

Stockton-On-Tees Feedback on Case Audit Review

9th September 2015

1. Remit:

Auditing ten cases in Stockton through case records review and discussion with early help practitioners in order to:

- Test thresholds against early help casework.
- Evaluate the quality of early help casework.
- Review how step up and step down processes from early help work.
- Examine casework and case management systems and how they report data that could help fulfil the requirements of an outcomes framework for early help.

2. Methodology:

- Review of 10 Early Help cases, using a standard Case File Audit Toolkit (Early Help).
- Interview with Lead Professional.

3. Findings

3.1 The Peer Review Team audited 10 cases using the Raise system and paper files from a number of partner agencies, with lead professionals from: schools, health visitors and local authority staff (including Children's Centres).

3.2 The Peer Review Case Audit Tool has been used across all four local authorities to ensure consistency. The audit has been adapted to ensure good practice in early help, using: 'Working together to safeguard children' (2015) which outlines key functions of assessments; Ofsted framework; good practice guides and the findings from the Ofsted report 'The quality of assessment for children in need of help' (August 2015). This is a detailed audit tool which should capture good practice. The audit tool is different to local audit tools so may impact on grades and overall findings.

3.3 Local authority staff use the Raise system as the case management system. Partner agency CAFs are put on the Raise system but partner agencies cannot use the system for case management, case records etc. The system is however used for central CAF analysis and planning and can produce data. Stockton local authority are looking at integrated Early Help systems in the future which can be used by all partner agencies. As stated above, during the review auditors saw paper files as not all case records and details of the cases audited were on Raise.

3.4 Where local authority staff use the Raise system, they also keep paper files as not all documents can be input into the Raise system. This will change as the local authority are looking at a system to scan documents onto Raise. The commissioned service for 'Troubled Families' used paper files, although they can access some systems to get ASB and school attendance data. Some staff also used Core Assessment as the system for case management.

3.5 Stockton have created a new post of Head of Early Help, Partnership and Planning and a Central CAF Team. The CAF team consists of a Team Manager, four CAF Support Officers, a Domestic Abuse Worker, a CAF Quality Assurance Officer and an Admin Officer. The role of the team, as

outlined in a very useful postcard is to: support agencies in the use of the CAF, facilitate TAF meetings, build confidence in professionals to offer effective early help to children and families, help professionals maximise opportunities within CAF, provide on-site support to agencies and settings, ensure CAF support is available during office hours, hold annual service directory days for professionals. The team visit schools and other agencies and offer support on individual cases and processes. The Review Team saw a good CAF flowchart (although did not contain timescales) and other documents to support the work of the team. There was positive feedback from lead professionals, particularly schools and health visitors, on the support received from the CAF team.

3.6 The CAF team in Stockton undertake audits of early help work. This is done by the Quality Assurance Officer and there is an integrated Quality Assurance Group who do multi-agency audits together approximately once a month. There is clear information in the Quality Assurance Framework for the CAF Process, which includes feedback and workforce development. The Review Team were given a copy of the Integrated QA Group meeting held in March 2015 and the conclusion of their findings of the audit were:

- too much focus put onto child's behaviour by professionals
- there was no evidence of agencies addressing family issues e.g. domestic abuse
- no evidence of father in assessment
- actions are for the child to carry out, child is only 8 years old
- review indicated referrals to be made to other agencies, but no evidence that this had been carried out, and
- no link to CSC record to identify what has happened since referral.

3.7 There are a range of services and professionals who deliver early help across Stockton. There are two Family Support Teams (North and South), Key Working for Disabled Children and a range of early help services delivered by schools, voluntary sector, health and commissioned services. Early Help services are across pre-birth to 19 years old and focus on work with the family. They deal with missing from home interviews where CSC are not involved.

3.8 In the majority of cases there was help at the correct early help threshold. In one case we felt this could have been single agency and were not sure why it was a multi-agency assessment.

3.9 The step-up to CSC is through a referral to Contact Point, although lead professionals can have discussions with the Social Work teams prior to formal referral.

3.10 There was good feedback on supervision and management support. There were different supervision structures depending on the agency, but overall lead professionals were positive and felt supported with manageable caseloads. Staff reported open door policies and approachable managers. One lead professional described management support as excellent, "the manager is always available and they have regular catch-ups". Some staff talked about introduction of clinical supervision from other staff and with clinical psychologists. Some workers felt supervision could offer more challenge and more depth in discussing cases.

3.11 Lead professionals seen were positive about early help, they were able to describe the role of the central team, were clear about their roles and responsibilities, knew the case, knew the

threshold and gave good descriptions of the children. They were open to discussion and challenge on cases.

3.12 Of the cases audited two were achieving the expected standards (both written by the same worker) and 8 were below expected standards. The grades are taken from the case audit and background reports as described in 3.2 above. We did not see any Stockton Good Practice Guides or Practice Standards for early help services. We did however see some good documentation on processes.

3.13 We saw good practice in the following areas:

- Some CAFs were very clear, all sections of the framework were completed and detailed. These CAFs gave a good picture of the child and the current situation and family functioning and history. It was clear that other professionals had input into writing the assessment. It was evident in some that there is good partnership work with parents who are involved in the assessments which clearly record their views. In one case in particular there was very good input and view of the parents and the child throughout every section of the assessment.
- There were good links between the assessment, analysis and plan. Where there was analysis in assessments, e.g. examples of unsettled home life leading to current behaviours and challenge to the young man on his relationships with peers not being healthy, this was helpful. Good example of assessment identifying needs and risks and containing strengths. Risks linked to narrative and there was a list of changes needed.
- In some cases, children are seen regularly and there is evidence of direct work (although not always sure what approach is being used). In one case there was a good section on aspirations. In that case there was evidence of direct work, frequent visits, counselling support, support with coping strategies and use of services such as Lifeline. Direct work with young people was appropriately challenging. In one case there is a good picture of the young man and he states his views throughout the assessment and ongoing involvement.
- We saw some use of models e.g. 123 Magic, Nurturing Group and Scaling Questionnaires. There is an opportunity to embed these across all service areas.
- There was evidence of good outcomes: no longer going missing, happier at home, calmer, attending school and college, improvements in mood and improved relationships with parents, improved parenting, improved educational outcomes.
- Some plans were good, they had clear outcomes, actions and were relevant. However, lack of tight timescales was an issue in the majority of plans. The plan in the TAF was carried forward from the CAF so there was consistency. Good plans had comments on progress and it was clear what difference was being made.
- There is good multi-agency input from schools, health, YOS, Housing, Youth Support, Commissioned Services (i.e. Troubled Families). Partner agencies initiated CAFs and were involved in multi-agency meetings and in delivering services.

- Case records seen overall were good and up to date, but in some cases they did not give sufficient information to evidence e.g. voice of the child, outcomes or theoretical models used in direct work. Some entries just noted home visits no issues.

3.14 We saw the need for improvement in the following areas:

- CAFs did not contain sufficient information to constitute a thorough assessment. In some cases, they contained information which would have been more relevant for a referral. One example is where the CAF contained limited information but was used to gain access to school activities, another example is where the CAF was used to gain OT support. Some assessments had blank boxes.
- Too many assessments did not contain important information relating to absent parents (fathers) or extended family. For example, a father was not involved in the CAF or the work at all. In another example there was no information in the CAF about the father or family history. There were examples where there was insufficient information on family history, previous interventions and information on family functioning. In one case where there had been extensive involvement from many agencies, it would have been useful to have a chronology, a summary of past involvement and an up to date assessment.
- The voice of the child was not evident in all assessments, or where it was clear that children had been seen there was insufficient information in the assessment, TAF minutes and case records to ensure that their views, wishes and feelings were heard. In many it was not possible to see a 'picture' of the child through reading the assessments and files. Where there were young children there were no observations noted in assessments.
- In many cases, there was insufficient evidence of direct work with children, and where direct work was being done it was not possible to understand the worker's approach. In some cases the focus was on work with the parents i.e. practical help, nursery place, parenting support with little focus or involvement with the child. In these cases the child is lost in the work which is focussed on the needs and views of the parent.
- There was overall poor critical thinking and analysis. In some cases we felt that the lack of written analysis made it more difficult to understand the worker's approach or link to the plans and interventions. Whilst workers were able to articulate this verbally, it was not evident in reading the files. There was limited analysis on parenting capacity and in one case the auditor noted "had there been a more systematic analysis earlier, the fathers potential to compensate for his wife's difficulties could have been used". We saw no evidence of use of research or theory.
- Risk and resilience was not included in some cases and was very under developed and not considered as part of the assessment or planning.
- In some cases the work focussed on the presenting problem with no detail or history and impact of historical or presenting parental issues on the child. For example in one case of an isolated asylum seeking new mother who had been trafficked into the

country, many practical forms of support were provided and many positive outcomes achieved. However there was little exploration of her history, experience of parenting, or the impact of her experiences on her ability to parent effectively.

- The quality of plans was variable. They were not SMART or outcome focussed. In one there was only one action and that was to undertake 1:1 work but not clear what this would entail. Some had no officers responsible for actions and were not focussed. One service used their own Risk Assessment and rating system. This was used on top of TAF meetings (which were not as regular i.e. every four or five months). The Risk Assessment seen did not change over a period of time, indicating that there was not much change or progress. This was a long term case with little progress which is now to be closed. It is acknowledged that some families are difficult to engage or have entrenched problems, but by using good and timely plans these issues can be better addressed.
- It was not always possible to see a clear link between assessments, desired outcomes and proposed actions to achieve these. The process of agreeing the analysis at the first TAF meeting and devising the plan from this is good in theory, as it encourages the CAF to be seen as a joint assessment, but only if the LP is able to work with the multi-agency group and draw the analysis together. We did not see any good examples of where this had been done. Some multi-agency training on assessment and outcomes might lead to greater consistency in this area.
- The quality of the TAF meetings and minutes was also variable. TAF meetings were not always fully recorded. Some were not detailed enough with no comments from parents or too little information and update from other professionals. We saw some blank TAF forms attached to plans. The CAF Team chair and minute the first two TAF meetings and it is anticipated that this will start to improve the quality of the meetings.
- Timescales were an issue. There was delay in cases from referral to allocation and then to completing the CAF. One case was not picked up at referral by the Family Support Team. There was a five month delay and the referral was only picked up because the Health Visitor made a further referral to First Contact. In another case there was a delay of six weeks between the referral and the commencement of the CAF. In one case the CAF was written in February but there has not been a TAF meeting yet. The flowchart does not contain any timescales and we saw no documents which outlined standards on timescales.
- It was not always possible to see the involvement of other agencies. For example, CAMHs were involved with one case but it was not clear what their role was or what they had achieved.
- Assessments did not fully consider the ethnicity and identity of children or take into account the child's history.
- Some cases audited were using old assessments to form the current plan and interventions. For example in one case the worker used the CSC Core Assessment which was completed in 2013 and the closure record which was very brief.

- Some CAFs very brief and some would require update to reflect changing circumstances and to inform planning for the child and family. There is no guidance on when assessments should be updated.

3.15 Stockton have a good range of Early Help Services across the Council and partner agencies. The central team receive positive feedback but there is more work to do on systems and on collating data on early help from all agencies. Timeliness is an issue in too many cases and there is no clear guidance on timescales. This will help ensure compliance with child friendly timescales and would enable the local authority to monitor this effectively. More work needs to be done on the voice of the child, direct work and a consistent use of evidence based models to measure progress. There is a danger that CAFs become a route into a service (referral) rather than a meaningful assessment and there should be a drive on the need to complete all sections of the CAF, including the family history and functioning. Similarly, work needs to be done on critical thinking and analysis and identifying needs, risk and resilience.