



Cheshire East Local
Safeguarding Children Board

Multi-Agency Case Audit Report Into Child in Need Plans.

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Section 1: INTRODUCTION

1.1 Terms of reference

1.1.1 Working Together 2013¹ requires Local Safeguarding Childrens Boards (LSCBs) to fulfil their statutory objectives and functions as set out in section 14 of the Children Act 2004² and Regulation 5 of the Local Safeguarding Children Boards Regulations 2006³.

1.1.2 One LSCB function is to ensure the effectiveness of the member agencies practice by quality assuring practice, including through joint audits of case files involving practitioners and identifying lessons to be learned (page 60, paragraph 2).

1.1.3 This audit was undertaken by Cheshire East Safeguarding Children Board (CESCB) Quality Assurance Activity, as part of a rolling programme of multi-agency audits, as set out in the Children's Improvement Board - Quality Assurance Framework.

1.1.4 The terms of reference for the multi-agency audit, as agreed with the CESCB in August 2013, are as follows:

- Bi-monthly audit with an alternate emphasis on quantitative and qualitative information through audits of 8 and 20 - 25 cases.
- The cases shall be selected to represent a theme as confirmed by CESCB Executive Group on the basis of knowledge of CESCB priorities and performance data.
- Engagement of practitioners directly involved, and with children and their families where possible and appropriate.
- Audit reports will be provided to the LSCB Executive Group and Children's Improvement Board.

1.1.5 The purpose of the audit is to identify areas of good practice and areas of improvement and to identify learning for development in the safeguarding of children. There is a clear focus on the impact and outcome of multi-agency working. The emerging themes will provide a basis for further more focussed activity.

1.1.6 Workshops for audit leads and practitioners to learn and develop from the audit findings have been built into the process. The views of families/parents are obtained during the process.

1.1.7 An audit report containing the findings will be prepared by an Independent Audit Lead commissioned by CESCB. The report and findings will be received by the CESCB Executive Group in May 2014. The CESCB will respond to these findings and develop a CESCB Response to Audit Findings Action Plan, to be implemented through the CESCB Executive Group.

¹ Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, Department for Education, (2010), March 2013.

² Children Act 2004

³ Local Safeguarding Children Boards Regulations, 2006.

Section 2: AUDIT METHODOLOGY

2.1.1 The focus of a CESC B multi-agency case audit programme is on multi-agency professional practice, highlighting good practice as well as identifying improvements which need to be made to local services. The principles for learning and improvement identified in Working Together 2013⁴ were followed by the multi-agency audit leads conducting this audit.

2.1.2 The CESC B commissioned an Independent Audit Lead, Valerie Charles, to lead on the multi-agency case audit programme.

2.1.3 This multi-agency audit was undertaken during March 2014 and April 2014, under the theme of 'Child in Need (CiN) Plans' and involved a sample of eight CiN cases where a child is subject to a CiN Plan.

2.1.4 On 5th March 2014 a report was generated by the PARIS electronic case management system, identifying all the current cases where a CiN Plan was in place.

2.1.5 As the focus was on current practice, the report only included those children with a new Case Combined Assessment that commenced during September or October 2013, and had therefore been through the Cheshire East Consultation Service (ChECS) where an initial consideration would have been made about the level of need. The report identified sixty three children meeting those criteria.

2.1.6 The Business Manager of CESC B, in consultation with members of the LSCB Executive Group, selected a sample of eight cases. This was made up of four male and four female children and young people from different families, aged 0, 1, 6, 8, 9, 14, 15, and 16 years, equally split between Macclesfield and Crewe social work teams. All were of White/British heritage (see appendix 1 - A brief outline description of each case).

2.1.7 As these were open cases, work continued with these children and their families, and as a result, by the time the audit was complete, two were no longer on CiN Plans. One case had escalated to Child Protection and the other had de-escalated to CAF.

2.1.8 A case example from the sample has been included to illustrate the issue of CiN Plans (see appendix 2 – Case example).

2.1.9 An electronic audit template was developed with particular thought given to information that should be available in files of all agencies as well as Children's Social Care (CSC). It was designed to identify strengths and weaknesses in multi-agency working within the case sample. The use of an electronic audit template allowed for automatic collation of returns, for each case separately and for all cases together.

2.1.10 Case file audits were conducted by agency audit leads who are managers/supervisors in each of the partner agencies working with the individual children and their families.

⁴ Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, Department for Education, (2010), March 2013.

Agencies within Cheshire East involved in the audits covered a wide spectrum, including:- Children's Social Care; Health: GP's, School Nurses, CAMHS, Health Visitors; Cheshire East Family Service; Voluntary Sector (ARCH and Home-Start); Schools x 5; Domestic Abuse Family Support Unit and Police.

2.1.11 Auditors were instructed to take immediate action if any audits identified any current practice concern, or to ensure practitioners responded to any issues raised within the audit, or acknowledge good practice. It should be emphasised at this point that none of the cases needed referring for immediate action following the audit.

2.2 Response to audit

2.2.1 There was a reasonable response to the 37 audit requests that were sent out, with 28 being returned.

2.3 Other sources of data

2.3.1 On completion of the audit a workshop learning event was held with practitioners involved in the cases to discuss the initial findings and to obtain the practitioners perspective and identify multi-agency learning.

2.3.2 A case example from a frontline practitioner's view has been included to illustrate the issue of CiN Plans (see appendix 3 – Frontline practitioner's view).

2.4 Data from family/parents

2.4.1 Telephone conversations were also conducted with a selection of families of the cases involved, to gain their perspective in relation to how agencies are supporting and working with them and also how agencies are working with each other.

2.5 Presentation of findings

2.5.1 The analysis is presented under the following thematic headings:

- File/record management
- Background information
- The child's daily lived experience
- Child in Need Plan
- Parents perspective
- Other comments regarding multi-agency working
- Other comments from the Practitioners Workshop

2.6 Contextual information – Child in Need Planning Process⁵

2.6.1 All children who receive services through CSC are children in need and those services may be delivered through:

- A Care Plan for Children in Care
- A Child Protection Plan
- A Child in Need Plan

2.6.2 The first CiN planning meeting should take place between days 15 and 25 of the combined assessment led by qualified social worker, informed by the child and their family members and by other professionals who know them. The plan should be in place on completion of the combined assessment (up to 35 days).

2.6.3 Every child in need receiving an intervention should have an individual CiN Plan which is SMART and includes the following:

- The overall objectives of the plan and details, including what needs to change and desired outcomes for the child
- The services to be provided and what their purpose is
- Current analysis of risk
- Responsibilities for each aspect of the Plan
- The timescales for provision
- Review arrangements

2.6.4 A CiN Plan should be reviewed at a frequency agreed by the multi-agency meeting but should be no less than 6 weekly during the first 3 months and a maximum of 12 weekly thereafter. This is the minimum frequency and some cases may require review on a more frequent basis. Copies of the CiN Plan should be provided to the child/ren, family and participants in the planning and review group within 1 month of the meeting.

2.6.5 An identified cohort of children & young people, who are subject to CiN Plans at Level 3 on the Cheshire East Continuum of Need, where the lead professional is a Social Worker are reviewed by an Independent Safeguarding Chair (ISC). The Strengthening Families Framework model is adopted by the Independent Safeguarding Chairperson in chairing the review. One case in the audit sample had been reviewed by an ISC.

2.7 Ofsted Inspection

2.7.1 In March 2013 an unannounced Ofsted inspection⁶ was undertaken and the following was highlighted in respect of cases subject to CiN plans:

- In some complex CiN cases, where allegations of harm were made or child protection concerns emerged, these were not effectively investigated.

⁵ CHILD IN NEED PLANS AND REVIEWING POLICY - Cheshire East Council - January 2014

⁶ Inspection of local authority arrangements for the protection of children Cheshire East – Ofsted, March 2013.

- In others there was delay before the severity of the issues was recognised and action was taken.
- Several children did not have plans in place.
- Too few plans set clear and achievable objectives and outcomes. However, there are some examples of good practice and more recent plans are comprehensive and reflect positive multi-agency working.
- Arrangements for reviewing plans are not sufficiently robust or supported by effective joint working.
- Regularity of social work visits to children subject to child in need plans is variable.
- Recording does not consistently identify whether the child or young person was seen or spoken to alone.
- A number of children and young people experience frequent changes of social worker over a relatively short period of time.
- Not all indications of escalating stress in a family result in a timely visit to explore the issues.
- Despite these significant weaknesses there are examples of positive practice where children are seen alone and observations of their presentation and views.
- Inspectors identified some effective multi-agency working to support young children's development and to enhance the social involvement of disabled children with their peers.
- Although children in need have access to independent advocates not all children are made aware of this service.

2.7.2 As part of Ofsted's improvement role with Cheshire East, their third monitoring visit in March 2014⁷ had a focus on assessment and planning, which included CiN. This was acknowledged by the Local Authority as an area requiring further improvement. Ofsted did recognise that whilst performance is improving, sustained improvement has yet to be demonstrated. All children have a CiN Plan and the timeliness of plans completed within 35 days is above the national standard and this reflects significant improvement since the last inspection.

2.7.3 The chief areas of improvement agreed, relate to the consistency in quality of the plans, consistency of workforce including the opportunity for workers to form effective relationships with children, reducing changes to plans and repeat assessments. Also changes of workers can result in a focus on current issues and in some cases insufficient consideration being given to the history of the family, children's journey and experiences.

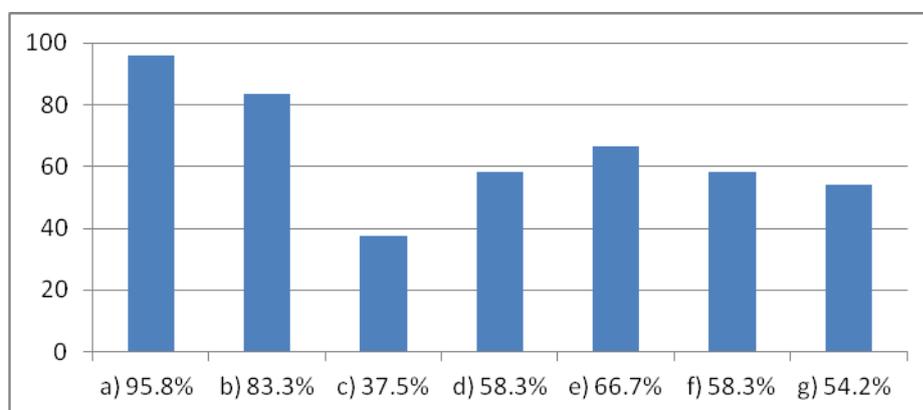
⁷ Ofsted quarterly improvement review - Report Summary Sheet (This quarterly report is based on the finding of the three monitoring visits in Cheshire East undertaken in December 2013 and January and February 2014) – Ofsted, March 2014.

Section 3: ANALYSIS OF THEMATIC FINDINGS

3.1 File/record management.

Does your agency's file for this child contain?

- a) Up-to-date basic information for the child?
- b) Up-to-date parent details?
- c) Does this include any male parent or carer in the household?
- d) Up-to-date details of other agencies or workers involved?
- e) Case summary or chronology of key events?
- f) Child in Need Plan?
- g) Child in Need meeting record?



3.1.1 Up-to-date basic information for the child was present in 95.8 per cent of cases, and whilst this is not a perfect return, it is clearly very encouraging. Parent details were up-to-date in 83.3 per cent of the audit returns, which indicates there is room for improvement, but the point can be made that with there being only a small number of cases audited, it would appear that the number of instances where parents' details need to be updated must be relatively few. It is not possible to interpret the results for the last four questions above so positively. (The statistic indicating that files hold details of a male parent or carer from the household cannot be easily scrutinised or judged as there is no information about the number of instances where such information *ought* to be available).

3.1.2 The last four questions are all to ascertain whether particular information is held by the relevant agencies, and all of this information can only be considered as basic information, which really ought to be readily available in 100 per cent of cases, and yet the results all fall far short of this standard - and indeed, in most cases are not far above a meagre 50 per cent standard:- up-to-date details of other agencies or workers involved were present in just 58.3%; a case summary or chronology of key events was on file in only 66.7% of cases; a CiN plan was included in 58.3% of the case files, and; a CiN meeting record was present in just 54.2% of case files.

3.1.3 Up to date chronologies are a crucial tool to help practitioners put events and the experience of the child in context and help with reviewing the effectiveness of the interventions. However, auditors' comments indicate that in one instance the chronology has not been updated since 2011, and in 3 cases no chronology or case summary of key events is available at all. In very nearly a third of cases auditors identify there is no up to date chronology or summary of significant events, and this is significantly poorer than the result of the same question in a recent audit of cases where children are subject to a repeat child protection plan⁸.

3.1.4 As outlined in the introduction, the process of intervening effectively to support children who have been identified as 'Children in Need' is reliant upon the clear process in which the professionals put together an agreed plan and work to that plan by holding regular meetings to discuss the plan and review progress. It is thus of real concern that in this sample of cases for nearly a half of the children, files do not contain a CiN plan or a record of a CiN meeting.

3.1.5 Comments from auditors include that:- there is evidence of CiN meeting held but no evidence of minutes; we only have one CiN Plan and no minutes; no alert on our system suggesting she is CiN; no info from health visitors, not aware this is a CiN; case was referred in January 2014. There is no combined assessment, no CiN meeting and no up to date chronology. There is only one visit to the children recorded; the records contain the CiN Plan and minutes from Dec 2013 but the two recent plans/minutes have not been shared; the CiN Plan is from 8/11/13 so out of date.

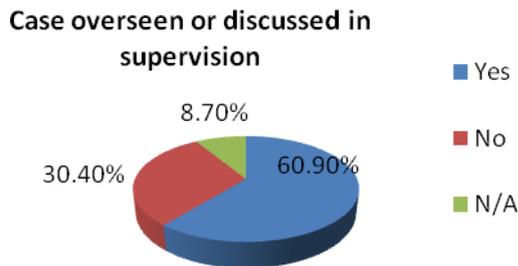
3.1.6 Practitioners talked about a practice standard of minutes needing to be shared within 5 days, but also recognised that the reality is very different, as the minutes are not sent out in a timely fashion and some agencies have stated that they rarely receive the minutes. Practitioners regard the time for producing the CiN Plan, meeting minutes and their distribution as a challenge for multi-agency working within CiN plans.

3.1.7 Practitioners identified the need for a standard template as they identified that there are different templates used for plans and minutes.

3.1.8 There was also discussion amongst the practitioners about the fact that there is often an emphasis on the social worker having to co-ordinate and manage the whole process, including chairing and minuting the meetings. They report that this can lead to an assumption that if the social worker has to give apologies the meeting gets cancelled. Further, it was also suggested that if the tasks of minute taking were more equitably shared amongst professionals then the minutes could perhaps be distributed in a more timely manner (as comments indicated that demands on social workers were such that CiN minutes and plans are not prioritised). One suggestion was that a clear protocol should be in place for other agencies to write the minutes in the meetings, enabling the social workers to focus on chairing the meeting.

⁸ Multi-Agency Case Audit Report into Repeat Child Protection Plans, Cheshire East – February 2014.

Is there evidence that this child or young person's case has been overseen or discussed in supervision with a manager or safeguarding lead?



3.1.9 The auditors identified that in 60.9 per cent of the case sample there is evidence of the case being overseen or discussed in supervision with a manager or safeguarding lead. In 8.7 per cent of the responses where it was not seen as appropriate the comments indicate that this includes instances where there is no direct involvement from a practitioner that requires supervision. In just over 30 per cent of the case sample – the case had not been overseen or discussed in supervision with a manager or safeguarding lead.

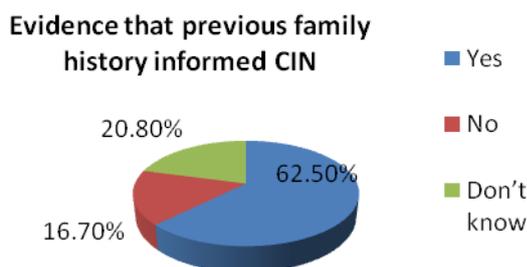
3.1.10 Comments from auditors suggest that some of the cases had not been discussed in supervision for several months, for example, the last supervision in one case was in November 2013.

3.1.11 Practitioners have identified ‘focussed supervision’ as something they feel supports good working within CiN planning. The importance of child focussed supervisions was also stressed to ensure that the child is kept at the centre of practice.

3.1.12 Within this case audit nearly a third of cases had not been overseen or discussed in supervision with a manager or safeguarding lead, this statistic suggests that supervision is an area in which real improvement is required.

3.2 Background information.

Is there evidence that previous family history has informed the Child In Need Plan?



3.2.1 The previous family history needs to be seen as an important starting point for planning and reviewing interventions with vulnerable children – in all cases. Auditors found that in 62.5 per cent of cases there was evidence that previous family history has informed the CiN plan, but that for the remaining children - over a third of children in the audit - it was not clear that there had been any consideration of the previous family history, which is a figure which needs to improve.

3.2.2 Auditors made comments outlining both instances where previous history has been usefully referred to, but also those where this has not happened.

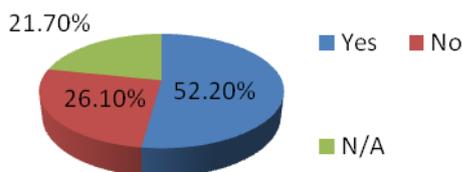
3.2.3 Practitioners acknowledge the importance of capturing historical information from all agencies but recognise that this is a current challenge for multi-agency working within CiN plans. Practitioners have identified that handovers between workers can be inadequate and therefore detailed historical information is not shared.

3.2.4 There may be a simple solution to reducing/eliminating the instances where previous family history has not been taken into account and that is perhaps to be found in a suggestion from practitioners about the need to review the documentation. A format for CiN plans could include a mandatory question requiring a brief summary of key family history which must inform the current plan.

3.3 The child’s daily lived experience

Is your agency clear about how their actions or intervention in the Child in Need Plan are expected to impact positively on the child?

Clear how CIN interventions will impact positively on the child



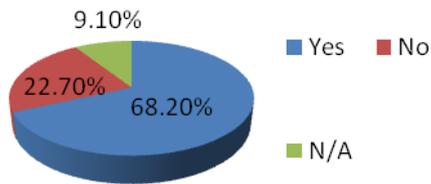
3.3.1 In the majority of cases where this is felt to be appropriate, auditors report that their agency is clear about how their actions are expected to impact on the child. However, in over a quarter of all cases (and if seen as a proportion of instances *where this is deemed appropriate* the figure is exactly a third) auditors report that their agency is not clear about how their actions or intervention are expected to impact positively on the child. This certainly needs to improve.

3.3.2 Comments from auditors highlight that the lack of minutes or of a plan on file inevitably have skewed this finding – i.e. it should be that the plan once it has been written or circulated it would clarify how the agency interventions would impact positively on the child.

3.3.3 Practitioners have identified that when CiN Plans work well it is often in the cases where an appropriate number of SMART actions are clearly linked to outcomes for the child; where progress can be measured and milestones are identified. They comment that there are times when the focus of work is too much on the parents, or that the plans and meetings become ‘action focussed’, (i.e. where the completion of particular actions becomes the priority), rather than ‘outcome focussed’ (i.e. where the important measure is what the impact on the child will be).

Is it clear from your records that the impact on the child, of your agency actions or intervention, is being reviewed /evaluated?

Impact on child is being reviewed/evaluated?

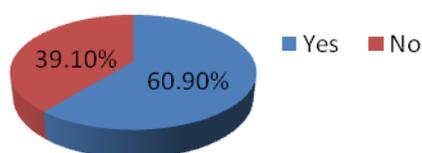


3.3.4 This appears to be a positive overall response to this question, with the vast majority of agencies - *where it is appropriate* - being clear about how their actions or intervention are being reviewed/evaluated, in respect of the impact on the child. However, it is also clear that there is still significant room for improvement with this, as in more than a fifth of cases it is not clear from agency records that the actions are being appropriately reviewed or evaluated. Again, it is likely that the high proportion of cases where the files lack any up to date minutes or copies of the CiN plan will have negatively impacted on the response to this question.

3.3.5 The examples given by auditors include: - clear in health records that health visitor is visiting; learning mentor reviews on a fortnightly basis with Head Teacher; reviewed/evaluated by attending CiN meeting and supervision and; reviewed during supervision. One example, highlighting the negative comments is from an auditor who states that, “there is, a high risk of drift in this case as very little evidence of progress. This is a case of neglect and, if progress is not evidenced we should be considering whether to escalate the concerns”. Interestingly, no auditors referred to the formal review process being the mechanism for reviewing the impact of interventions of all agencies upon the child.

Is there evidence that the child's views, wishes and feelings and daily lived experience are taken into account?

Evidence that the child's views are taken into account?

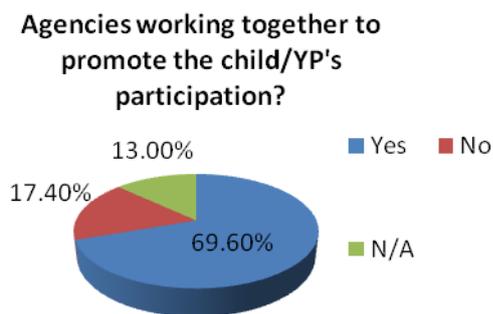


3.3.6 In just over 60 per cent of the responses it was identified by auditors that there is evidence that the child's views, wishes and feelings and daily lived experience are taken into account. Auditors comments illustrate how their agencies contribute, for example:- child seen alone with school nurse who discussed her wishes and feelings and asked what life was like for her in school and at home; baby is only 5 weeks old, however, health records show that the health visitor has observed good attachment between mum and baby; in clinic letters from CAMHS; and; the records contain evidence of things that the child has said.

3.3.7 However, in nearly 40 per cent of the responses the auditors have not found any evidence on the case file that the child's views, wishes and feelings and daily lived experience are taken into account, and this can only be seen as a cause for real concern. Auditors' comments highlight some of the details behind this worrying statistic, for example:- the baby is 18 months old; not recently; minimal evidence of children being seen and spoken with regularly - very parent focussed; we do check in with the child regularly but not evidenced in file; and; there is one visit recorded in October 2013 it states that the child was seen but there is no record of her wishes and feelings.

3.3.8 Practitioner's comments reinforce the audit responses, saying that: - the child's view or perspective is not always reflected in the plan; recording discussions of 1-1 sessions with child being missed on the CiN plan; and; the child is not being kept as main focus. There were some positive suggestions from practitioners including:- training for front line practitioners (all agencies) on how to reflect the experience of the child; presenting a photo of the child at each CiN meeting could ensure a better focus on the child; ensure all agencies use supervision to routinely look at where the child fits in the work; and; that there should be an assumption that all children should attend their own meetings (with clear arrangements for who should enable this to happen/support the child) – and where attendance not possible, then ensure child's views are clearly represented.

Is there evidence that agencies are working together to promote the child or young person's participation in the Plan?



3.3.9 The overall response to this question appears to be positive, with nearly seventy per cent (and this figure would be higher if it only included *where it is appropriate*) of auditors confirming evidence that agencies are working together to promote the child or young person's participation in the plan. The examples given by auditors include: - school nurse met with the child regularly; child is seen one to one in school by learning mentor and his views are reflected in discussions; evidence in health records of multi-agency working; to varying degrees - have been some struggles which are documented in our case file; some evidence although not much input from CAMHS which is key in this case; from the CiN plan; and; good multi-agency attendance evidenced at last CiN meeting – school nurse advised child that she would see her prior to the CiN meetings.

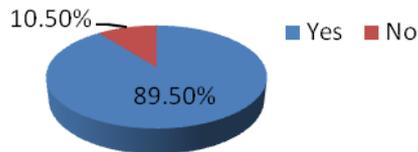
3.3.10 There is room for improvement, as in 17 per cent of cases (which equates to 20 per cent of cases *where it is deemed appropriate*) there is no evidence that agencies are working together to promote the participation of the child. One comment from an auditor reflecting this deficit is that 'the child has not attended the meetings and whilst the plan reflects that her wishes and feelings are being sought these have not been documented within the minutes of the meeting'.

3.3.11 As detailed in the analysis of the last question, practitioner’s expressed views about the lack of involvement of children and made suggestions about rectifying this.

3.4 Child in Need Plan

Are all the agencies involved in this Child in Need Plan who should be?

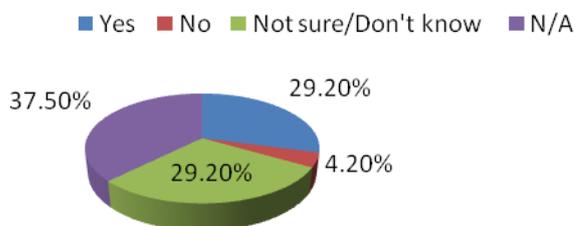
Are all the agencies involved in this CIN plan that should be?



3.4.1 The response to this question appears quite positive – in the vast majority of cases all the relevant agencies are involved with the CiN. However, comments from auditors in response to this question mainly point to uncertainty about their response due to lack of available information on the file:- impossible to tell from the limited information; unable to comment; don't know; and; although it appears that CAMHS are working with the child there is no evidence in the CiN minutes that they attended the meeting.

If there are parental drug or alcohol issues identified, are these adequately addressed in the Child In Need Plan?

Drug or alcohol issues addressed in CIN plan?



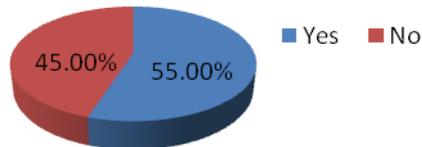
3.4.2 In less than half of cases where drug or alcohol issues are applicable, the current CiN Plan is said to adequately address these issues. One comment made in support of good practice they saw mentioned that the drugs worker attended the CiN meeting.

3.4.3 There are a very small proportion of cases (4.2%) where it is said that the plan does not address the issues and this of some concern as parental substance misuse is widely recognised as one of the factors that puts children more at risk of harm.

3.4.4 Of greater concern has to be the finding that for nearly half of relevant cases it was not clear to the auditor whether the plan was adequate in this respect or not. Comment made in one case stated that there was no plan so could not evidence whether the issues are being adequately addressed.

Is there evidence that the plan is being managed at the appropriate Level of Need?

Evidence that the plan is being managed at the appropriate level of need?



3.4.5 It has to be viewed as a cause for concern that in nearly half of the sample cases auditors stated that there was no evidence that the case was being managed at the appropriate level of need. Some of the auditors comments illustrate what led them to this response: - I would be considering escalation due to lack of progress; it is unclear given that closure was agreed 4 months ago but the case remains open; no evidence of a plan in our documentation; no minutes available to show this; and; this has fluctuated - CiN was appropriate at time plan set up, however, plan has not been adhered to by some of the participants, which has led to further concerns.

3.4.6 A point made in reference to previous responses and indicated within the comments above needs to be borne in mind here, and that is that the lack of some basic documentation within agency files may have skewed the response to this question – i.e. without being able to read the CiN plan or minutes of CiN meetings, it is inevitably difficult for auditors to make accurate assessment of the interventions or level of need. There is a danger of misinterpreting the response to this question – it should be made clear that it is not (necessarily) the fact that 45 per cent of the auditors felt that the case is not being managed at the appropriate level of need, rather that proportion of auditors feel that it is not possible to say from the available evidence that it is being managed at the appropriate level.

3.4.7 Practitioners were asked why they thought that sometimes agencies do not challenge the plan when they know it is ineffective or should be 'stepped up'. Practitioner's responses to this question included the following:

- Possible worry of disagreement/different perspective being seen as a criticism
- Viewed as social worker's plan so don't think it's for them to disagree/possible question of hierarchy "social worker knows best". Perception of social worker as lead
- Not keeping the child at the centre
- Challenge ignored
- Reluctance to challenge as it compromises relationship with carer/child
- Threshold inconsistencies – can be affected by individual exposure to safeguarding
- Lack of clarity of roles and responsibilities
- Lack of confidence
- Lack of training
- Lack of ownership

3.5 Parents perspective

3.5.1 Telephone conversations were conducted with a small selection (two) of parents involved in the audit, to gain their perspective in relation to how agencies are supporting and working with them and also how agencies are working with each other.

3.5.2 Both parents spoken with during this audit understood why agencies are involved. When asked if they felt that agencies are working together to support their family, they were both positive in their responses and one of the parents made the following point, *“ the new social worker has made a lot of difference and seems to be working well with the school. Support from the children’s school has always been good, a learning mentor has been involved who has been very helpful”*.

3.5.3 In respect of CiN meetings and the CiN Plan one parent was positive about the plan and said, *“the plan has helped me see what needs doing and that people will know it has worked when we stick to the plan to make the changes”* The other parent described a different experience and said, *“did not see a CiN Plan produced by the previous social worker, there were some minutes of a CiN meeting produced but there were some bits missed out and I did not agree with the account of the meeting. A CiN meeting was planned but cancelled by the father and another was not rescheduled”*.

3.5.4 When asked whether the support they had received from agencies had improved their situation one parent had a mixed experience and commented, *“yes, things have improved significantly in the past couple of months with the new social worker, who has spent time to get to know the children and the family situation. Prior to this, I felt that social work support was not good, the CiN process was not well organised and children suffered as a result (they went to live with their father)”*. The parent considered making a complaint to CSC, but thought that it would not help the situation. The other parents’ experience was positive and she said she feels that agencies could not do any better and she is happy with the support she is getting and does feel that she has been listened to.

3.6 Other comments regarding multi-agency working

3.6.1 A further question asked auditors if their audit had identified any particular areas of strength, good practice, and deficits in practice or concerns. In just over 80 per cent of auditors their response to this question was yes. This has generated many detailed comments illustrating good practice as well as examples of areas that require improvement.

3.6.2. The examples of areas of strength or good practice were few in number, and therefore are all provided below:-

- Escalation was appropriate.
- Good multi-agency working.
- The Health records evidence good communication between agencies.
- Health visitor has received timely supervision on the family and is visiting on a regular basis to support the family.
- 1:1 sessions with Learning Mentor give the child an outlet to talk about her feelings - the child understands she can visit more often when needed.
- The school nurse records evidence that the school nurse has developed a good relationship with the child and has explored her wishes and feelings.

3.6.3 It is notable that the vast majority of the comments highlighted areas that require improvement.

3.6.4 One common theme identified by auditors is about the important issue of paperwork/information exchange, for example:- lack of minutes of meetings hinders delivery of the outcomes in the plan; only birth details known - no contacts, admissions, consultations since birth; CiN Plan/minutes of CiN meetings not shared in a timely manner following the meetings; no copy of the CiN plan on each agency file; no record of review meetings held on the agency file; and; the last set of minutes are missing from the records as the social worker did not attend the meeting and this is where they are shared. CiN minutes and plans should be shared with professionals and the family before the next meeting is held.

3.6.5 Concerns are expressed about CiN Plans being out of date, and then there are also comments about plans not being adhered to:-

- CiN plan states social worker to complete announced and unannounced visits on a weekly basis - this has not happened.
- It was identified at the last CiN meeting that there has been limited support for the family despite them requesting it.
- The audit has highlighted that the CiN plan has been stepped down to a CAF and since this the parents have not engaged with the CAF process and have cancelled two meetings.

3.7 Other comments from the Practitioners Workshop

3.7.1 Comments from the practitioner workshop have been included in the preceding sections of this report where appropriate. Practitioners put in a lot of work and many useful comments and suggestions emerged, most of which have not been incorporated thus far and therefore warrant mention here. It was noticeable that within discussion workers from across the different agencies recognised that the responsibility for the work within CiN plans (including chairing, taking minutes, etc.) needs to be shared equally across all the agencies. However, it was also striking how much emphasis is put on the role of the social worker – particularly, for example when talking about the impact of social workers not being present in CiN meetings or changes of social worker.

3.7.2 One very strong message from the workshop was the benefit people feel they get from opportunities to have multi-agency events – i.e. training or workshops or regular opportunities to share experience and reflect on practice.

3.7.3 The practitioners identified some of the major challenges that they encounter in their work with CiN as follows:- changes in personnel; and particularly issues of recruitment and retention of social workers which means lack of continuity for families; inadequate handover/no handover of information so story has to be told again; lack of time to collect histories; there being a number of different templates that are being used (for plans and meetings); problem of not being able to get hold of other workers (not returning calls etc.) – particularly said in respect of social workers; and; it was commented (not just by social workers) that social worker caseloads are too high.

3.7.4 There was interesting discussions around the disruption and delay to a case that can accompany a change in worker. Practitioners gave suggestions of what can be done to minimise these potential impacts on the families they work with:- worker needs to inform other agencies if leaving; good handover of the file is of critical importance; needs to be up to date and clear in terms of - current plan, intervention, evidence, experience of child; new worker needs to read the file and meet family in advance of CiN meeting; and; the consistent workers from other agencies have a responsibility to ensure plan is sustained, and not start again with a new social worker.

3.7.5 Practitioners identified what they feel helps their work with CiN plans, including:- experienced/skilled workers; all agencies involved and engaged; actions clearly linked to outcomes for the child that are SMART; appropriate number of actions, so there are milestones towards desired outcomes, so can measure progress; regular review meetings; consistency of process – all understanding their roles and responsibilities; good leadership, being open and honest to group and sharing workload; and; children and young people attending and/or their view clearly known, expressed and understood.

3.7.6 They then identified other factors which support positive working on CiN plans, including:- the more confident and knowledgeable people are, the better the outcome; allows challenge; focus in meetings (good chairing); multi-agency CiN training; focussed supervision; positive parental involvement/measured impact against objectives; everyone does their part; and; targets are measureable – SMART.

Section 4: CONCLUSIONS

4.1.1 This audit has generated a significant amount of data which has been carefully analysed. It has involved just eight cases, with the intention to assess how successfully multi-agency working is being applied in CiN cases, and to highlight both aspects of positive practice, as well as areas for improvement in order to inform future practice within and between member agencies.

4.1.2 There were 37 audit requests sent out, with 28 of these being returned. The questionnaires were completed by managers/supervisors from the various agencies - and indeed, these cases provided a good cross section of the partner agencies represented within the Cheshire East Safeguarding Board. The data generated is not just the quantitative data from the questions asked (represented in the form of pie-charts and bar charts throughout this report), but also the comments provided by the auditors own analyses of the case files and the practitioner perspective provided useful qualitative data.

4.1.3 It may well already be apparent to the reader that the audit has identified many areas in which there needs to be significant improvement in multi-agency working. These are drawn together below and the clearest of them have been presented as Findings from this audit. Whilst much of the quantitative data points to deficiencies in the interagency working, it is important to highlight that some of the findings were more encouraging, and indeed the comments from auditors and (particularly) the practitioners workshop did demonstrate that there are some very positive aspects of interagency working with CiN in East Cheshire which need to be highlighted here.

4.1.4 In the vast majority of cases (90%) auditors identified that all of the agencies who should be involved in the CiN plans are involved. In most cases (equivalent to about 75% of cases where this is said to be appropriate) it is clear within the records of the different agencies that the impact on the child of agency interventions is being reviewed, and positive examples are provided of how this is being done, and it does appear that practitioners recognise the need to focus on this crucial aspect of the work. In a good majority of cases it is said to be the case that agencies are working together to promote the child or young person's participation in the plan, and in most cases there is said to be evidence that the child's views are taken into account – and again, positive examples of good practice in this aspect of CiN work were provided within auditors comments and the practitioner workshop. There were also some very encouraging comments made to this audit from the (small) sample of parents who were contacted.

4.1.5 Whilst there is no doubt that there is good work being undertaken within CiN, it is also clear from this audit that this is not sufficiently or consistently embedded in practice, and there are too many instances where basic aspects of the work to support CiN are not being carried out - or that this cannot be shown to be the case from the evidence on agency files.

4.1.6 Appropriately enough, the first section of the audit questionnaire focused on agency records/file management. Having accurate and up to date written information is of fundamental importance to being able to intervene effectively. Practitioners talked about how poor information exchange hinders the work, and particularly stressed how important the written material is in the instances where there is lack of continuity of staff (something

which they were keen to point out is too frequently an issue). Some of the results of the audit in respect of records/file management are thus quite concerning. In one third of cases there was no case summary or chronology of key events on file, and for an even bigger proportion of cases details of other agencies or workers involved was not on the file.

4.1.7 It is clearly of even greater concern that within the audit returns the proportion of cases where a CiN Plan or a record of a CiN meeting are present is unacceptably low – at 58% and 54% respectively. There were lots of comments about these basic tasks not having been done, or about them not being done (and distributed) in a timely manner. The lack of CiN plans was a deficit highlighted within the last Ofsted report⁹ (although significant improvement was noted in the quarterly report in March 2014¹⁰) and action needs to be taken to remedy this as a priority and it is therefore presented below as the first key Finding from this audit.

4.1.8 It is likely that the absence of key written information has hindered the auditors in their attempts to answer key questions for this audit. It is very possible, for example that the reason there was such a high proportion of negative answers to the question ‘Is there evidence that the plan is being managed at the appropriate Level of Need?’ were due to the lack of basic written information.

4.1.9 There was evidence to this audit questioning the format of the relevant forms and paperwork as well as how it is being used. More than one contributor made reference to their being different formats for CiN Plans in circulation. There was also discussion by practitioners about some of the language on forms not being clear and simple. It would also seem that if the forms were made as clear and usable as possible there is greater likelihood of them being successfully completed within appropriate time frames (and within the meetings where everyone is present) so that they can be more successfully and quickly circulated. The forms need to clearly show that actions are linked to SMART outcomes for the child, and should also be able to indicate what aspects of family history are (or need to be) taken account of within the plan. This was another area highlighted within the Ofsted report. For all these reasons it is suggested that a review is conducted of the paperwork that is being used for CiN in Cheshire East (Finding 2).

4.1.10 The audit has uncovered that insufficient focus appears to be given to providing and recording appropriate management oversight of cases for children subject to CiN – with 30 per cent of cases having no evidence on agency case files that they are being discussed in supervision with a manager or safeguarding lead. This is therefore another area where action is required and is presented as Finding 3.

4.1.11 A real area of concern from this audit has to be in relation to the inconsistent focus on the child’s daily lived experience and their involvement within the CiN planning and work. In over a quarter of all cases (and if seen as a proportion of instances *where this is deemed appropriate* the figure is exactly a third) auditors report that their agency is not clear about how their actions or intervention are expected to impact positively on the child. Similarly, the proportion of cases where it is not clear that the child’s views, wishes and feelings and daily lived experience are taken into account is unacceptably high (nearly 40%).

⁹ Inspection of local authority arrangements for the protection of children Cheshire East – Ofsted, March 2013.

¹⁰ Ofsted quarterly improvement review - Report Summary Sheet (This quarterly report is based on the finding of the three monitoring visits in Cheshire East undertaken in December 2013 and January and February 2014) – Ofsted, March 2014.

This conclusion echoes previous audit findings into child protection cases¹¹ and the report from Ofsted which also highlighted the need to consistently identify how the child was involved in the work (Finding 4).

4.1.12 Auditors and (particularly) practitioners made comments to the audit that changes in allocated workers can have a significant impact on the work being undertaken. This was said to be an issue for all agencies, but was said to particularly be an issue with changes in allocated social workers. It is clear from other recent audits (Multi-Agency Case Audit and Case Mapping Peer Review Report¹² and Multi-Agency Case Audit Report into Repeat Child Protection Plans¹³) as well as from the conclusion of the Ofsted report, that this is a significant issue which needs addressing (Finding 5).

4.1.13 There does seem to be unduly heavy reliance upon social workers to take responsibility for taking the lead within CiN planning and interventions and it is strongly recommended that effort is focussed upon trying to achieve a more appropriate and equitable distribution of tasks and responsibility across all the agencies (Finding 6). It appears that social workers are relied upon for taking the lead with chairing meetings as well as producing and circulating plans and records of meetings. This reliance on social workers sometimes extends to meetings being cancelled (and therefore work not being progressed) when social workers are not able to be present.

4.1.14 A strong suggestion from practitioners – and one which would seem to carry a lot of merit – is that there needs to be increased opportunity for multi-agency training and reflection to aid the effectiveness of multi-agency working in CiN cases. This might help achieve a better understanding of roles and more equitable distribution of tasks, and make the whole process a more truly multi-agency one. It might also help in enabling workers from different agencies to feel able to challenge the process as appropriate – particularly where there are concerns that the plan is not being managed at an appropriate level.

¹¹ Multi-Agency Case Audit Report into Cases of Neglect, Cheshire East – December 2013.

¹² Multi-Agency Case Audit and Case Mapping Peer Review Report, Cheshire East – January 2014.

¹³ Multi-Agency Case Audit Report into Repeat Child Protection Plans, Cheshire East – February 2014.

Section 5: FINDINGS

Finding 1: The proportion of CiN cases where basic information is missing from agency files is unacceptably high. This is particularly the case with regard to chronologies, CiN Plans and records of CiN meetings.

Challenge for CESCOB:

- CESCOB need to satisfy themselves that in all cases children subject to CiN procedures have up to date CiN Plans, records of CiN meetings, and chronologies and these are included on all agency files in a timely manner.

Finding 2: There is some concern about the quality and format of paperwork and forms being used within CiN processes – i.e. CiN Plans and meeting records.

Challenge for CESCOB:

- CESCOB should undertake a review of the relevant documents. This should ensure that these are clear, concise and fit for purpose; that they ensure planning is focussed on SMART outcomes for children; that they evidence how plans are informed by family history; and they include evidence of the child's daily lived experience and how the child's participation in the process is maximised.

Finding 3: Management oversight for cases of CiN is not sufficiently in evidence on agency case files.

Challenge for CESCOB:

- CESCOB need to satisfy themselves that CiN cases are being routinely discussed within supervision and that this is evidenced on the case file for each child.

Finding 4: The daily lived experience of the child needs to be routinely evidenced within CiN practice. Similarly there needs to be more consistent focus upon how interventions impact upon the child and that these are clearly measured and evidenced.

Challenge for CESCOB:

- To ensure that the views, wishes and feelings, and daily life experience of all children are clearly evidenced within assessment, planning and intervention and that there is clear recording of, and review of, these within on-going work. Children's participation in their CiN Plans should be maximised and where this is not happening the reasons need to be clearly recorded and regularly reviewed.

Finding 5: Changes in allocated worker can impact on the work being undertaken. This appears to be an issue across all agencies, but comments highlight the particular importance of the social worker who is often the lead professional.

Challenge for the CESC:

- To take action to maximise the consistency of allocated workers across agencies.

Finding 6: Agencies working with CiN Plans do not take an appropriate share of responsibility for the work. All too often there is an over reliance upon the social worker being the lead professional.

Challenge for the CESC:

- CESC should focus effort on ensuring that all agencies working within CiN Plans are empowered to take genuinely shared responsibility for the work. This could include providing increased opportunity for multi-agency training and reflection about processes and practice - for example, roles and responsibilities and how these are shared.

Section 6: References.

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, Department for Education, (2010), March 2013

Children Act 2004

Local Safeguarding Children Boards Regulations, 2006

Child in Need Plans and Reviewing Policy - Cheshire East Council - January 2014

Inspection of local authority arrangements for the protection of children Cheshire East – Ofsted, March 2013.

Ofsted quarterly improvement review - Report Summary Sheet (This quarterly report is based on the finding of the three monitoring visits in Cheshire East undertaken in December 2013 and January and February 2014) – Ofsted, March 2014.

Multi-Agency Case Audit Report into Cases of Neglect, Cheshire East – December 2013.

Multi-Agency Case Audit and Case Mapping Peer Review Report, Cheshire East – January 2014.

Multi-Agency Case Audit Report into Repeat Child Protection Plans, Cheshire East – February 2014.

Section 7: Appendices

Appendix 1 - A brief outline description of each case.

Child A – Eight year old girl first referred to Children’s Social Care in November 2011 and most recent referral September 2013, issues following parental separation. CiN Plan completed November 2013.

Child B – Male baby born February 2014. Sibling had been placed on a Child Protection Plan in February 2013 which moved to a CiN Plan in November 2013, so child B was included in the Plan as an unborn baby.

Child C – Sixteen year old young woman. Referral in October 2013 re: possible child protection concerns, but a CiN Plan was put in place in January 2014.

Child D – Six year old boy. First referral in April 2011 and most recent referral in October 2013, following concerns about home conditions and behaviour management. CiN Plan put in place December 2013.

Child E – Fourteen year old male. Referred in December 2012 and again in October 2013, regarding domestic abuse and physical assault. CiN Plan put in place in November 2013, then a decision in February 2014 to convene a Child Protection Conference. This child was subject to CiN Plan at the time case samples were identified, and has since moved to a Child Protection Plan, which is on-going.

Child F – Fifteen year old young woman. First referral was for one of child F’s three siblings regarding parental alcohol abuse and physical abuse. Family case was opened and closed a number of times, recent CiN Plan (November 2013) was reviewed by an Independent Safeguarding Chair in March 2014, with CiN Plan to continue.

Child G – Nine year old female. Referred in 2009 as sibling group had been subject to a CiN Plan in another authority. Child G was engaged by the Youth Offending Service for risk of offending, and YOS worker made a referral regarding concerns about home conditions. CiN meeting November 2013 agreed a plan but situation to be monitored by the YOS and school, with Common Assessment offered (but declined) by mother. This child was subject to CiN Plan at the time case samples were identified, and has since moved to CAF, but mother didn’t engage.

Child H – One year old male baby. Concerns about neglect of sibling before child H’s birth, CiN Plan put in place October 2013 with monthly CiN meetings since.

Appendix 2 – Case example from the audit sample.

Child H is a one year old male baby. His sibling was referred in 2012, and the referral included child H (as unborn), due to and concerns regarding general neglect and the parents ability to care for the children's needs. Both parents have learning disabilities and father has alcohol and substance misuse issues. From the case file records it states that a CAF was put in place from February 2011 to February 2012, before child H was born and then again from March 2012 to Nov 2012.

A further referral was made in May 2013 in relation to the parent's management of the siblings' medical condition and ability to keep appointments etc., and meeting the needs of child H. The referral led to an initial assessment, but it was agreed that the work would continue under CAF, however, it appears from the records that there was no CAF in place at this time. The majority of the children's care is undertaken by the mother.

Subsequently, another referral was made in September 2013, again in relation to parent's management of sibling's medical condition and incorporating child H. This led to a CiN Plan, which is still in place.

The CiN Plan has identified a number of required actions for example:- sibling to attend nursery when family move; children to attend all health appointments as necessary; father to continue to work with the drugs team and to reduce his drinking; and; referral to be made to ARCH - mother will have support in regard to her relationship with children's father.

The CiN Plan links these actions to desired outcomes for the children for example:- children to be healthy - sibling to attend all his medical appointments and child H to start walking either by attending his appointment at the walking clinic and not to be spending long periods of time in the pushchair; mother to be supported in regard to her relationship with children's father by ARCH and not to allow him to move with her to the new address; and; mother to receive support re: sibling's behaviour and implement t behavioural management for him.

Appendix 3 – Frontline practitioner’s view.

I became involved with the youngest child and his brother in January 2014. The children were already on a CiN Plan and the referral for our service was to support mum with getting the eldest child into nursery and supporting mum to stimulate both children and offer advice on boundaries and safety.

The children are too young to voice their wishes and feelings, however, through my observations within the family home they appear to be comfortable around their parents and seek them out to have their needs met by either mum or dad.

I was clear with regards to my role as I completed an initial joint visit with the social worker at the start of my involvement. However, to date I have not attended any CiN meetings for different reasons i.e. I was not informed of the one in February and the one in March was arranged on my non-working day - this has now been rectified and I am attending the meeting in April.

Unfortunately, I am not regularly updated by the social worker and there is limited information regarding visits on Paris. This at times can be difficult for me and the family as when I visit they think I have been informed of things. What is concerning is that mum does not ensure that the oldest child attends his hospital appointments on a regular basis and it is imperative that he attends these. There are times when mum does not fully engage with my support and is not available for planned visits and it is my opinion that due to these issues it would be more beneficial if the social worker liaised with me more frequently.

I believe that the multi-agency working is beneficial as a tight plan is required around this family to ensure that the correct level of support is in place to meet the on-going needs of the children, in particularly, their on-going medical needs.

Appendix 4 - Audit template questions.

CESCB Case Audit - Child in Need Plans

1) Does your agency's file for this child contain?

- up-to-date basic information for the child (name, date of birth address, etc.)
- up-to-date parent details
- Does this include any male parent or carer in the household?
- up-to-date details of other agencies or workers involved
- case summary or chronology of key events
- Child in Need Plan
- Child in Need Meeting record

Comments:

2) Is there evidence that this child or young person's case has been overseen or discussed in supervision with a manager or safeguarding lead?

- Yes
- No
- Not applicable

Comments:

3) Is your agency clear about how their actions or intervention in the Child in Need Plan are expected to impact positively on the child?

- Yes
- No
- Not applicable

Comments:

4) Is it clear from your records that the impact on the child, of your agency actions or intervention, is being reviewed /evaluated?

- Yes
- No

Not applicable

Comments:

5) Is there evidence that the child's views, wishes and feelings and daily lived experience are taken into account?

Yes

No

Comments:

6) Is there evidence that agencies are working together to promote the child or young person's participation in the Plan?

Yes

No

Not applicable

Comments:

7) Are all the agencies involved in this Child in Need Plan who should be?

Yes

No

Comments:

8) If there are parental drug or alcohol issues identified, are these adequately addressed in the Child In Need Plan?

Yes

No

Not sure/don't know

Not applicable

Comments:

9) Is there evidence that previous family history has informed the Child In Need Plan?

Yes

No

Don't know

Comments:

10) Is there evidence that the plan is being managed at the appropriate Level of Need?

Yes

No - please comment on any action taken to challenge this

Comments:

11) Has the audit of this child's case identified any particular areas of strength, good practice, deficits in practice or concerns? (it is expected that any significant concerns will be brought to the attention of your manager immediately)

Yes

No

Comments:

END