreed or, where necessary, directed.</p>		Please select
<b>12.</b>	<p><b>The Quality of Review</b></p> <p>Reviews are in line with statutory and service requirements and are regular, inclusive and demonstrated robust scrutiny, challenge and includes an evaluation of the effectiveness of Care Plan/Family Plan and interventions.</p>		Please select
<b>13</b>	<p><b>Diversity</b></p> <p>Consideration is given to the impact of equality and diversity issues, including the impact of deprivation, being a looked after child or living apart for parents or siblings etc. may have on the child, young person and their family.</p>		
<b>14.</b>	<p><b>Quality of Recording</b></p> <p>Case Note recordings are clear and reflective of the work undertaken and focusses on outcomes for the child/young person</p> <p>(Please Note: this domain primarily focuses on case note recording, the quality of other recordings in specific documents such as assessments and Care/Family Plans should be commented upon in the relevant domain)</p> <p><b>Limiting Judgement – if this question is graded as inadequate the overall</b></p>		Please select

	<b>grade cannot exceed requires improvement</b>		
<b>15.</b>	<b>Placements LAC Only</b>  Looked After Children are prepared and matched to placements that consistently meet their needs, are local and take into account their wishes and feelings.		Please select
<b>16.</b>	<b>Independence LAC Only</b>  Young people are prepared for independence and are living in good quality, safe, permanent and affordable accommodation that meets their needs		Please select
<b>17.</b>	Brief note of any <b>standout strengths</b> within the case file.		
<b>18.</b>	Brief note of anything that would have made the case file stronger/moved it up a grade.		
<b>19.</b>	<b>Overall grade</b>  (Ensure that the evidence within this audit tool supports the overall grade and consideration is given to how likely our involvement will contribute to improved outcomes for the child – the added benefit)	Please select  <ul style="list-style-type: none"> <li>• Outstanding</li> <li>• Good</li> <li>• Requires Improvement (Quality Improvement Support Plan required)</li> <li>• Inadequate (Quality Improvement Support Plan and escalation required)</li> </ul>	
<b>20.</b>	<b>Brief reason for grade given</b>		
<b>21.</b>	<b>Escalation and Immediate Action</b>  If the case file has been graded as inadequate, is urgent action required due to immediate risk to the child or young person?	Please select	If yes, provide the name of the person you have spoken with (full action details to be recorded in Case Notes)

<b>Audit Discussions</b>	Please select
I have shared and discussed this audit with the Lead Practitioner	Please select
I have shared and discussed this audit with the Team Manager	Please select
I have discussed, where appropriate, this audit with the child's IRO?	Please select

## Children and Young People's Services Quality Improvement Support Plan

A Quality Improvement Support Plan is to be completed for each case which has been given an overall grade of less than good (requires improvement and inadequate). The Support Plan must include actions which are specific to improving the quality of the case file and practice.

<b>Name of Child:</b>		<b>Date of Audit:</b>	
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Action/Support Required	Responsible Officer	Date for Completion	Manager	Date action will be reviewed

<b>Auditor's Checklist</b>	<b>Confirm</b>
Audit tool on child or young person's file	
Audit tool, and if required the Quality Improvement Support Plan, has been sent to the Team Manager	
Entered onto SSID	
Audit tool completed on SNAP and submitted	
Quality Improvement Support Plan completed, if required	
Escalated, if required	

## Case File Audit Handbook

Children and Young People's Services  
Evaluating the Effectiveness of Frontline Practice in County Durham

### Introduction

This handbook provides guidance to auditors who audit Children and Young People's case files. The handbook is designed to promote a common understanding of what good looks like and to provide indicators to assist auditors in grading work in a consistent manner.

All case file audits should be completed by peer auditors: managers and supervisors who do not have management responsibility for the case for additional objectivity. Auditing is not an additional responsibility of managers and supervisors but is an integral part of their role. Auditing should be approached predominantly through the lens of the child/young person. It is their experiences and outcomes as a result of our services that indicate the quality and successfulness of our intervention. This is the primary purpose of case file auditing. Undoubtedly, the performance and practice of practitioners and managers is scrutinised during audits and may lead to performance management outside of audit processes.

### Using the Auditor's Handbook to Support Auditing

The case file audit tool contains 21 question domains which summarises the matters/standards requiring the auditor's consideration and grading. The case file tool contains a summary of overall case file grading threshold. In addition, this handbook contains, for each domain question within the case file audit tool, a threshold document describing what a specific piece of work would need to look like to be graded as outstanding, good, requires improvement or inadequate. Standards apply to all the work in the file whether it be by the lead practitioner or by the Duty Officer.

It is not necessary for every element described in each grading band to be present for the specific grade to be awarded. Indeed, there will be some elements that are not applicable to certain types of cases and there will be some overlap between grades. Some good aspects of practice may be evident in a case file that requires improvement or is inadequate. It is not a definitive list and auditors must apply professional judgement based on the evidence within each file when selecting the grade which best fits the experience of the child and the outcome.

The question domains 1 – 15 inclusive, of the case file audit tool should be completed for every case file that is audited. Question domains 16 and 17 are specific to children and young people who are Looked After, 18 and 19 can be used for any relevant comments and question 21 should be completed for case files graded as inadequate only. A professional judgement on the quality of each domain (excluding questions 18,19 and 21) should be made and be illustrated by you with specific evidence of good practice/what you liked or learning points/suggestions. A grade for each domain should be entered which will go towards informing the

auditor's judgement of the overall case grade and rationale. There is some unavoidable overlap between some of the question domains, for example decision making and management grip are closely aligned and visits to children and ascertaining their wishes and feelings also are closely aligned. If the evidence provided in one domain is relevant to a second, this can be cross referenced rather than it being repeated.

### **An Inadequate Grade**

Questions 5, 7 and 9 of the question domains have limiting judgements: In these areas, where a question domain is graded as inadequate the overall case file must be graded as inadequate too. If a case file is graded as inadequate during audit a Quality Improvement Support Plan should be completed. It is important that required actions and/or support are clear and purposeful, name who is required to carry out the actions and/or support, who will review and confirm the actions have been completed and/or support provided and the timescales for these. The matter should be escalated to the responsible Team Manager and their Operations Manager for additional/next steps to be agreed. This is not to say that the other question domains are not important or inadequacies within them won't lead to an overall grade of less than good.

### **A Requires Improvement Grade**

Questions 2, 3 and 14 of the question domains have limiting judgements: In these areas, where a question domain is graded as requires improvement the overall case file must be graded as requires improvement too. If a case file is graded as requires improvement during audit a Quality Improvement Support Plan is required which is attached to the case file audit tool. It is important that required actions and/or support are clear and purposeful, name who is required to carry out the actions and/or support, who will review and confirm the actions have been completed and/or support provided and the timescales for these. A case file graded as requires improvement may contain elements of good practice and these should be highlighted.

### **A Good or Outstanding Grade**

Celebrate good and outstanding practice and outcomes. When a case file is graded as good or outstanding ensure that this is highlighted and praised in the case file audit tools and feedback. If the case file, or aspects of it are particularly clear examples of 'what good or outstanding looks like' consider how this can be shared with managers and other practitioners so all can benefit.

Improvement isn't just about getting to good or beyond, it includes maintaining it, making it consistent across the service and further improvement: expectations and standards in social care continually grow and there is no place for complacency. Good and able practitioners and managers also benefit from recognition, suggestions and advice even if it is just 'putting the cherry on the top' of excellent practice.

### **Auditing Responsibilities**

As a minimum, auditors are expected to:

**1. Plan and protect time to read through the child's files (electronic and paper files) and digest the information before completing the audit tool questions.**

The case file audit particularly focuses on the work undertaken during the previous 12 months and it will be necessary to read in detail all case recordings: assessments; case notes; minutes; plans and significant documents, covering this period. It may also be relevant to review earlier work.

**2. Have discussions with the case holding practitioner and Team Manager**

In order to make the audit process a holistic review of the work undertaken discussions with the practitioner and the Team Manager should take place. Ideally, this would take place as a face to face meeting or, if this is not possible, by telephone though not by email.

These discussions should be used to clarify details of the case file where necessary and for the auditor to feedback the findings of their audit.

**3. Have discussions with the Independent Reviewing Officer (IRO) where applicable**

These discussions will add to the holistic review of the work undertaken and will usually be done by telephone.

**4. Ensure that appropriate records of the audit are maintained**

The auditor should ensure that a typed copy of the audit tool is placed on the child's case file, is recorded as having been completed electronically and is processed as defined in procedures.

Threshold Documents  
Defining Good

Summary of Overall Grading Threshold	
Outstanding	<p>There is strong and consistent evidence of good/outstanding quality practice throughout with child/young person's circumstances clearly having been improved as a result of partnership working with agencies and the family. Risks are identified, analysed, reduced as a result of intervention and reviewed. Practice is compliant with practice guidance and policies to a high standard. Specialist knowledge/research underpinning best practice is embedded within assessments, reviews and recording.</p> <p>This grade indicates best outcome for the child/young person</p>

Good	<p>There is evidence of good quality practice throughout with child/young person's circumstances clearly having been or are being improved as a result of partnership working with agencies and the family. Risks are identified and analysed and reduced as a result of our intervention and are reviewed. Practice is compliant with practice guidance and policies to a good standard. Some minor actions may be required on the case.</p> <p>This grade indicates good outcomes for the child/young person</p>
Requires Improvement	<p>There is some, inconsistent evidence of good practice with significant aspects that could be improved upon. The child/young person's experiences of services have not always been timely and/or of good quality though some improvement in their circumstances is evidenced. Practice is generally compliant with practice guidance and policies with standards being followed, however, there are some gaps in assessment, planning, interventions or direct work with child/family.</p> <p>This grade indicates that the outcome for the child could have been better. Some actions are required on the case.</p>
Inadequate	<p>Practice lacks focus, practice standards have not all been adhered to and there are significant gaps with purposeless delay and drift evident. Assessments, plans, intervention or direct work with children young people or their family provide limited scope to improve their circumstances. There is no clear added benefit of services or involvement.</p> <p>This grade indicates that the outcomes for the child/young person should have been better. There are significant actions required on the case</p>

## 1. The Quality of the Referral and/or transfer

### Domain 1 The Quality of the Referral or transfer

The reason for, and the detail in, the referral and or transfer is appropriate, clear and is progressed efficiently

#### Also Consider...

- Is the reason for the referral or transfer clear and succinct?
- Is the information about the child and family sufficiently detailed?
- Are the details of the referrer sufficient?
- Are potential risks/safety issues for the child clear?
- Are potential risks/safety issues for practitioners detailed?
- Has consent been given to share information where required?
- Has a discussion between transferring and receiving practitioner or manager taken place?

- **Inadequate**
- The case is unallocated
- The reason for the referral or transfer is unclear
- Insufficient or inaccurate details are provided
- Details of known potential risks/safety issues are not provided
- The referral or transfer not been progressed

#### Requires Improvement

- The reason for the referral or transfer is evident
- The information contained within the transfer or referral is unnecessarily limited
- Contains some limited information on the risks/safety issues for the child/young person and professionals
- The referral or transfer not been progressed in a timely way
- There is delay in the case being allocated

#### Good

- The reason for the referral or transfer is clear and succinct
- The information about the child/young person and family are appropriately detailed
- The details of the referrer are full and sufficient
- The potential risks/safety issues for the child are made explicit
- The potential risks/safety issues for practitioners are clear
- Consent has been given to share information where required
- There has been a discussion between the transferring and receiving practitioner or manager
- The referral or transfer has been progressed without delay
- The transferring of cases carries innate risks; these have been mitigated against by good communication
- Referrer has been appropriately update on the progression of the referral
- There is evidence of a discussion between Team Manager and practitioner

at the point of allocation

**Outstanding**

An Outstanding referral or transfer will meet and exceed the criteria described above for Good

- The transfer or allocation of the case is seamless and efficient

## 2. The Quality of Assessments

### Domain 2.

#### The Quality of Assessment

The assessment is timely, proportionate to, and shows a good understanding of, the child/young person's and family's needs. It is analytical and of good quality with the potential of leading to an outcome focused Care Plan/Family Plan.

**Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement**

#### Also Consider....

- Is the assessment proportionate to its purpose?
- Has a plan for the assessment been devised and followed?
- Has the assessment been completed in the appropriate and agreed timeframe and is this appropriate to the needs of the child/young person/family?
- Does the assessment proportionately address the child and young person's developmental needs, parenting capacity and family and environmental factors?
- Has a visit to the family home(s) been undertaken and has where the child sleeps been seen during the assessments period?
- Has the child been seen alone, age and understanding permitting?
- Have parents/carers/significant others been seen alone - particularly important when asking about or exploring domestic abuse?
- Has a genogram been completed with the family?
- Is there and up to date chronology to support and inform the assessment?
- Is there a clear and concise analysis of the identified needs/unmet needs, risks and protective factors? for example, it shows the impact (positive and negative) of parental behaviours and parenting has on the child/young person, identifies patterns and cycles, assesses capacity for change and the impact of no/limited/good progress on the child/young person?
- Are all risks identified and addressed/managed?
- If the child/young person at risk of Child Sexual Exploitation (CSE) has this been recognised and immediate steps taken to protect?
- Has direct work with the child or young person included exploration of the reason for the referral and other risk/concerns identified?
- Have appropriate tools been used with the child and/or family members and are these evidenced?
- Have issues of domestic abuse, mental health, disabilities, and problematic substance misuse been appropriately explored with the child/young person (dependant on age and understanding) and family members even if it is not an obvious presenting difficulty?
- Is information, evidence and the views of other professionals been incorporated into the assessment?
- Are diversity and equality matters identified and respectfully embedded and addressed throughout the case file?

- Have potential issues which fall outside of the practitioner's expertise been considered for an expert's involvement where necessary?
- Does the assessment include historical and up to date information?
- Has information gained from the child/ young person, relevant family members and or carers (including their views, wishes and feelings) been incorporated into the assessment?
- Have appropriate consents been given allowing the assessment to be completed and shared?
- Has the assessment been shared with, and signed by the relevant people?
- Is the assessment signed by those involved?
- Are case note recordings accurate and up to date?

### **Inadequate**

- Significant gaps in information collation and analysis
- Does not address risk/concerns sufficiently
- Child/young person is not seen, or not seen alone during the assessment period and no justifiable reason for this is recorded in the assessment
- Family members are not seen and no justifiable reason for this is recorded in the assessment
- Recording has significant gaps or is of poor quality
- Initial reason for referral is not addressed
- The initial reason for the referral and/or any other risk/concerns are not addressed within the direct work undertaken with the child
- Relies heavily on self-report for areas of risk/concern
- Is not multi-agency
- Enquiries are limited and not professionally curious
- Assessment is submitted to the Team Manager for quality assurance later than agreed

**Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement**

### **Requires Improvement**

- There is evidence of some information collation and analysis
- Genogram has been completed
- Limited attempts have been made to engage child the child or young person
- Limited attempts have been made to engage with family members/carers including 'hidden males' and or other significant adults
- Some evidence of triangulation of information and agencies working together
- Assessment identifies some needs/unmet needs/risks and protective factors
- Some limited analysis though reaches logical conclusions
- May have some limited elements of good (see below)

### **Good**

- Standards for assessments are met to a good level
- It is a multi-agency assessment with good evidence of multi-agency information collection and triangulation, including historical information, which is proportionate and relevant to the assessment
- There is comprehensive genogram
- There is a LSCB formatted chronology which has been used to aid and inform the assessment
- There has been at least one visit made to the home (s) of the child/young person and where they sleep has been seen and described
- Good and purposeful direct work with the child/young person is evident and they are seen alone at least once during the assessment period
- Good and purposeful direct work with family members/carers and relevant extended family members helps to inform the assessment
- Relevant tools are used and incorporated into the assessment
- Evidence of thorough enquiries, triangulation of information and professional curiosity
- Assessment identifies and analyses all needs/unmet needs/risks and protective factors
- The analysis flows from the information and evidence is balanced and reaches logical and evidenced conclusions which will form the basis of the Care/Family Plan
- Self-report is given due weight and is triangulated where possible
- Reflects the author's good understanding of the child/young person's life, their day to day experiences and a positive working relationships with them and their family
- Is rooted in child development
- The child 'leaps off the page' to the reader
- Home conditions tool has been used and contributes to the assessment and analysis
- Any omissions are minor and are not fundamental to the accuracy, child centeredness, safety, analysis, conclusion and recommendations
- Assessment is written in plain language, is grammatically correct and free from typing errors
- May contain some elements of Outstanding

### **Outstanding**

An Outstanding assessment will meet and exceed the criteria for a Good assessments and may have additional elements such as:

- Comprehensive collation and analysis leading to a strong level of understanding of the child/young person's needs, wishes and feelings
- All work is well evidenced and triangulated
- Comprehensive genogram
- Succinct and appropriately full LSCB chronology
- Strong analysis which is evidence based and includes an analysis of all reasonable alternative and why these are less beneficial
- Excellent application of the home conditions tool in the assessment and analysis

- Strongly linked to the Family/Care Plan with clear actions that are outcome focussed
- There is evidence of linking and integrating practice to theory/research in a way that makes it meaningful and easy to understand for the intended audience (professionals, parents/carers, young people and the child or young person when they become adults)
- Clear evidence that the assessment is an ongoing process which directly impacts on decision making, planning and positive outcomes for the child

### 3. The Quality of the Care Plan/Family Plan

#### Domain 3 The Quality of the Care Plan/ Family Plan

The Care Plan/Family Plan flows logically from the assessment and is easy to understand. It focused on what needs to change, how this will be achieved, how it will look once achieved and is measurable.

**Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement**

#### Also Consider...

- Has the initial Family/Care Plan been completed in a timely manner with tasks and planned outcomes being added as they become clear rather than automatically waiting for the end of the assessment?
- Does the plan have clearly defined overall aims or goals which are link to the conclusions/recommendations of the most recent assessment?
- Does the plan contain sufficient information to allow anyone reading it, without prior background knowledge of the child and their circumstances, understand why there needs to be a Family/Care Plan?
- Is the Family/Care Plan multi agency, clear about the services or support that will be offered to the child/young person and/or their family and the actions which are required to help to meet the child/young person's needs and reduce risks?
- Is it clearly defined who will be responsible for providing what and within what timescale? Is this in keeping with the child/young person's needs, safety and development?
- Are there clear and easy to understand planned positive outcomes (impact of services/results) set out which describe how we will know that goals/aims have been achieved? Are these child centred and measurable?
- Is the Family/Care Plan responsive to the changing needs and risk of/to the child/young person and their family?
- For cases that have been de-escalated, is it clear at the point of de-escalation which tasks have been completed and those which remain outstanding?
- Has the child/young person and relevant family members been involved in the formulation of the Family/Care Plan and are their views recorded?
- Are all the relevant professionals and family members and their contact details noted in the Family/Care Plan?
- Is the Family/Care Plan written in straightforward language and does it, avoid jargon and abbreviations?
- Is the Family/Care Plan being meaningfully implemented without delay

**Remember: Specific**  
**Measurable**  
**Achievable**  
**Realistic**  
**Timely**

**Inadequate**

- There is no Family/Care Plan
- The case is drifting from purposeless delay
- The Family/Care Plan is focused only on interventions and not the desired outcomes (effect/impact/results) of them
- It is general and has no specific focus and has no obvious overall aim or goal
- Is not linked to the most recent assessment
- It does not focus on meeting the child/young person's care and developmental needs, reducing risk of harm and improving parenting capacity

**Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement**

#### **Requires Improvement**

- The Family/Care Plan requires more work to formalise and make clear the goals, the interventions/resources and/or the required outcomes (what the achievement will look like)
- Goals are not always prioritised
- Timescales are given though some are vague

#### **Good**

- There is an up to date and relevant Family/Care Plan on the file
- It includes family's strengths – what they do well and need to continue doing
- The summary of what needs to be achieved (planned outcomes/results) is clear and is linked to the most recent assessment
- It is easy to read and understand. It gives the reader a clear understanding of the family's difficulties which require change
- It is written using straightforward language with jargon and abbreviations avoided?
- It is multi agency and uses resources best suited to the issue requiring change
- Details of the members of the Team Around the Family (family members and professionals) is comprehensive, up to date and includes contact details
- The Family/Care Plan clearly defines who will be doing what, why, by when and what the planned outcome (result) will look like
- If there have been changing needs/risks these are responded to and now form part of the Family/Care Plan
- It is a useful working tool which can be used to track progress, or the lack of progress
- Issues/goals are prioritised
- It is reviewed and updated

#### **Outstanding**

Outstanding Family/Care Plans visits will meet and exceed the above criteria for Good and may also include:

- There is clear evidence of the formulation of the initial Family/Care Plan taking place as the issues are identified during the assessment, and these are acted upon swiftly

## 4. The Quality of the Chronology

### Domain 4 The Quality of the Chronology

There is an up to date chronology which is multi agency, reflects significant events in the child/young person's life, is up to date, concise and in line with LSCB requirements

#### Also Consider...

- Is there an up to date Local Safeguarding Children's Board (LSCB) compliant chronology on the file? (not required for Looked After Children LAC)
- Does the chronology reflect the significant and key events in the child/young person's life in accordance with the Practice Framework and Single Assessments Guidance?
- Is it a succinct 'at a glance' record?
- Can it be used as an analytical tool?
- Appendix 2 Chronology guidance for Single Assessments Procedures

#### Inadequate

- No LSCB chronology on file (excluding LAC)
- Chronology on file has significant gaps

#### Requires Improvement

- The LSCB chronology on file is either too brief so as to lose meaning and/or has significant gaps or is too lengthily and lacks discrimination between case notes and significant events
- Has not been updated recently

#### Good

- The LSCB Chronology is succinct and with appropriate entries
- Identifies relevant key events and provides meaning to this to a good standard
- Is updated regularly

#### Outstanding

An outstanding chronology will meet and exceed the criteria for Good described above and:

- Is continually updated
- Evidence of it being used as a working tool for analysis throughout the duration of our involvement

## 5. Risk

### Domain 5 Risk

Risks are identified, responded to and reduced effectively throughout. Includes risky behaviour of the child or young person and those posed by parents/adults.

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

### Also Consider...

- Is the child or young person safe/safer?
- Are the risks to the child being managed at the appropriate level of the Durham Staircase?
- Have physical and emotional risks been identified, responded to and reduced and/or managed?
- If there is reasonable cause to suspect that a child or young person is suffering or is likely to suffer, significant harm has the duty to make enquires/investigate been met, and if so have/are the Child Protection Procedures been/being followed?
- If a Strategy Discussion is required, does it take place within timescales and involve the appropriate people?
- Have appropriate safeguards been put in place to protect the child or young person. Could more be done?
- Have the risks been properly assessed and analysed within the assessment with the severity, pervasiveness, intrusiveness, frequency and duration of the risks been considered?
- Have any risks been missed or lost?
- Have new, emerging or increasing risks been identified and acted upon?
- Based on the evidence, have the risks been given appropriate weight, or minimised or overemphasised?
- Are the family's strengths and any protective features factored in?
- Has the practitioner been appropriately curious and investigative in looking for less apparent or hidden risks?
- Is the impact on the child fully understood and explained?
- Is there evidence of professional optimism?
- Is the practitioner and their manager taking necessary steps to mitigate risk to themselves and other professionals?
- If there is a written agreement in place, is it used appropriately and not relied on as a protective factor?
- Do any of the adults who may pose risks to the child/young person have involvement with other children or vulnerable adults or hold a position (paid/voluntary work) that require a referral and/or the involvement of the LADO?

### Inadequate

- No assessment or limited assessment which does not identify and analyse current or future risk
- Risks are not identified and or managed
- Family strengths and protective factors not recognised

- Over reliance on: written agreements; self-report; vulnerable parent protecting child/young person; child/young person protecting themselves or plan relies on monitoring rather than action to protect
- New incidents have not led to re-assessment when needed
- The evaluation/analysis of risks stops at the ends of the assessment period
- Unassessed risks remain with no safeguards/expedient plan in place to address this
- Lacks triangulation of information

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

#### **Requires Improvement**

- An assessment has been completed which analyses and identifies some but, not all risk factors
- The assessment and ongoing evaluation does not consider historical information
- Some good action has been taken to manage and reduce risks but, there are some gaps in the plan
- Some triangulation of information, though more could be done
- May contain some elements of good risk management

#### **Good**

- An assessment has been completed which identifies and analyses risk and protective factors
- Good communication and triangulation of information with key professionals evident
- The approach to and analysis of risk is ongoing, dynamic and responsive
- There is a good understanding of the impact that the risks and safeguarding issues have had, are having and may have in the future on the child/young person
- Both the risks and benefits of potential plans and those which are ruled out are openly considered and analysed i.e. the benefits and drawbacks of a foster placement, family placement etc. it identifies the risk and benefits – showing what and why one is outweighed by the other
- There is clear evidence that the child/young person views, thoughts and feelings about concerning/risky incidents and positive experiences are explored sensitively
- Interventions are focused on risk reduction and management (this relates to all risks associated with where the child is living and with whom they spend time with i.e. the risks of living with or apart from their family)
- Appropriate risk identification/assessments tools are used with children/young people and adults

#### **Outstanding**

Outstanding management of risk will meet and exceed the above criteria for Good



## 6. Visits to the Child or Young Person

### Domain 6 Visits to the Child or Young Person

All visits to the child/young person take place at the appropriate frequency specified by the Care Plan/Family Plan and Team Manager:

- are in line with statutory requirements (if defined)
- are clearly purposeful
- the child/young person is seen alone - age and understanding permitting

### Also Consider...

- Have all visits to the child/young person take place at the appropriate frequency specified by the Care Plan/Family Plan/Team Manager?
- Are they in line with statutory requirements (if defined)?
- If additional visits are required or requested, have they been carried out?
- Has the child/young person been asked where they prefer to be visited and, where possible, has this been followed?
- Has consideration been given to what different environments the child/young person should be observed or met with in, has the home conditions tool been used to help inform of the impact this may have on the child/young person?
- Has each visit had a clear planned purpose and was this achieved?
- Has the child/young person been seen alone, age and understanding permitted, at appropriate times during our involvement?
- Direct work with the child/young person includes their views and experiences of the issues which led to the referral and any subsequent concerns/risks identified?
- Has the child had a return from missing from home interview?
- Does recording specify who was present during meetings with the child/young person?
- Are observations of the environment, in which the child was seen, noted particularly in relation to home conditions?
- Is the opportunity taken to view other parts of the home?
- Are actions agreed between the child/young person and practitioner followed up?

### Inadequate

- No evidence of the practitioner making proper attempts to meet, speak or communicate with the child/young person
- No evidence of seeking appropriate access to specialised resources to aid communication where necessary such as interpreter, signer, hearing loop, alternative and augmentative software
- Insufficient visiting for the status of the case and needs of the child/young person

**Requires Improvement**

- Visits to the child/young person are taking place, however some may fall outside of the agreed or statutory timescales
- Child /young person is seen and spoken with, though not seen alone (age and understanding dependant)
- Visits are not always planned or purposeful
- Recording lack some clarity to detail and purpose
- Barriers of resistant/avoidance have been identified but, the practitioner has not taken action to overcome these

**Good**

- Visits to the child/young person take place within the agreed or statutory timescales
- Visits are planned, purposeful and linked with to the current Family/Care Plan
- The timing of visits to the child/young person take into consideration their other commitments and activities
- The child/young person's views on where they are visited are known and adhered to unless there is a clearly explained necessity to do otherwise
- Visits are recorded well
- Consideration is given to using direct work tools with the child/young person prior to the visit and used appropriately
- Barriers of resistance/avoidance have been identified and concerted efforts to overcome these are evident

**Outstanding**

Outstanding visits will meet and exceed the above criteria for Good and may also include:

- Clear reflection and analysis on what the visits achieved and the planning of next steps

## 7. Involvement and the Voice of the Child/Young Person

### Domain 7 Involvement and the Voice of the Child/Young Person

The child/young person are appropriately involved and their views, wishes and feelings are sought, listened to and represented.

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

#### Also Consider...

- Has the child/young person been appropriately involved in and informed during each phase of our work with them? For example, during assessments, care planning, interventions, meetings, Family Group Conferences and reviews
- Has child/young person been encouraged, assisted and supported in participating in some way, either directly through attendance or indirectly by letters, drawings or through other innovative means, in assessments, care planning, interventions, meetings Family Group Conferences and reviews?
- Have the child/young person's ascertainable wishes, feelings and views been sought, facilitated, recorded and given appropriate weight, given their age and understanding, even when they may differ from professionals?
- Has the child/young person's non-verbal communication been recognised and analysed, are they evidenced and explained?
- What is/could be the impact on the child/young person of either acting or not acting on their wishes, feelings and views?
- Have the child/young person's wishes, feelings and views been well represented within assessments, care planning, interventions, meetings, Family Group Conferences and reviews?
- Have appropriate tools been used to help the child/young person express their wishes and feelings?
- Is it clear that the child/young person's wishes and feelings are valued and important with their welfare remaining as the paramount concern?
- Does the child/young person benefit from a warm and dependable relationship with their practitioner?
- Have the potential benefits of an Independent Visitor been considered for Looked After Children?

#### Inadequate

- There is no or severely limited evidence that the child/young person's wishes, feelings and views are regularly sought and/or recorded
- There is no or severely limited evidence that child/young person has been encouraged, supported or been given reasonable opportunities to participate in some way in their assessments, care planning, interventions, meetings, Family Group Conferences and reviews?
- The child/young person's views have not been represented and/or considered at key decision points

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

**Requires Improvement**

- There is some limited evidence that the child/young person's wishes, feelings and views are sought, represented and/or recorded though more work is required to ensure that they are aware of their role in the process and how they can contribute
- Some of the child/young person's wishes, feelings and views are recorded and reflected in assessment, planning and reviews
- Some consideration to the child/young person participation in their meetings has been given resulting in their involvement

**Good**

- Direct work with the child/young person has taken place regularly and within the agreed or statutory timescales. Their ascertainable wishes, feelings and views are known, recorded and have been incorporated into assessments, planning, intervention and review processes.
- Direct quotes from the child/young person are used appropriately
- There is a good understanding and appreciation of the child/young person's wishes, feelings and views and the impact these have on them
- The child/young person has been encouraged, supported and enabled to participate in assessments, planning and review processes in the most beneficial way for them
- The child/young person has been consulted and not overburdened with feelings of being responsible for decisions
- If the child and young person's views conflict with family members, these have been shared in a manner that supports and safeguards the child
- There is evidence the child/young person has been encouraged and offered an Independent Visitor where this could be of benefit to them
- 

**Outstanding**

Outstanding involvement of the child/young person and hearing their voice will meet and exceed the above criteria for Good and may also include:

- Innovative means of engaging with the child/young person and ascertaining and representing their wishes, feelings and views are successfully used
- Evidence that the child/young person feels that they are being listened to even if decisions are made that do not concur with their wishes
- The practitioner is a strong advocate for the child's wishes, feelings and views
- Strong evidence that the child/young person feels empowered and valued by their practitioner

## 8. Involvement of Family and Carers

### Domain 8 Involvement of Family and Carers

Family and carers are appropriately involved and their views, wishes and feelings are sought, listened to and represented.

#### Also Consider...

- Have relevant family members been appropriately involved in and informed during each phase of our work with them? For example, during assessments, care planning, interventions, meetings, Family Group Conferences and reviews?
- Have all relevant family members, including siblings and significant others who reside within the family home or are frequent visitors, been identified and engaged with?
- Have all relevant family members, including siblings and significant others who do not reside within the family home, been identified and engaged with?
- Have proper enquiries been made, or concerns been followed up, to identify possible 'hidden' adults and efforts made to engage with them?
- Have parents, carers and relevant/significant others been spoken with alone, particularly relevant for asking questions relating to domestic abuse?
- Have immediate and extended family relationships been identified in the genogram to the appropriate generation?
- Have parents, carers and significant others been encouraged to participate in assessments, planning and review processes?
- Have parents, carers and significant others' wishes, feelings and views been ascertained, considered and recorded appropriately?

#### Inadequate

- Parents, carers and relevant/significant others have not been identified
- There is no or severely limited evidence that parents, carers and significant others wishes, feelings and views are regularly sought and/or recorded
- There is no or severely limited evidence that parents, carers and significant others has been encouraged, supported or been given reasonable opportunities to participate in assessments, care planning, interventions, meetings, Family Group Conferences and reviews
- Parents, carers and significant others views have not been represented and or considered at key decision points

#### Requires Improvement

- There is some limited evidence that parents, carers and significant others' wishes, feelings and views are sought, represented and/or recorded though more work is required to ensure that they are aware of their role in the process and how they can contribute
- The practitioner has maintained some communication with key family members

**Good**

- Relevant family members/carers have been identified and involved in assessments, planning and review process, including absent fathers
- These with Parental Responsibility are identified and engaged with or there is a clear and justifiable reason why this has not happened
- There is evidence of a good understanding of parents, carers and relevant/significant others' wishes, feelings and views and these are recorded accurately (case notes and reports)
- Parents, carers and relevant/significant others have been encouraged, supported and enabled to participate in assessments, planning and review processes
- There is good evidence of all family members, including siblings and significant others who do not reside within the family home having been identified and appropriately engaged
- Parents, carers and relevant/significant others been spoken with alone, particularly relevant for asking questions relating to domestic abuse
- Good evidence of the work undertaken to work with difficult to engage with adults including the use of relevant tools
- Family members have been given assistance in understanding reports and practitioners recommendations and an early opportunity
- Recordings accurate and up to date

**Outstanding**

Outstanding engagement with family members will meet and exceed the above criteria for Good and may also include:

- Innovative means of engaging with the family members and other significant adults in ascertaining and representing their wishes, feelings and views are successfully used
- Evidence of increased engagement, confidence and openness in family members and other significant adults

## 9. The Progress Made Towards the Intended Outcomes

### Domain 9 The Progress Made Towards the Intended Outcomes

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

#### Also Consider...

##### Planned Intervention:

- Is there clear evidence of the actions identified in the Family/Care Plan being followed/completed without delay?
- Do recordings show that visits are planned by the practitioner and are purposeful in addressing actions within the Family/Care Plan?
- Is there clear evidence of meaningful working with the child/young person/family towards goals?
- Is there evidence of good interagency work, with relevant information being shared between professionals effectively?
- Are appropriate tools and observations used to gather evidence which will assist in evaluating the services/resources used and progress achieved?
- Is work with the child/young person and their family focussed on: meeting the unmet needs of the child, young person and family; reducing the risk of harm and its effects; improving parenting capacity and sustaining positive change?
- Involvement relates specifically to the Care Plan/ Family Plan and evidences the impact of interventions leading to good outcomes?
- Does direct work with the child/young person continue to ascertain their wishes, feelings and views throughout our involvement?

##### Inadequate

- The Family/Care Plan is not being followed
- There is no or very limited evidence of direct work with the child/young person/family towards addressing the required changes or achieving the planned outcomes
- Significant delay and drift has been incurred in implementing the Family/Care Plan

**Limiting Judgement – if this question is graded as inadequate the overall grade must be inadequate**

##### Requires Improvement

- Aspects of the Family/Care plan are being followed
- Evidence of information sharing with family members and professionals
- Some evidence of interagency communication though could be better
- Some direct work with the child/young person and parents/carers, other significant adults lacks purpose or focus and does not always seem to work towards the planned outcomes identified in the Care/Family Plan
- There have been some delays in some of the services/resources/supports

identified in the Care/Family Plans being made available

**Good**

- The right people have been provided with relevant information and copies of the assessments and Family/Care Plan (professionals, family and child/young person where appropriate) in line with consents given and/or to fulfil statutory requirements or legal obligation
- There is clear evidence of the actions identified in the Family/Care Plan being followed without delay
- Case Notes show that visits are planned and purposeful in addressing actions and working towards the intended outcomes within the Family/Care Plan
- There is clear evidence of meaningful direct work with the child/young person/family towards goals
- There is good evidence of positive interagency work, with relevant information being shared between professionals effectively
- Practice tools and observations are used to gather evidence which will assist in evaluating the services/resources used and progress achieved
- Visits and interactions are focused on: meeting the unmet needs of the child/ young person and family, reducing the risk of harm and its effects, improving parenting capacity and sustaining positive change
- Direct work with the child/young person continues to ascertain their wishes, feelings and views throughout our involvement
- Recognition of disguised compliance and ineffective forms of interventions with alternative ways of working being identified

**Outstanding**

Outstanding progress made towards the intended outcomes will meet and exceed the above criteria for Good and may also include:

- Evaluation/ reflection following direct work/visits with children/young people and key family members
- Early recognition of disguised compliance and ineffective forms of interventions with alternative ways of working being identified quickly

## 10. Decision Making

### Domain 10 The Quality of Decision Making

All decisions are explained, child centred, balanced, well thought through with the rationale for following one course of action over another being made explicitly clear

#### Also Consider...

- Is there information explaining the rationale for decisions, including what other options have been considered and the reason for ruling them out making them defensible decisions?
- Are decisions where no action is agreed recorded with the rationale for this making them defensible decisions? For example, why it is not appropriate to hold a Strategy Discussion
- What consideration has been given to the impact of the decision on the child/young person
- Has there been any unintentional impact?
- Is there evidence of consistent and timely decision making?
- Are manager's decisions recorded in a timely way at critical points i.e. MASH, allocation of cases, transfer of cases, escalation/de-escalation, case closure, Child Protection Strategy Discussions, beginning and end of S.47 enquiries, legal threshold and accommodating children?
- Are decisions compliant with legislation, policies and procedures?
- Where a decision is made which goes against usual practice is there a clear rationale for this and has it been sanctioned by a manager at the appropriate level?
- Is there evidence of the practitioner making recommendations and being engaged in making decisions?
- Have the appropriate people (child/young person, family members/professionals) been involved and informed of the decision?
- Are case note recordings accurate and up to date?

#### Inadequate

- Decisions have not been made and recorded with the rationale at critical points
- Crucial decisions have not been followed in a timely manner possibly placing the child at increased risk or not protecting them quickly enough
- Inappropriate decisions have been made in that they are not compliant with legislation, policies and procedures
- There is no evidence of the practitioner making recommendations
- The case is subject to purposeless delay and drift
- Significant changes to plans occur through drift and without overt decisions being taken for example contact becoming unsupervised, services being withdrawn due to professional leaving, a young person refusing to return home after a home visit and this evolving into them staying there in the longer term

**Requires Improvement**

- Some decisions have been made and recorded though these may not be supported by the recording of the rationale explaining the decision
- There appears to be gaps in the recording of decisions
- There is some drift in following decisions that have been made

**Good**

- Decisions have been made following dynamic discussion and reflection and are recorded succinctly. Decisions are supported by recording the rationale behind the decision (the working out, the pros and cons, other options considered, impact)
- Decisions are made by the appropriate practitioner and/or manager (experience, qualification, managerial level, legal advice), involve family members/carers and child/young person where appropriate (those with Parental Responsibility) and at the appropriate time and /or venue (immediately in order to protect – Strategy Discussion, Team Around the Family, Looked after Review, Child Protection Conference, Court etc.)
- There is good evidence of the decisions being followed through in a timely manner and that this is making a positive impact on the child/young person
- There is good evidence to show that the right people have been informed of key decisions at the right time and in the right way
- When decisions are made to status of a child/young person, for example, becoming/ceasing to be Looked After, change in legal status, change to home/living address, child is born, the crucial document/administration/systems are updated immediately (particular important for the Emergency Duty Team)
- Cases where there has been a change in practitioner, due to ill health or leaving, additional management grip, direction, tracking and review is evident to avoid, minimise and/or mitigate any delay and drift that may be incurred
- Poor practice is addressed and a support plan is implemented

**Outstanding**

Outstanding decision making will exceed the above criteria for Good and may also include:

- All implications of decisions are considered prior to making decisions and reviewed and analysed following them
- Poor practice or delays in action being taken is identified at an early stage and addressed appropriately
- Where errors are made, this is made transparent and apologies are given

## 11. The effectiveness of Management Oversight and Direction

### Domain 12 The effectiveness of Management Oversight and Direction

There is regular case supervision and case discussions which are reflective and challenging and identify what has/has not been achieved and next steps/direction is agreed or, where necessary, directed.

Consider...

- Is there evidence of a discussion between the manager and practitioner at the point of allocation, providing a summary and direction?
- Is there a record of the case being discussed during monthly supervision in Case Notes?
- Have specific issues in the case been discussed in reflective supervision?
- Are all key decisions made about the child/young person recorded on the file as a management decision with a clear rationale?
- Have service checkpoints been used effectively to give direction/advice/avoid delay?
- Have written reports and plans been effectively quality assured?
- Is there evidence of the manager providing feedback and direction to the practitioner prior to or following quality assurance?
- Is there evidence of challenge?
- Is there evidence of reflection on the actual impact of the decision – what worked well, what could/should have been done differently, were the intended outcomes reached, were there any negative/positive unplanned outcomes/impact?
- Are case recordings accurate and up to date?

#### Inadequate

- No or very limited managerial oversight
- No evidence of case supervision
- Decisions are made without appropriate management input
- There is drift due to the lack of management grip

#### Requires Improvement

- There is some evidence of managerial oversight and direction though some agreed actions may not be progressed in a timely manner
- Decisions may only be reactive and not proactive
- Case supervision lacks direction or clarity
- The rationale for decisions is not explained

#### Good

- There is evidence of a discussion having taken place between the manager and practitioner at the point of allocation, and clear direction given
- There is a record of the case being regularly discussed during monthly

supervision in Case Notes and the Supervision File.

- Specific issues in the case may have been discussed in reflective supervision and recorded in Case Notes
- Evidence of consistent and joined up management oversight
- The key decisions made about the child/young person are recorded on the file as a management decision with a clear rationale
- Written reports and plans been effectively quality assured
- There is evidence of the manager providing feedback and direction to the practitioner prior to or following quality assurance
- Is there evidence of challenge and proper analysis of the issues to be decided upon?
- There is evidence of reflection on the actual impact of the decision? – what worked well, what could/should have been done differently, were the intended outcomes reached, were there any negative/positive unplanned outcomes/impact?
- The degree of management grip and involvement meets the needs of the case and practitioner?
- Evidence of seeking specialised advice when required

### **Outstanding**

Outstanding management oversight will exceed the above criteria for Good and may also include:

- Clear and regular challenge
- Clear reflection and evaluation of decisions made
- Significant proactive planning
- Evidence of observed practice of practitioners

## 12. The quality of Review

### Domain 12 The quality of Review

Reviews are in line with statutory and service requirements and are regular, inclusive and demonstrated robust scrutiny, challenge and includes an evaluation of the effectiveness of Care Plan/Family Plan and interventions.

#### Also Consider...

- What type of formal review timescale is required for this case (Team Around the Family Meeting, Looked After Review, Review Child Protection Conference) and have they taken place?
- Is there evidence of the Care/Family Plan/ Protection Plan/Pathway Plan haven been reviewed in a timely way?
- Was the child/young person encouraged and able to attend and engage with the review?
- Were the relevant people invited to the review, and did they attend?
- If parents or others with Parental Responsibility cannot or should not meet together, have appropriate actions been taken to ensure that both can participate in a safe way?
- Has the child/young/person been prepared for their review?
- Has the child/young person been seen and spoken with by their Independent Reviewing Officer prior to the review?
- Has the progress/lack of progress been evaluated at reviews?
- Has the Care/Family Plan been updated when required and shared with all relevant professionals and family members?
- Has the review been appropriately recorded?
- Is there evidence of challenge of and reflection on the Care/Family Plan
- If a specific action within the Care/Family is not working/having the right effect/impact on an issue of concern, has this been addressed?
- Have reviews been moved forward or become more frequent if the case requires it?

#### Inadequate

- There is no evidence of formal review of the Care/Family Plan
- The people crucial to the Care/Family Plan have not been invited to the review
- The review has been postponed for reasons that are not justifiable

#### Requires Improvement

- Formal reviews have not consistently taken place
- There is some evidence that actions and outcomes have been monitored and evaluated against the Family/Care Plan though this can be improved upon
- A lack of or slow progress is allowed to continue for too long before different action is taken

#### Good

- Formal review take place regularly and are within expected/requires timescales

- Reviews are dynamic and truly analyse and evaluate the effectiveness of the Family/Care Plan
- Professionals and family are supportively challenged about meeting their responsibilities
- Evidence of achieving the desired outcomes are clearly recorded
- Significant dates for the child/family are avoided as review dates where possible i.e. birthdays, anniversaries of trauma/loss
- The child/young person is consulted, supported and prepared for their reviews

**Outstanding**

Outstanding review will meet and exceed the above criteria for Good and may also include:

- Regular review/reflection points between formal reviews
- Innovative ways of allowing the child/young person, family members or professionals to participate in reviews

## 13 Equality and Diversity

### Domain 13 Equality and Diversity

Consideration is given to the impact of equality and diversity issues, including the impact of deprivation, power in balance, being a looked after child or living apart for parents or siblings etc. may have on the child, young person, their family and matters race, ethnicity, culture, faith or belief, language, gender, sexual orientation, social-economics, physical ability and intellectual ability

#### Also Consider...

- Are diversity and equality matters identified and/or respectfully addressed throughout the case file?
- Is there consideration of the child/young person and their family's age, race, ethnicity, culture, faith or belief, language, gender, sexual orientation, social-economics, physical ability and intellectual ability?
- Are children/young people supported in their faith whether they live with family or are Looked After?
- Have the experiences of the child/young person and all that makes them unique and the impact of these been understood?
- Has proper action been taken to 'level the playing field' for the child/young person and family members, for example, where someone has a disability or mental health difficulty which effects them attending or participating in meetings or attending contact, have steps been taken to make these more accessible or as easy as it would be for someone without those added difficulties? Or, if a person struggles with literacy, are extra steps made to ensure that the report is read with them so they can understand its contents as well as someone who can read fluently?
- Have cultural traditions and expectations been understood (this does not affect the thresholds for safeguarding, child protection, significant harm or legal thresholds)?
- Has gap in understanding or anxieties around culture and ethnicity led to a down or up grading of risk and concern that is not evidence based?
- Are recordings accurate and up to date?

#### Inadequate

- There are significant gaps or inaccuracies in the file and key documents within it ascertaining to the child/young person's age, gender, ethnicity, faith or belief, race, ethnicity, culture, gender, sexual orientation and life experiences
- Assessment, planning and review processes do not take into account race, ethnicity, culture, faith or belief, language, gender, sexual orientation, social-economics, physical ability and intellectual ability of the child/young person or their family

#### Requires Improvement

- Some consideration of the child/young person and their family's ages, race, ethnicity, culture, faith or belief, language, gender, sexual orientation,

social-economics, physical ability and intellectual ability which is relevant is evidenced but there are some important gaps in this

- Some general references to equality and diversity are made

### **Good**

- There is clear consideration and exploration of relevant equality and diversity issues which are identified and addressed in a respectful and meaningful manner
- There is good evidence of the practitioner and manager understanding the impact of equality issues and diversity have on this unique child/young person and/ or their family
- Assessments, planning and review processes consider the individual characteristics of the child/young person and evidence how their development may be impacted upon by adversity, social exclusion, prejudice and discrimination
- Action is taken to maintain or improve the child/young person's self-esteem and resilience

### **Outstanding**

Outstanding case work for equality and diversity meet and exceed the above criteria for Good and may also include:

- Strong evidence of exploring with the child/young person and family what specific aspect of equality and diversity means to them
- Evidence of acquiring extra knowledge or expert information
- and family Compliance and adaptability is analysed before it is concluded that the child/young person is resilient

## 14. Quality of Recording

### Domain 14 Quality of Recording

Case note recordings are clear and reflective of the work undertaken and focusses on outcomes for the child/young person

(Please Note: this domain primarily focuses on case note recording, the quality of other recordings in specific documents such as assessments and Care/Family Plans should be commented upon in the relevant domain)

**Limiting Judgement – if this question is graded as inadequate the overall grade cannot exceed requires improvement**

Consider...

- Does the recording provide relevant details of our involvement with the child/young person, family members, professionals, management and decision making without gaps?
- Are cancelled, postponed and unsuccessful appointments/visits/meetings recorded appropriately?
- Does the recording show what services and support we have provided or commissioned?
- Does the recording always include the voice of the child when they have been expressed?
- Are recordings accurate, clear and concise?
- Are the actual words used by the child/young person, family or professionals that are significant recorded as quotes?
- Are observations recorded?
- Do recordings include whether it is an announced or unannounced visit, who is present, the venue, date and time?
- Are recordings consistent with the events in the chronology and other documents?
- Can information be cross referenced between recording and other documents?
- Is there a clear distinction between fact and opinion?
- Case recordings are not 'rough notes', they are a professional document in the same way that an assessment is. Are case notes professional, is straightforward language used, jargon avoided and abbreviations explained or avoided?
- Are decisions their rationale recorded?
- Are case recordings up to date having been completed in a timely manner
- Do they contain appropriate detail of key decision and the rationale for them?

Inadequate

- There are no or limited recordings evident
- Recordings are sporadic and do not add to the child/young person's journey
- They are inappropriate or inaccurate
- Key decisions are absent

**Requires Improvement**

- Case recordings are evident with some identifiable gaps, though it does still add to the child/young person's journey
- Case recordings are not always clear or do not identify the source of the information
- Case recording lacks analysis or professional judgement
- Case recording lacks care and effort, contains significant spelling mistakes, grammatical errors and uses slang or jargon

**Good**

- Case recordings are predominantly complete, accurate and concise
- Case recordings are clear and straight forwards analytical and contains professional judgement
- Key decisions are clear and shown to be justifiable by the accompanying recorded rationale
- Case recordings identify sources of the information and differentiate between fact and opinion
- Recordings shows challenge and any different views
- It is a professional document
- Who is present at meetings/discussions visits/interviews is clear
- Case recordings are analytical and reflective meaning to the child/young person's circumstances

**Outstanding**

Outstanding case recording will meet and exceed the above criteria for Good and will be a complete, reflective and professional document

## 15. Placements LAC only

### Domain 16 Placements LAC only

Looked After Children are prepared and matched with placements that consistently meet their needs, are local and take into account their wishes and feelings.

#### Also Consider...

- Was the placement planned or sought on an emergency basis?
- Has the child/young person's personal, cultural and identity needs been considered when arranging the placement?
- Was the child/young person consulted about the placement and prepared before moving?
- Has a risk assessment been completed and shared with carers?
- Has a placement plan been completed within statutory timescales?
- Did the practitioner visit the placement before the child/young person was placed there?
- Has there been a placement meeting within the statutory timescales?
- Are Looked After Reviews being held within statutory timescales?
- Siblings reside together unless there is an assessed reason indicating this is not in the child's best interests?
- Has the placement allowed the child/young person in key stage 4 to remain at their school?
- If the child/young person is accommodated under Section 20 of the Children Act 1989 (CA89), are consents evidenced and is it clear that other potential family members or connected persons have been explored as potential carers?
- How stable is the placement?
- Is it a DCC placement or an Independent Fostering Agency placement?

#### Inadequate

- The child/young person's personal, cultural and identity needs are not met by the placement and no additional resources have been implemented to ensure that they are corporately met
- Placement has resulted in the young person moving schools during key stage 4 (unless this is necessary for the young person's welfare/safety)
- There is no placement risk assessment
- There is no evidence of a placement planning meeting having taken place?
- The child/young person was not prepared for their placement when the timescales could have permitted this
- There is no written consent to a placement on the file under Section 20 CA89 (making it an illegal placement)

#### Requires Improvement

- Some consideration has been given to the child/young person's personal, cultural and identity needs when matching a placement with them, but a

lack of availability prevented all needs being met

- The child/young person was, age and understanding permitting, informed of the placement but was not properly prepared
- The placement plan is incomplete and may not have been shared with the appropriate people
- A placement planning meeting took place, though this was close to but outside of the expected timeframe
- If the child/young person is accommodated under Section 20 of the Children Act 1989 (CA89), consents are evident

### **Good**

- The child/young person's personal, cultural and identity needs were considered and a placement matched to them
- The child/young person was consulted about the placement and prepared before moving
- The risk assessment has been completed and shared with carers
- A good placement plan was completed within statutory timescales
- A placement meeting took place within the statutory timescales
- Looked After Reviews are being held within statutory timescales
- The placement has allowed the child/young person in key stage 4 to remain at their school
- Written consents for a child/young person accommodated under Section 20 of the Children are on the file

### **Outstanding**

Outstanding placements will meet and exceed the criteria described above as Good

- The child/young person was consulted, well prepared for their placement. The placement meets the child/young person's needs and has a clear positive impact on their wellbeing and is secure

## 16. Independence LAC only

### Domain 17 Independence LAC only

Young people are prepared for independence and are living in good quality, safe, permanent and affordable accommodation that meets their needs

#### Also Consider...

- Has an appropriate assessments of need been started or completed which identifies needs, risks and protective factors?
- Is there a Pathway Plan?
- Has the young person consented, been involved in the process and been given the opportunity to make informed decisions about their future?
- Have, where relevant, referrals/applications been made to additional services such as housing, tenancy support, welfare rights etc.

#### Inadequate

- No assessments of need or support is in place
- No Pathway Plan when one is required
- Young person has not been involved with the assessments or plan
- Future plans for the young person have not been considered
- Independence has not been planned for in good time

#### Requires Improvement

- Some assessments of need have been completed though the young person has not been fully involved with this
- The plan/Pathway Plan requires further development or is incomplete
- Some relevant services have been identified, though there are some gaps and delay

#### Good

- An assessment of need and/or Pathway Plan is in place and the child/young person has been engaged in the process
- Referrals/applications have been made to relevant agencies and have been acted upon
- All possible housing options have been explored and the young person has been involved in the process
- The child/young person is supported in developing age appropriate practical independence skills

#### Outstanding

Outstanding Independence will meet and exceed the criteria for Good described above.

### 17 Standout strengths

- If something strikes you as being particularly good in the case highlight it here.
- If historically the casework has been less than good but current casework is of a good standard it can be highlighted here
- Don't feel like you have to find something, it has to be a standout strength, if there are none obvious leave it blank

### 18 Brief note of anything that would have made the case file stronger/moved it up a grade.

- If there is a limited issue that has let the case file down note it here
- If more or less or something would have pushed the grade up note it here

### 19 Brief reason for grade given

- If there is a limited issue that has let the case file down note it here
- If more or less or something would have pushed the grade up note it here

### Overall grade

Select one of the grades Outstanding, Good, Requires Improvement or Inadequate  
Note that if a limited judgement domain is graded as inadequate the overall grade must be inadequate

# Children and Young People's Services Quality Improvement Framework

October 2016

For further information please contact:

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## Children & Young People's Overview and Scrutiny Committee

21 November 2017



### Role of the Social Worker - Overview

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## Report of Margaret Whellans Corporate Director of Children & Young People's Services

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### Purpose of the Report

- 1 The purpose of this report is to raise awareness and understanding among members of the Children and Young People's Overview and Scrutiny committee of the role of the social worker in Durham County Council.
- 2 Mark Gurney Strategic Manager for Child Protection and Disability and Principal Social Worker will present a power point presentation to members of the committee which will include the range of work covered by Children's Services Social Workers.

### Background and Legislation

- 3 The fundamental purpose of children's social care is to make sure that the most vulnerable children can have a safe and dependable foundation from which to grow and flourish.
- 4 Children and Young People's Services in County Durham have the lead responsibility for ensuring the safety and wellbeing of children with a key aim to provide early help for children and families and protection for those that need it.
- 5 Services are delivered under legislative frameworks and associated guidance; the primary legislation is the Children Act 1989 but it is estimated that since 1987 there have been 98 separate acts of parliament and over 400 different sets of associated statutory guidance and initiatives that directly impact on children and young people. Other critical pieces of legislation and guidance include the Adoption and Children Act 2002, Children Act 2004, Care Leavers Act 2002, Children and Families Act 2014 and Working Together to Safeguard Children 2015. Prior to the General Election in 2017, the Children and Social Work Act 2017 was given royal assent. When implemented the Act will change the regulatory body of social workers in England and consolidate a number of the corporate parenting responsibilities of local authorities.
- 6 In England social work is a degree level profession and social workers must also be registered (currently) with the Health and Care Professions Council, which set standards of conduct, ethics and proficiency.
- 7 As in all other Local Authorities which have statutory responsibilities to deliver children's services, children's social work in County Durham is performed within a highly regulated and statutorily organised environment.

- 8 This statutory framework sets the parameters around many aspects of social work activity – for example maximum timescales for undertaking an assessment, visiting frequencies to children who are looked after, the role of the social worker as the key worker for children on a child protection plan and lead assessor for children who are defined as children in need under the Children Act 1989.
- 9 Members will be aware that there is an accompanying performance management framework that enables a detailed understanding of the activity of social workers and their teams. Managers receive a monthly team profile with 49 indicators of team performance, ranging from completion of assessments within timescales, child protection conferences occurring within 15 days of a strategy meeting along with HR data such as vacancies, frequency of supervisions and appraisals.
- 10 Local Authorities are required to submit data returns on their performance to the DfE and this is aggregated into annual reports with an emphasis on safeguarding children and children who are looked after or adopted. Measures that are included are: types of placement of looked after children, placement stability, and educational attainment.
- 11 The nationally collected data supports the availability of data for the purposes of accountability and transparency at national and local level, and provides benchmarks of national performance against which performance can be judged locally. It is collected through a range of statutory data collection exercises including the children in need census which is a large scale data collection exercise that is submitted in the May of each year.
- 12 Local Authority Children and Family Social Work functions are inspected and regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted is a non-ministerial department of Government.
- 13 Local Authorities are also expected to designate a Principal Child and Family Social Worker. This role was created following the recommendations of the Munro Review of Child Protection in 2011. The person holding the role is expected to be a senior manager who has lead responsibility for practice and can report the views of front-line practitioners to all levels of management including the Corporate Director of Children and Young People's Services, Chief Executive and Council Leaders. At a national level the Principal Social Worker Network is valued as a source of valuable professional insight by the DfE and Chief Social Worker. In Durham County Council the post is held by Mark Gurney, Strategic Manager Child Protection and Disability.

## **Service Structure**

- 14 Child and Family Social Work workforce in County Durham is delivered via a number of teams. These are as follows:
  - **First Contact:** this is a social work led service which receives and processes all requests and referrals for assessment to Children's Social Care. The team is co-located with colleagues from the police and NHS so that all safeguarding referrals are triaged through a multi-agency safeguarding hub (often referred to as MASH).

- **11 Families First Teams:** offering assessment and intervention to children in need and their families, including carrying out child protection inquiries, supporting children on a child protection plan and reducing risk of significant harm or the need to become looked after by the Local Authority.
- **3 Child Protection/Court Work Teams:** managing cases where there may be a need to offer a family one final chance before issuing care proceedings and also those cases where the risk is so great that the Local Authority has put the matter before the Court.
- **2 0-13 and 14-25 Children with a Disability/Transitions Teams:** these teams carry the cases of the children with the most complex disabilities and/or life-limiting illnesses. The Transitions Team works to ensure a smooth transition for those young people who will require services as young adults from Adult Services.
- **3 Looked After/Permanence Teams:** there are 3 teams in the Looked After Service that support children and young people who are in permanent and long term looked after placements such as foster care or residential care. The Permanence 3 Team specialises in preparing reports to support the decision to place children for adoption and also works with colleagues in the Adoption Service to find and match suitable families for these children.
- **2 Young People's Service Teams:** these 2 teams support care leavers (in some cases up to the age of 25) as well as vulnerable young people aged 16-18 including unaccompanied asylum seekers and young people who may be vulnerable to homelessness.
- **3 Fostering Teams and 1 Adoption Team:** these teams recruit, assess and support foster carers and adopters as well as providing post-adoption "post-box" contact arrangements for parents whose children have been adopted.
- **Full Circle Service:** this team provides therapeutic support to children who have experienced traumatic life experiences and/or have attachment issues. The team supports children and their foster carers or adopters where they may be associated attachment or emotional/behavioural issues.
- **Youth offending Service:** as part of the multi-agency service, several social workers are employed within the Youth Offending Service.
- In addition to the above, Independent Reviewing Officers (IROs) who have a statutory responsibility to oversee care planning for looked after children (and in Durham also act as independent chairs of child protection conferences) must be qualified social workers. There are also regulatory requirements for managers of children's homes to hold designated qualifications, of which a social work qualification is one example.

- Excluding managers and independent reviewing officers, 245 social worker employees within Durham County Council renewed their HCPC registration at the end of November 2016.

## **Casework Examples**

- 15 At the time of writing this report (31 October 2017), there are 3,955 active cases across the Service. 788 of these cases are children who are looked after by the Local Authority, 521 are children who are on a child protection plan and 358 are young people who are 16+ including care leavers. The remaining 2288 cases are children in need age 0 – 16 across the County, including 140 0-13 year olds with complex disabilities or life-limiting conditions and 78 14-18 year old young people with the same issues in the 14-25 Transitions Team.
- 16 Durham County Council made 297 applications for care proceedings on individual children in the year 2016 – 2017. 80 applications were made in quarter one of this fiscal year. This compares with a total of 215 applications in the year 2014 – 2015 and 261 in the year 2015 – 2016.
- 17 On a typical day therefore the type of work that will be carried out by children and family social workers in County Durham could include:
  - Undertaking an assessment of children in a family where there have been a number of domestic abuse referrals to the police; this would include support to the mother as a victim of abuse, encouraging her male partner to accept responsibility for his violence and seek support from a perpetrator group and working with the children to understand and address the impact on their emotional and psychological well-being of witnessing domestic abuse.
  - Working with a mother with mental health issues to identify who in her extended family may look after her child if she attends as a voluntary patient at hospital and working with the child to understand what is happening because their mother is unwell.
  - Attending a team around the family meeting with the parents of a child with significant physical and learning disabilities to ensure that the care package meets the child's needs and also supports the parents as the child's carers.
  - Attending a meeting with parents and their solicitor at a meeting before proceedings, also attended by the Local Authority's solicitor. This might be a case where a protection plan to address concerns about neglect (household cleanliness, children's personal hygiene and attendance at medical appointments and school for the children) is not working well and the meeting would issue a letter before proceedings – effectively giving the parents one final opportunity to change before care proceedings are issued.
  - Giving evidence and being cross examined in Court at a contested hearing where the Local Authority's care plan of permanent removal of the children from the care of their parents has been challenged by the parents.

- Visiting two children who are placed in permanent care with family members who have been approved as foster carers; the family resides in West London and the children attend local schools and health services and the Local Authority needs to ensure through regular visiting that the placement is meeting their long term needs and the children feel safe and supported.
- Working with a vulnerable 17 year old who has been at risk of homelessness and whose current accommodation is becoming problematic due to her behaviour. There are concerns that she may be at high risk of sexual exploitation and the ERASE team will be working to support her and also ensure that there are disruption and intervention plans in place for any potential perpetrators.
- Visiting prospective adopters to discuss the potential placement of a child who has been approved for adoption is awaiting a suitable match for a permanence adoptive family.

### **Current Pressures**

- 18 In common with other Children's Services Local Authorities Durham County council faces a number of pressures to delivering its children's social work services.
- 19 There is an active recruitment and retention programme managed through the Raising the Bar Group chaired by Carole Payne, Head of Early Help Assessment and Safeguarding Services. The number of current vacancies across the service reported to the September Raising the Bar meeting was 36. Further recruitment has resulted in 10 appointments in the last two months. Other vacancies are covered by the use of agency staff.
- 20 The main recruitment issue is with suitably qualified and experienced staff; we can recruit and train newly qualified workers and currently have 35 across the service. Newly qualified workers require an assessed and supported year in practice and we are able to support them in teams or through the Social Work Academy (a time-limited funded opportunity for a more bespoke model of support in the 1st year post qualification). However it is acknowledged that by virtue of their limited experience and knowledge, they are not well placed to take on the most complex and challenging work.
- 21 Members will be aware that following the Ofsted Inspection in March 2016 there are key challenges to ensure consistent quality of service delivery. This is being managed through the Quality Improvement Programme overseen by the Corporate Director of Children and Young People's Services.
- 22 Issues have also arisen about high caseloads in some parts of the service. High caseloads have a significant impact on the capacity of practitioners to deliver high quality work. We aim to achieve a caseload of 20 cases per worker across the service for full time experienced workers and 10-15 for newly qualified practitioners. At the time of writing, caseloads in the service average 22.
- 23 Whilst the total number of cases across the service has remained broadly the same for the past 12 months (approx. 3500 at any one time), at the same time

the service has seen an escalation in numbers of children on a child protection plan and looked after children. The number of child on a CP plan has grown from 348 on 31/12/2015 to 521 to date (increase of 173). The number of children looked after has grown from 665 to 788, an increase of 133.

- 24 Escalation in the number of such cases means that the service faces additional pressures in terms of case complexity and challenge. These numbers also are reflected in the increase in numbers of care proceedings referred to in paragraph 16 above.
- 25 Increased case complexity alongside the need to ensure a suitably qualified and experienced workforce are able to continue to deliver a high quality service to the most vulnerable children and families in the County are the key challenges facing the service at present.

### **Conclusion**

- 26 This report has provided Members with an overview of the range and complexity of child and family social work in County Durham. The legislative framework and the associated statutory guidance that underpin the Local Authority's responsibilities are outlined.
- 27 The pressures on Durham County Council to continue to meet its statutory responsibilities to children in need and children looked after are also summarised as are the actions currently being taken to address these pressures.

### **Recommendations**

- 28 Members of the Children and Young People's Overview and Scrutiny Committee are requested to:
- i. Note the content of the presentation
  - ii. Comment accordingly on the presentation
  - iii. Indicate if more information is required from the service.

### **Background Papers**

None

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**Contact:** Mark Gurney, Strategic Manager Child Protection & Disability  
**Tel:** 03000 265758

Ann Whitton, Overview and Scrutiny Officer, Tel: 03000 268143

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## **Appendix 1: Implications**

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**Finance – None**

**Staffing - None**

**Risk –** The report outlines the statutory and regulatory background to the provision of children’s social work services. A key part of this work is to ensure that the welfare of children and young people across the County is actively promoted and that they are safeguarded from risk of significant harm.

**Equality and Diversity / Public Sector Equality Duty – None**

**Accommodation - None**

**Crime and Disorder – None**

**Human Rights - None**

**Consultation – None**

**Procurement - None**

**Disability Issues – None**

**Legal Implications –** The report highlights the legal framework that underpins the delivery of statutory social work services to children and families in the Council

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**Children & Young People's  
Overview and Scrutiny Committee**



**21 November 2017**

**Scoping Report: Role of the Social  
Worker from a Child's Perspective**

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**Report of Lorraine O'Donnell, Director of Transformation and  
Partnerships**

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**Purpose of the Report**

- 1 The purpose of this report is to provide Members of the Children and Young People's Overview and Scrutiny Committee with a scope for an in depth scrutiny review looking at the Role of the Social Worker from a child's perspective.

**Introduction**

- 2 Following Ofsted's inspection of Durham County Council's Children's Services in 2016 the Children and Young People's Services have developed a Quality Improvement Board and associated improvement plan to address Ofsted's recommendations. One of the recommendations indicated there was a need for greater political oversight of front line practice.
- 3 With this in mind the Children and Young People's Overview and Scrutiny Committee received an overview presentation on the Role of the Social Worker at its meeting on 16 January 2017 and members suggested at that meeting that they would like to do a detailed piece of work on this subject.
- 4 The Children and Young People's Overview and Scrutiny Committee meeting on 4 July 2017 ratified the decision, where members agreed they would carry out a focussed review looking at the role of the social worker from a child's perspective.

**National Policy Framework**

- 5 There is no single piece of legislation that covers child protection or safeguarding in UK. Laws are continually being amended, updated or revoked. Key pieces of national legislation and guidance which govern the safeguards of children and young people are:-
  - Children Act 1989
  - UK government ratified UN Convention Rights of the Child
  - Education Act 2002
  - Adoption and Children Act 2002
  - Children Act 2004
  - Munro Review Report 2011

- Children and Families Act 2014
- Working together to safeguard children 2015
- Children and Social Work Act 2017

6 More information on the key pieces of legislation and guidance can be found at appendix 3.

### **Local Policy Framework**

- 7 Agencies in Durham have agreements in place such as the 0-19 Level of Need, Single Assessment Procedures and associated practice guidance documents. These agreements provide effective ways to identify emerging problems and potential unmet needs for individual children and families, as well as clear guidance and procedures for all professionals, including those in universal services and those providing services to adults with children.<sup>1</sup>
- 8 Evidence indicates that the significant issue facing children in need is neglect. By the time the situation has deteriorated to a level that protection is required; children have lived several years of their lives in these circumstances.
- 9 The Neglect Practice Guidance 2016 is intended to assist practitioners across services to identify early signs of neglect and develop more responsive and timely interventions to address concerns about neglect. The guidance seeks to ensure practitioners focus their attention on:
- a) Patterns of parental behaviour.
  - b) The impact this behaviour has on the child's physical, emotional, psychological and behavioural development and well-being.
  - c) The impact on the child's attachment behaviours.
  - d) The specificity of the child's day to day lived experience over time.
- 10 Tackling Neglect Multi-Agency Strategy 2017 sets out its objectives for tackling neglect and promoting early help and intervention across County Durham. It acknowledges and reinforces the linkage with other local partnerships such as the Children and Families Partnership, the Health and Wellbeing Board, the Safe Durham Partnership and the County Durham Partnership.

### **Reviews from other Local Authorities**

- 11 Children's social care has been the subject of several scrutiny reviews by local authorities usually focusing in on a particular area such as Leeds City Council review in 2011 which focused on a children's care record system<sup>2</sup>. Calderdale council carried out a review of social care for children when they

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<sup>1</sup> Durham Local Safeguarding Children Board Website, Responding to abuse or neglect as accessed 31/07/2017  
<sup>2</sup><http://democracy.leeds.gov.uk/documents/s56036/Scrutiny%20Working%20Group%20-%20Review%20of%20Childrens%20Social%20Care%20System.pdf> as accessed 06/06/17

were not satisfied with the speed of improvement following a poor Ofsted inspection.<sup>3</sup>

- 12 Lambeth Council and Waltham Forest Council both carried out reviews following poor Ofsted inspections but their reviews looked at several areas of the service and made recommendations to reinforce and enhance further improvement to the work of children's social care.<sup>4</sup>

## Terms of Reference

### Background

- 13 Members of Children and Young People's Overview and Scrutiny Committee (CYP OSC) had indicated following the 'Role of the Social Worker' overview presentation to the committee in January 2017 that they wanted to carry out a review connected to this topic.
- 14 At their meeting on 4 July, members of the CYP OSC agreed the work programme for 2017/18 and within that agreed to carry out a focussed review on the role of the social worker from a child's perspective.

### Scope

- 15 The review will look at how children are referred into the service, what happens to them following the initial referral and will take into account how case files are allocated. The review will explore the training of social workers, support given to social workers and how this impacts on stability for the child. It will also consider support for the child including carers and other family members. Finally, and perhaps most importantly the review will consider views from children who have experience of the system.
- 16 The review will consider evidence from officers of the Council from Children's Social Care and views of children and young people who have experienced the children's social care system via Investing in Children.
- 17 The review will have limitations in the fact that it must remain focussed on the assessment and safeguarding process overall and not follow lines of enquiry in relation to case complexities. The review will also be limited in that it will not consider in depth the role of the social worker in the fostering and adoption system as this is considered as a topic for another review.

### Objectives

- 18 The aim of the review is to investigate the role of the social worker assessment and in the safeguards of children from a child's perspective to ensure that the views of the child are included and reflected in plans relating

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<sup>3</sup> <https://www.calderdale.gov.uk/v2/sites/default/files/review-socialcare-children.pdf> as accessed 06/06/17

<sup>4</sup> <http://democracy.walthamforest.gov.uk/documents/s52368/Appendix%201%20-%20Report%20of%20the%20Social%20Care%20Scrutiny%20Panel%20Post-Ofsted%20Scrutiny%20Review%20April%202016.pdf> as accessed 06/06/17.

to them and how this impacts on the social care workforce. There will be six key lines of enquiry:

- a) How are children's social care cases referred into the service?
- b) How cases are allocated to social workers including numbers of case files and their complexities.
- c) How has the new training academy performed in its first year? Are places filled for the following year? What mentoring, support and career development is in place for social workers?
- d) How robust is the approach in Durham in relation to continuity and stability for the child? How is the voice of the child reflected in casework? How does Durham compare regionally and nationally?
- e) What types of care are available to a child with a child protection plan? What support is available for the child, carers and other family members?
- f) What do children who have had contact with children's social care in County Durham say about their experiences?

### Expected Outcomes

19 It is expected that the following outcomes will be achieved from this review:

- a) Greater Member awareness of the referral pathways and procedures for children identified as at risk. An understanding of how case allocation, the number of cases undertaken by a single social worker and monitoring of these cases.
- b) Awareness of the social worker training academy and of its progress in its first year.
- c) Members will be aware of the types of care provided and support mechanisms in place for children, carers and other family members.
- d) Listen to and understand some of the views of children and young people who have experienced being in the care system .
- e) Seek opportunities that arise to suggest improvements in the implementation of national policy and local practice.

### Approach

20 The review will consist of meetings with members receiving verbal and written evidence via reports and presentations from officers within the Children and Young People's Services Service Grouping. A visit will be arranged to the Multi Agency Safeguarding Hub but spaces will be limited due to the confidential nature of their activity.

### Engagement

21 In addition, the review group will consider evidence from witnesses including:

- Children, young people and families who have had experience of the care system via Investing in Children.
- Front line social workers

- Newly qualified social workers

## Membership

- 22 A working group will be set up of no more than 10 members, taking its membership from the Children and Young people's Overview and scrutiny Committee will carry out the review. The Chair and Vice Chair of Corporate Overview and Scrutiny Management Board will be ex-officio members of the working group.
- 23 A project plan for the review is attached at appendix 2 that sets out a schedule of review group meetings and evidence required.

## Reporting

- 24 Children and Young People's Overview and Scrutiny Committee will receive verbal updates during the evidence gathering process. On completion of the evidence gathering and following formulation of the recommendations, a report will be drafted and shared with Children and Young People's Overview and Scrutiny Committee before being presented to Cabinet and the Children and Families Partnership.

## Timescale

- 25 The review will commence gathering evidence from December 2017 and expects to be in a position to take a report to Cabinet for consideration in the early/late summer of 2018.

## Recommendation

- 26 Members of the Children and Young People's Overview and Scrutiny Committee are requested to:
- a) Receive the scoping report and agree the terms of reference as set out in paragraphs 13 - 25 and the project plan at appendix 2.
  - b) Set up a working group of no more than ten members from the committee with the Chair and Vice Chair of Corporate Overview and Scrutiny Management Board appointed as Ex-Officio members outside of the ten members.
  - c) Receive verbal updates in relation to the progress of the evidence gathering.

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## **Appendix 1: Implications**

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**Finance** - None

**Staffing** – The review will gather evidence to find out how the social worker training academy has performed in its first year.

**Risk** – None.

**Equality and diversity/Public Sector Equality Duty** – An equality impact assessment will be carried out prior to the start of the review.

**Accommodation** - None

**Crime and disorder** - None.

**Human rights** – None

**Consultation** - None.

**Procurement** – None

**Disability Issues** - None.

**Legal Implications**- None

**DRAFT Role of the Social Worker from a Child's Perspective – PROJECT PLAN**

<b>WHEN</b> Times/Dates/ Locations	<b>DESIGNATED</b> <b>LEAD</b> <b>Member/</b> <b>Officer</b>	<b>WHO</b> <b>Key Witness,</b> <b>including</b> <b>Expert</b> <b>Witnesses from</b> <b>inside the</b> <b>organisation</b>	<b>Engagement</b> <b>External</b> <b>Organisation</b> <b>s, Expert</b> <b>Witnesses</b> <b>from External</b> <b>Organisation</b> <b>s and</b> <b>Members of</b> <b>the Public</b>	<b>WHAT</b> <b>Evidence/Information</b>	<b>HOW</b> <b>Meeting/Visit/</b> <b>Correspondenc</b> <b>e/</b> <b>Briefing Paper/</b> <b>Research/</b> <b>Engagement</b>	<b>OUTCOMES</b>	<b>WHY</b>
1 December 2017  9.30am Committee Room 1B	Cllr Christine Potts Ann Whitton	Mark Gurney Strategic Manager Child Protection and Disability, First Contact and Intervention (or representative) Andrea Houlahan Lisa Wood		What are the referral pathways into the service? What is the criteria for dealing with a referral? How are children identified as requiring protection? What procedures are in place to ensure the best outcomes for the child?	Meeting	Members are fully aware of the referral pathways and procedures involved when a child is identified as requiring protection.	It is important that members are aware of the system from the first contact and how cases are prioritised.
7 December 2017 1.30pm	Cllr Christine Potts Ann Whitton	Lisa Wood, Operations Manager First Contact		MASH – for members of the working group to experience	Visit Meet on site limited places	Members will have a greater understanding of how referrals are received and an idea of numbers involved.	Members will be able to see for themselves where the call are received and how the hub operates.
10 January 2018 10.30am Committee Room 1A	Cllr Christine Potts Ann Whitton	Mark Gurney Strategic Manager Child Protection (or representative) Team Leaders/social Workers/ Families First Reps Chris Ring Judith Rayne		How are child protection/children in need cases allocated? How many cases are allocated to a single social worker? What controls and checks are in place to help social workers with caseloads? Do cases stay with the same social worker? What stability is in place for the child? If a case is escalated, what checks are in place to ensure there are no gaps? Are children involved in case conferences?	Meeting	Understand how cases are allocated, the number of cases undertaken by a single social worker and monitoring of these cases. Understand the involvement of the child and stability issues	Members need to be aware of the children's social care system and how it works, and how the training and development processes encourage social workers to County Durham

6 February 2018 9.30am Committee Room 1B	Cllr Christine Potts Ann Whitton	Strategic Manager Child Protection Team Leaders/social Workers/ Shelly Gill Academy Manager		What training, mentoring do social workers receive? What career development is there for social workers? How has the social worker training academy performed in its first year? Is there a new contingent of social workers in place for the next academic year?	Meeting	Members are aware of the training and development in place for social workers and their support systems.	
23 February 2018 Following CPP <b>Only Chair &amp; Vice Chair</b>	Cllr Christine Potts Ann Whitton	NQSWs Shelly Gill, Academy Manager		Informal session with Chair and Vice Chair to chat with NQSWs who have completed their training at Durham's Social Work Academy to find out their views/experiences	Informal Session	The Chair and Vice Chair will gain an understanding of the view of NQSW and how they found the academy.	The Chair and Vice Chair will feed back to the rest of the group the findings from this meeting.
2 March 2018 9.30am Committee Room 1B	Cllr Christine Potts Ann Whitton	Mark Gurney Strategic Manager Child Protection Team Leaders/social Workers		Members meet with Social Workers to discuss challenges and complexities of their caseloads	Focus Group	Awareness of continuity of cases and the checks in place when cases are escalated. Members fully understand how case conference works and who is involved.	Members will be aware of how relationships between the social worker and the child are built and whether there is continuity throughout the case.
12 March 2018 1.30pm Committee Room 1A	Cllr Christine Potts Ann Whitton	Karen Robb Strategic Manager Looked after Children & Permanence Team Leaders/social Workers		How are children and young people prepared for going into care? Are they involved in this decision? How is the decision communicated to them?	Meeting	Members are aware of support mechanisms in place for children and young people and how carers/family members are supported.	It is important that children, young people, carers and their families are supported in what can be an emotional time.
4 April 2018 1.30pm Committee Room 1A	Cllr Christine Potts Ann Whitton		Ellie Seed IIC Children and Young People	How do children and young people rate their relationship with their social worker, children's social care? Do they feel their views and opinions are taken onto consideration?	Meeting with external stakeholders	Members will have knowledge of views of children and young people who have experience of the care system in County Durham.	Members will have the opportunity to hear the views of children and young people

23 April 2018 9.30am Committee Room 1A	Cllr Christine Potts Ann Whitton			Present findings to members for them to formulate recommendations	Meeting	Members will formulate recommendations	In preparation for report to be submitted to Cabinet and Partnership groups.
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### National Policy Context

#### Children Act 1989

- 1 The Children Act 1989 provides a comprehensive framework for the care and protection of children. It defines parental responsibility and encourages partnership working with parents but its over-riding principle is that the welfare of the child is the paramount consideration. The Children Act 2004 supplemented the 1989 Act and reinforced the message that all organisations working with children have a duty in helping safeguard and promote the welfare of children.
- 2 The Children Act 1989 requires local authorities to give regard to children's wishes when determining what services to provide. The Act also requires the wishes of children are taken into consideration before making decisions about action taken to protect individual children and that these duties complement requirements relating to the wishes and feelings of children who are or may be looked after (section 22 (4)), including those who are provided with accommodation and taken into police protection.
- 3 Section 47 of the Children Act 1989 requires local authorities to make enquiries when they have reasonable cause to suspect a child maybe suffering or is likely to suffer 'significant harm'. The enquiry will assess the child's needs and the ability of the person caring for the child to meet them. The aim of the assessment is to determine if action is required to safeguard the child. Information will be gathered from multiagency partners such as health and education.
- 4 Some children are looked after by the Local Authority by agreement with, or at the request of, their parents. Under Section 20 of the Act it states, it is the duty of all Local Authorities to make accommodation available for such children in need. Children may be accommodated (in residential or foster care) for a short or longer period. No court proceedings are involved, and the parents retain full parental responsibility.
- 5 Section 44 of the Children Act 1989 sets out provision for Emergency Protection Orders (EPO). These orders are obtained from a court to ensure the short-term safety of a child.
- 6 A Care Order (under Section 31(1) (a) of the Children Act 1989) places the child in the care of the Local Authority, with parental responsibility being shared between the parents and the Local Authority. Understandably, the threshold for making applications to the Court is very high and the Local Authority in bringing its case must be able to demonstrate there is a serious and ongoing risk of significant harm. The Court will expect to be informed by the Local Authority of what plans there are for a child and be satisfied that the Care Order is in the child's best interests. A Care Order can last until a young person is 18 years old; or until an Adoption, Supervision Special

Guardianship or Child Arrangement Order is made; or until the Court decides that, the Order is no longer necessary. The Local Authority, or persons with parental responsibility for the child, can apply for the discharge of the Order.

- 7 In a number of cases presented to the Court, it will be appropriate for the Local Authority to apply for a placement order, which will enable it to place the child for adoption. 53 children were adopted from care in the year 2016 – 2017.
- 8 The removal of a child from a parent is one of the most serious interventions a state can make in the lives of its citizens. It is vital, therefore, that the evidence for any such action is clearly laid out in a court of law, with family members able to state their case and with the needs, wishes and feelings of the child in question able to be fully understood and represented.
- 9 When Social Workers are concerned about the welfare of a child they may invite parents to a pre-proceedings meeting held under the Public Law Outline (The statutory guidance that underpins this part of the Children Act 1989).
- 10 A local authority solicitor attends the PLO Meeting, but the parents are also invited to come along with their own solicitor to see if any agreement can be reached or negotiated with the social services department to prevent the matter going to court. The parents are entitled to legal aid for this and subsequent meetings. It is often possible to reach agreement about what needs to happen to protect the child from harm so that Court proceedings and orders are avoided. If the concerns are so great and there can be no protective plan put in place, the court proceedings will be started and the PLO Meeting will be used to advise the parents of this. There will be some cases where the meetings do not take place because the risk of harm to the child is so great or is so urgent that there is no PLO Meeting and an expedited application to court will be made.

#### United Nations Convention on the Rights of the Child

- 11 In 1991, the UK government ratified the United Nations Convention on the Rights of the Child (UNCRC), which is an international agreement that protects the rights of children and provides a child centred framework for the development of services for children. By doing this, the government recognised children's rights. Article 12 states that when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.<sup>5</sup>

#### Children Act 2004

- 12 In response to Lord Laming's inquiry into the death of Victoria Climbié the 2004 Children Act implemented the creation of the Children's Commissioner, Children's Trusts and for local authorities to establish a director of children's

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<sup>5</sup> Fact Sheet: A summary of the rights under the convention on the Rights of the Child, UNICEF, 1991.

services and to create electronic record keep of children's files. A duty was placed on local authorities in England to co-operate to improve the wellbeing of children and for local authorities to arrange and to promote co-operation with key partners and local agencies.

- 13 Section 11 of the Children Act 2004 places a duty on a number of agencies including children's services authority to safeguard and promote the welfare of children. This duty includes encouraging agencies to share early concerns about safety and welfare of children to ensure preventative action before a crisis develops.

#### Munro Review

- 14 Professor Munro's review of child protection, 2011, set out to improve the quality of child protection services and made 15 recommendations to reduce the bureaucracy within the child protection system and keep the focus on whether children are being effectively helped and protected.

#### Working Together to Safeguard Children (2015)

- 15 Working together to safeguard children (2015) states that effective safeguarding arrangements in every local area should be underpinned by two key principles:
- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
  - A child centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of children.

#### Children and Social Care Act 2017

- 16 The Children and Social Care Act 2017 received royal assent on 27 April 2017 it aims to improve support for looked after children in England and Wales especially those leaving care and including corporate parenting principles for councils. It also claims to enable better learning about effective approaches to child protection and care in England and establish a new regulatory regime for the social work profession in England.
- 17 The Act sets out there will be a Child Safeguarding Practice Review Panel established to identify serious child safeguarding cases in England, which raise issues that are complex or of national importance. There is also provision for the abolition of Local Safeguarding Boards and the introduction of local arrangements for safeguarding and promoting the welfare of children.
- 18 The Act creates Social Work England to take over from the Health and Care Professionals Council as the profession's regulator. This new professional body will require the approval of the Education Secretary for professional standards. The Education Secretary will have new powers to set 'improved standards' for social workers, and introduce assessments for practitioners.

- 19 The DfE have recently issued draft statutory guidance on key provisions of the Act with consultation closing at the end of November.

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