



‘Effectiveness and Evaluation of Referral and Initial Assessment Systems provided by Children’s Services’



**December 2003
Children’s Services Task Group
Health and Community Services Overview and Scrutiny Committee**

INDEX

Page No.

Members of the review team Terms of reference and focus	1
Useful definitions	2
Background to the review	3
The referral system	5
Current workloads	6
The review	8
▪ Information gathering and events	9
Main findings and recommendations	10
▪ Roles and responsibilities	10
▪ Preventative and self help initiatives	10-11
▪ Improving information collection and sharing	11-12
▪ Extending the use of family centres	12
▪ Extended work with other professionals	12-13
▪ Improving staffing levels to meet current need and pressures	14-15
▪ Further work	15
Appendix 1 - Action plan	
Appendix 2 - Evaluation of workloads	

Members of the review team (Task Group)



Cllr. Wendy Purdy (Chair)
(Conservative)

Cllr. Karen Griffin
(Liberal Democrat)

Cllr. Mark Jones
(Labour)

Cllr. David Royle
(Conservative)

Cllr. David Wildey
(Conservative)

1. **Terms of reference of the review**

'To consider the items shown as 7.6 and 7.7 (as detailed below) of the action plan relating to the self-audit response to the practice recommendations of the Victoria Climbié Inquiry and report findings to the Health and Community Services Overview and Scrutiny Committee and thereafter to Cabinet as appropriate'

2. **Action plan items 7.6 and 7.7**

7.6 'Effectiveness of the referral and initial assessment systems must be reviewed and findings reported to councillors, with an action plan which identifies weaknesses'

7.7 'Ensure that systems exist to inform senior managers and responsible executive councillor/s, including from first hand experience, of important issues affecting teams that provide direct services to children and families'

A full copy of the Action Plan is appended to this report (Appendix 1)

3. Definitions

The following definitions are taken from the practice recommendation descriptions of the Victoria Climbié Inquiry.

Referral

Referral and initial response, including those operated outside office hours which safeguard and promote the welfare of children and are convenient and user friendly.

Assessment

Assessments of children in need, focus on safeguarding and promoting the welfare of the child by addressing their developmental needs and the capacity of the primary carers to respond to these needs within their environmental context.

Allocation, Service Provision and Closure

Where a child is identified as being in need councils provide a service appropriate to the level of assessed need. Closure is only considered following a full review of the child's needs and such action is deemed to be appropriate.

Governance

(as described in the context of the practice recommendations of the Victoria Climbié Inquiry)

'Councillors and the Chief Executive have clear accountabilities for the provision of social services to children in need, including arrangements for the review of policy and practice and strong scrutiny arrangements'

4. Background to the review

- 4.1 On 29 July 2003 the Assistant Director, Children and Families, reported to members of the Health and Community Services Overview and Scrutiny Committee the outcome of the Social Services Inspectorate's (SSI) evaluation of Medway's self-audit in response to the practice recommendations of the Victoria Climbié Inquiry. This report outlines the reasons for undertaking a review of the referral systems, examines the experiences of front line staff and makes recommendations to address the initial findings of the review team.
- 4.2 Medway Council was required to complete a self audit against 45 of the 46 practice recommendations for social care contained in Lord Laming's report into the death of Victoria Climbié. This audit took place in Spring 2003 and evaluated the following areas, referral; assessment; allocation; service provision and closure; guidance; training and development; organisation and management and governance. The council was asked to make one of a number of judgements about current performance in relation to criteria under each standard. An overall effectiveness score was required to be made at the end of each standard out of a possible 4 points i.e. 1 - serious concerns, 2 – mainly satisfactory, but with some concerns; 3 – satisfactory; 4 – very effective.
- 4.3 Medway submitted its audit response to the social services inspectorate at the end of April 2003. Most standards were graded as 3-satisfactory, with the standard for assessment graded as 2-satisfactory, but with concerns.
- 4.4 In general terms, the strengths identified in the self-audit were effective information systems, clear policies and procedures, good working relationships with key agency partners and a strong training focus. Areas for development included improved risk assessment, more effective guidance and supervision by managers and the extended role of the corporate management team and elected members in ensuring timely and appropriate services to vulnerable children.
- 4.5 Medway's completed audit was considered and evaluated by the Social Services Inspectorate in May 2003. The SSI evaluation was returned on 20 June 2003, judging that the council was serving most people well, with promising prospects for improvement. Medway shared this evaluation with another 60 local authorities or around 41% of the total. Only 11% of councils achieved a rating higher than this, with 48% receiving a lower evaluation.
- 4.6 An action plan was created to take forward the required improvements identified in the self-audit.
- 4.7 On 29 July 2003 members of the Health and Community Services Overview and Scrutiny Committee considered the outcomes of the self-audit and agreed to refer sections 7.6 and 7.7 of the action plan (copy attached as appendix 1), concerning the role of members in scrutinising referral arrangements to the Children's Services Task Group to consider and asked the group to report back to committee, and thereafter to the Cabinet as appropriate.

- 4.8 The Children's Services Task Group has undertaken initial monitoring and has reviewed the referral systems, taking into account views of front-line staff and managers. The task group was also asked to address the effectiveness of inter-agency child protection practice, drawing on the planned analysis by the Area Child Protection Committee of the self-audits by police, health and children's services. This area will be reviewed separately and will be a future piece of work undertaken by the group.

5. The referral system

- 5.1 An authority-wide assessment team was established in Medway in September 1999, following a review of the duty arrangements across the authority area. The main objective of the new team was to achieve greater consistency of response to new referrals in a timely way, reducing the variations evident in the previous locality-based arrangements.
- 5.2 The team's strengths lay in establishing consistency of response to referrals across Medway, effective gate-keeping, establishing a strong culture of completing initial assessments of need, a capacity to deal with a high volume of cases and an enthusiastic and committed staff group.
- 5.3 By early 2002, however, the Assessment Team Manager was raising concerns regarding an increase in the volume of referrals and a growing expectation that the team would hold cases beyond the agreed timescales. Difficulties were also consistently reported in moving cases on to the generic fieldwork teams. In turn, these teams complained about the state of case files transferred from the assessment team i.e. incomplete assessments; paperwork for looked after children incomplete.
- 5.4 These pressures also saw an increase in the number of complaints received from agency colleagues regarding the lack of priority given to cases that were not clearly identified as child protection. In some cases this had led to professional referrers labelling a concern 'child protection' in an attempt to secure a service.
- 5.5 The Joint Review Team visited Medway in the summer of 2002 and also expressed concerns regarding the high thresholds operating within the assessment team. Ways to offer improved access were discussed with the Joint Review Team and incorporated into the improvement plan, approved by members in early 2003. These included direct access to family centres for assessment and services by both professionals and service-users for children in need, and the establishment of a child protection team to respond to referrals where there were allegations of significant harm.
- 5.6 This 'graduated response' for dealing with referrals was established with the objectives of ensuring that referral and assessment processes discriminated effectively between different types and levels of need and produced a timely response.
- 5.7 The strategy was developed following discussions with staff, trade unions and agency partners and achieved without wholesale reorganisation. Posts from the previous assessment team have been deployed to the family centres when vacancies have occurred.
- 5.8 The strategy has been developed gradually. A limited direct referral system to the family centres for head teachers and health visitors was introduced on 8 January 2003. Following positive feedback, and the development of revised duty protocols with agency colleagues, the service moved to a full direct referral system for all children in need on 8 September 2003.

6. Current workloads

- 6.1 A key recommendation of Lord Laming's report into the death of Victoria Climbié was in relation to directors of social services, senior managers and lead members receiving regular information with regards to the numbers of children referred to their children's service, and the extent to which these referrals were responded to appropriately.
- 6.2 Since May 2003 the Family Centres and Assessment Team have reported monthly to the Children's Services Management Team on the number of referrals received by each team, whether the child has an allocated worker, whether the child's needs have been assessed, and whether a service is being provided.
- 6.3 Monitoring information as at October 2003 reveals that a total of 986 individual cases are held within the referral service, 146 cases held within the Child Protection Team and 423 across the five family centres. The family centres are also working with a further 69 children, not in the role of key worker, but as an additional worker supervising contact, providing direct one-to-one work, group work and assessing parental capacity for the courts. 417 children are being managed by a number of workers from the former assessment team who are addressing the backlog of cases from 1 April.
- 6.4 The total number of cases held within the assessment service is the highest ever recorded in Medway. Between 1 April and 31 August 2003 the number of referrals received by the service was 766. For the same period last year, 425 referrals were received; an increase of 80%, at a time when the staffing levels have remained the same.
- 6.5 In terms of the proportion of referrals deemed to be child protection matters, this has increased from 8% to 39% over the same period. This increase can be explained in part by stringent efforts within the service to address the concerns raised by the joint review team concerning the low level of child protection investigations being undertaken in Medway, and the results of a case file audit undertaken in January 2003. Thresholds have been revised, new duty protocols developed and training undertaken with staff to ensure identification of child protection concerns at the earliest point of referral.
- 6.6 More generally it seems that the Laming Inquiry has heightened both public and professional awareness of child protection. Another contributory factor is the increased investment made by other agencies in child protection. For example, there is a higher rate of domestic violence referrals from the police since increased staffing in this area has been achieved; the employment of child protection social workers in the secure training centre also appears to be influencing the increase in referrals from the centre.
- 6.7 This increase in the volume of referrals generally has been accompanied by an increase in both numbers of looked after children (5%) and children on the child protection register (28%) to the end of August.

- 6.8 A concern is that this increased volume of work overall has resulted in a less efficient response to all types of referrals.
- 6.9 Of the 475 child protection referrals received up to the end of October 2003 30% (or 143 referrals) have no recorded outcomes although this compares favourably with the position of 53% at the end of August 2003. It is in excess of the average of 16% of no recorded outcomes in the previous 2 years.
- 6.10 Detailed schedules are being maintained for each worker to enable supervisors and managers to monitor progress on each case and to alert to any delays in safeguarding children and to ensure that the highest priority cases are being addressed.

7. **The review**

- 7.1 The Children's Services Task Group has met and considered the current statistics and subsequently interviewed a representative group of front-line staff in order to gain views of the current workloads being experienced by staff and the effect this might be having on the services provided by the council.
- 7.2 The graduated response system is working well overall, but the subsequent 80% increase in some referrals is undoubtedly adding pressures on staff. Front line staff now centre their daily work on their allocated caseload and are finding the additional pressures a burden. In our view these pressures cannot be sustained.
- 7.3 The significant increase in referrals was not an easy one to predict. The example of high profile tragic cases of severe neglect such as Victoria Climbié, Jasmine Beckford, Lauren Wright, Ainlee Walker and Maria Colwell have resulted in a heightened awareness of the need to report cases of harm and neglect. Whilst this is a positive outcome for standards of child protection in Medway and at a national level, it has created a sometimes overwhelming pressure on Medway Council's Children's Services.
- 7.4 Members of the group continue to be encouraged by the positive attitude staff have to the increase in referrals. Staff and managers see the increase as a positive step and the number of cases now being referred to the service is considered a truer reflection of the needs of children and families in Medway.
- 7.5 Staff have been extremely responsive to the graduated response system since its introduction and whilst there has been an increase of workload staff identify a need to be able to respond to the increased demands on the service. Staff recognise that there will need to be a change in the way all staff within Children's Services work in the future. During debate staff talked about the need to review their roles and responsibilities and be more innovative and smarter in the way that they deliver services to respond to the increasing needs of children and families. Members have been extremely impressed by the dedication and responsiveness of staff to adapt to the changes in work practices and capacity pressures.
- 7.6 The review team has undertaken a number of sessions to gain information and evidence. A table showing consultations and events is shown in table 1.

(Table 1) Information gathering and events - Children's Services Task Group

Date	Venue	Investigation/attendees
29 September 2003	Civic Centre	<ul style="list-style-type: none"> ▪ Overview of the Social Services Inspection ▪ Government Green Paper ▪ Key Developments in Medway ▪ Overview of concerns and positives ▪ Referral system statistics <ul style="list-style-type: none"> ➤ Karen Bays, Assistant Director Children and Families ➤ Richard Barker, Assistant Director School Services ➤ Sandy Weaver, Key Monitoring Officer ➤ Harry Harrison, Manager Children and Families ➤ Members of the review team
16 October 2003	Compass Centre	<ul style="list-style-type: none"> ▪ Member participation in the Inspection of Children's Services Phase IV 2002/3 <ul style="list-style-type: none"> ➤ Members of the review team ➤ Social Services Inspectors
21 November 2003	Strood Family Centre, Darnley Road	<ul style="list-style-type: none"> ▪ Discussions with front-line staff ▪ Investigating main points identified within the 'green paper' consultation focussing on the section relating to 'work force issues'. Investigated how Medway 'measures-up' ▪ Investigated pressures and ways these may be addressed <ul style="list-style-type: none"> ➤ Caroline Budden, Manager Family Support and Child Protection Assessment Service ➤ Family Support Workers ➤ Senior Practitioner, Disabled Children's Service ➤ Unqualified Social Workers ➤ Senior Practitioner, Family and Adolescent Centre ➤ Members of the review team
26 November 2003	Mulberry Children's Centre, Gillingham	<ul style="list-style-type: none"> ▪ Medway Child Protection Team ▪ Overview of three tier referral service ▪ Progress in Managing Backlog of cases ▪ Workload management children and families teams ▪ Preparation of final report and recommendations <ul style="list-style-type: none"> ➤ Caroline Budden, Manager Family Support and Child Protection ➤ Karen Bays, Assistant Director Children and Families ➤ Judy Bilsland, Service Manager Children and Families ➤ Members of the review team

8. Main findings and recommendations

8.1 *Roles and responsibilities*

8.1.1 There is a national crisis recruiting and retaining social workers. Despite this Medway Council has been able to recruit to some posts through the implementation of a trainee scheme and retention is good. The challenge now is to ensure the recruitment and retention of qualified and experienced social workers to manage complex statutory childcare cases. Members support the implementation of a market premium to attract this calibre of worker. Members have identified that social workers are spending a disproportionate amount of their time completing administrative and coordination tasks, for example organising contact time with families and the updating of computer records.

“ Some of the help we used to give, we just don’t have the time to do anymore, there is so much admin to do. We used to give help with the simple things like helping new young mothers with things like showing them how to change nappies properly, we just don’t have the time now we have caseloads”

“ If we could all have help with the admin and paperwork this would make a real difference”

Recommendation 1 – Officers evaluate the amount of time social workers and frontline staff are spending providing administrative and co-ordination tasks and further review the roles and responsibilities of support staff to identify opportunities and enhancement of support staff roles in undertaking some of these administrative tasks.

Financial Implications – None at investigation level

Timescale – Initiate with immediate effect. Health and Community Services Overview and Scrutiny Committee to receive a report in six months time.

8.2 *Preventative and self help initiatives*

8.2.1 Preventative and low level support mechanisms provided by Children’s Services have been limited in some areas as a direct result of an increase in staff caseloads. The provision of underpinning family support such as general advice and support groups has particularly suffered. These low level mechanisms are seen as an extremely valued first level of support and can sometimes prevent intervention by providing information and knowledge to families. Support groups can often be an invaluable source of help and can provide a forum where families can share experiences and support each other.

“ We need to provide more groups”

“With group work there is economy of scale”

“You reach more people quicker”

“Some groups that we do have are full”

Recommendation 2 – Frontline staff and managers to identify where support and advice groups could be established and/or extended, and where necessary broaden their links with the local community and voluntary groups to recruit volunteers to support such schemes.

Financial Implications – Some minimal costs may be incurred as a result of extending hours of use of family centres.

Timescale - Initiate with immediate effect and continue to develop over the coming 12 months. Progress to be reviewed by the Health and Community Services Overview and Scrutiny Committee in 12 months time.

8.3 Improving information collection and sharing

8.3.1 The Victoria Climbié inquiry highlighted the failure to collect basic information and maintain records of contact with a series of services. Judgements were made on separate snapshots rather than a picture built up over time. Members asked staff about the ability of and access to computerised information and they have some concerns about the availability and opportunities to access computer systems.

“All information goes on computer”

“There are not enough computers, we need access to them every day”

“The system is complicated and doesn’t work well”

“Some staff have training and then do not have the opportunity to use the computer system”

“The cost of the servicing of computers is a problem”

“When the telephone systems go down the computers go down”

“Some old computers could be recycled for use in the family centres or for general admin work”

Recommendation 3 – That officers investigate the provision of ICT equipment across Children’s Services and ensure that there are sufficient opportunities for staff to access databases in order to keep accurate and up to date information about children and their families. The use of ‘hot desk’ facilities should be explored and where possible computers should be redeployed to support service users in family centres.

Financial Implications – None at investigation stage, members suggest a more effective approach to use of computers already in place, rather than an expense in providing additional computers

Timescale – With immediate effect and report to the Children’s Services Task Group by January 2004.

8.4 Extending the use of family centres

8.4.1 Medway Council has family centres based in the following locations:- Strood, Wayfield Road Chatham, a Family and Adolescent Resource Centre in Balfour Road Chatham, The Sunlight Centre, Gillingham and Parklands Disabled Children’s Resource Centre Gillingham.

8.4.2 The centres are an excellent resource for the community. However members do feel that the use of the centres could be further extended and provide venues for holding community based meetings or events to raise income and as possible sites for council information points. This view is supported by staff.

Recommendation 4 – That officers investigate the extended use of family centres for the wider community including the identification of any additional caretaking resources. Officers should also explore the use of family centres as information points to enable local residents to access information about other council services, for example housing.

Financial Implications – None at identification stage.

Timescale – Initiate investigation with immediate effect and develop over the next 12 months. Progress to be reviewed by the Health and Community Services Overview and Scrutiny Committee in 12 months.

8.5 Extended work with other professionals

8.5.1 Members were pleased to note the continuing work being undertaken in association with health and education colleagues, and in particular the improvement in joint working with schools. Work with the youth service was particularly mentioned. Staff identified that there was a genuine recognition from schools of the need to refer cases although there was a reluctance by some schools to refer cases of children in need for fear of the personal repercussions which might result.

Recommendation 5 – That officers and frontline staff continue to build on relationships with schools and colleagues in health and education and take every opportunity to reinforce the importance of making children in need referrals.

Financial Implications - None

Timescale – On-going. Progress to be reported to the Children’s Task Group six monthly.

8.5.2 Front-line staff and managers have identified the need to improve their links with other providers and ensure better signposting to agencies such as SureStart. SureStart is a central government funded initiative designed to support families in Chatham and appears to have little or no provision to cover Gillingham and Rochester. Members are pleased to be advised of the possibilities of widening programmes such as SureStart in Medway and the possibility of joint appointments in order to widen provision of services.

Recommendation 6 – Officers pursue the joint appointment approach in order to widen provision of projects such as SureStart.

Financial Implications – SureStart and Children’s Fund grants are secured until 2006, thereafter there may be implications to the Council should provision become mainstream.

Timescale – Progress to be reported to the Children’s Services Task Group.

8.5.3 The green paper ‘Every Child Matters’ highlights the need for the NHS and Social Care to work together over the next three years to increase capacity by 10% each year for the next three years to broaden specialist health services, so that all areas are delivering a comprehensive Child and Adolescent Mental Health Service (CAMHS) by 2006. Medway staff identified the need for on going work with CAMHS and to sharpen their support for behavioural and mental health problems. Work is ongoing in identifying the different types of referrals. The provision of a dedicated community psychologist in Medway would be a real benefit to assist in this area and would help staff to differentiate poor parenting as opposed to underlying conditions such as Attention Deficit Hyperactivity Disorder. Members are pleased that negotiations are progressing with CAMHS to provide a community psychologist.

Recommendation 7 – Officers fully support the provision of a community based psychologist in order to assist in sharper and fully informed referrals to appropriate services.

Financial Implications – Costs could be met from the local authority CAMHS grant which is approved until 2006. Thereafter key agencies would be required to mainstream associated posts and there may be a financial implication for the council.

Timescale – Ongoing. Progress to be reported to the Children’s Services Task Group.

8.6 *Improving staffing levels to meet current needs and pressures*

In consideration of the evaluation of referral systems and work force pressures the task group recommends expenditure and resources as follows:

Recommendation 8 – That the following posts be provided by the council from identified grants and/or other available funds and that these posts be considered with priority in the forthcoming budget setting process.

- (a) 1 additional member of support staff in each of the family support teams and the family and adolescent centre as additional support for frontline social workers and to build capacity within teams. This recommendation to be implemented in conjunction with recommendation 1.

Financial Implication – Estimated cost £68,000

- (b) 1 un-qualified social worker for each of the family centres

Financial Implication – Estimated cost £89,000

- (c) 2 child protection social workers

Financial Implication – Estimated cost £70,000

In consideration of the workforce pressures and the national and local difficulties in the recruitment and retention of social workers and other professionals in the Children's Services sector the task group makes the following recommendation.

Recommendation 9 – That officers make every effort to recruit to vacant posts within children's services and further recommend that vacant posts are not used as a cost saving measure.

8.7 Further work

The task group will undertake to monitor the referral systems over the next 12 months to further identify and report to the committee on areas of concern, improvement and good practice.

Action Plan in response to the practice recommendations of the Victoria Climbié Inquiry**Standard 1 - Referral**

Referral and initial response, including those provided outside office hours, safeguard and promote the welfare of children and are convenient and user friendly.

Actions	Activity	Lead Officer	Timescales
1.1 All frontline staff to be trained to pass on calls about a child's safety without delay (recommendation 39)	Training to be provided to family support teams, disabled children's team, family and adolescent resource team and access and information team Quality assurance group of area child protection committee (ACPC) to audit referrals on a rolling programme, including section 47 enquiries	Service standards manager (SSM) / Family support manager (FSM) SSM/QA Group	June to August 2003 Monthly from July 2003
1.2 Effective workload management and information systems that track responses to referrals to be established (recommendation 19)	Responses to referrals and outcomes of section 47 enquiries to be reported to children's management team every month, and every six months to area child protection committee New critical success factor on this to be established and reported to corporate management team	SSM SSM / Information officer	Monthly from May 2003 From 1 Sept 2003
1.3 Establish effective information systems which can provide information about number of children referred, assessments completed and services provided as well as unmet need (recommendation 29)	Update RAISE (client information system) to meet reporting requirements	SSM / Information manager	End of July 2003
1.6 Police must be informed at earliest opportunity of a possible crime against a child (recommendation 98)	Service manager to meet with Detective Inspector on a regular basis to review progress on this	Service manager / Police	Monthly from July 2003

<p>1.7 Procedures in place about decisions to refer children to services provided by other agencies</p> <p>(recommendation 48)</p>	<p>Include requirement in new duty protocols</p> <p>Provide multi-agency training on protocols to ensure shared understanding</p>	<p>SSM/FSM</p>	<p>July 2003</p> <p>July to September 2003</p>
--	---	----------------	--

Standard 2 - Assessment

Assessments of children in need, focus on safeguarding and promoting the welfare of the child by addressing their developmental needs and the capacity of the primary carers to respond to these needs within their environmental context

Actions	Activity	Lead Officer	Timescale
<p>2.1 When a case is allocated, clear instructions must be given to the social worker on actions required and how the actions will be reviewed and supervised</p> <p>(recommendation 53)</p>	<p>Clear instructions to be written on file on purpose of the intervention at point of allocation; decisions to be recorded in the file as part of regular supervision</p> <p>Undertake an audit of this standard in September 2003</p> <p>Audit of clarity of actions required following strategy discussions</p> <p>Consultation for senior staff in assessment team to promote more effective monitoring and guidance to staff</p>	<p>Duty seniors / supervisors</p> <p>SSM (to include CP leads from other agencies)</p> <p>SSM</p> <p>Gaynor Wingham (consultant)</p>	<p>Ongoing</p> <p>September 2003</p> <p>September 2003</p> <p>July 2003</p>
<p>2.2 Ensure that social workers are properly supervised and that all findings and decisions in respect of the assessment process are clearly recorded on the child's file</p> <p>(recommendation 53)</p>	<p>Confirm supervision arrangements for all C&F staff at least 6 months in advance</p> <p>Ongoing training programmes to ensure staff are skilled in undertaking risk assessments and supervising staff</p> <p>All case file audits to include standard on supervision notes</p> <p>Six monthly audits of supervision to continue</p>	<p>Service standards managers</p> <p>SSM / ACPC training group</p> <p>SSM</p> <p>Service standards managers</p>	<p>Completed</p> <p>Ongoing</p> <p>6-monthly</p>
<p>2.5 Following a referral social services records and the information systems must be checked and the results of those checks recorded</p> <p>(recommendation 34)</p>	<p>Case file audits to check if, at point of referral, local social services and protect information systems have been checked, with details printed for each referral</p>	<p>SSM/FSM</p>	<p>Monthly from end of July 2003</p>

<p>2.6 Children, who are the subject of an allegation of deliberate harm, must be seen within 24 hours of a referral being made to social services</p> <p>(recommendation 35)</p>	<p>The response times to referrals, where there are allegations of deliberate harm, will be monitored on a monthly basis</p> <p>All strategy discussions to be signed off by the Service Manager</p>	<p>SSM / Service manager</p> <p>Service manager</p>	<p>Monthly from July 2003</p> <p>Ongoing</p>
<p>2.7 If social services place a child in temporary accommodation, an assessment of that accommodation be undertaken and recorded</p> <p>Where the temporary accommodation is not suitable, the senior officer for housing must be notified, and this noted on the child's file</p> <p>(recommendation 22)</p>	<p>Case file audits will monitor whether or not the child's accommodation is seen and assessed</p>	<p>SSM / QA group</p>	<p>Monthly from July 2003</p>
<p>2.8 Ensure that the assessment framework is used for all assessments</p> <p>(recommendation 24)</p>	<p>Supervisors to sign all assessments and ensure they are carried out</p> <p>Case file audits to ensure compliance with this standard</p>	<p>Duty seniors / Supervisors</p> <p>Service standards managers</p>	<p>Ongoing</p> <p>From July 2003</p>
<p>2.9 The LEA must be contacted when an assessment indicates that a child is not attending school</p> <p>(recommendation 24)</p>	<p>This will be monitored by supervisors in supervision as well as through case file audits</p>	<p>Duty senior / Supervisors / SSM / QA group</p>	<p>From July 2003</p>
<p>2.10 Case file audits to monitor whether child's views have been ascertained and recorded</p> <p>(recommendation 25)</p>	<p>Case file audits will monitor whether or not the child's views have been ascertained and recorded.</p> <p>Training programme for all front-line staff to be developed on communication with children</p>	<p>SSM</p> <p>SSM / ACPC training group</p>	<p>From July 2003</p> <p>By end of July 2003</p>

<p>2.11 Ensure that actions arising out of assessments are approved by the appropriate level of seniority, and take account of the views of the parents/carers and the child</p> <p>(recommendation 25)</p>	<p>Duty seniors / supervisors to sign all initial and core assessments and sign off any actions arising out of the assessment</p>	<p>Duty seniors / Supervisors</p>	<p>Ongoing</p>
<p>2.12 Ensure that staff have access to legal advice 24 hours a day, seven days a week</p> <p>(recommendation 36)</p>	<p>Out of hours contract to be re-negotiated with Kent County Council to ensure that out of hours staff have access to legal advice for 24 hours a day, 7 days a week</p>	<p>Service manager</p>	<p>By end of October</p>
<p>2.13 When a child is admitted to hospital and is thought to have suffered deliberate harm, a new assessment must be undertaken</p> <p>The discharge plan must be agreed in writing by the consultant and the social services manager</p> <p>(recommendation 56)</p>	<p>Child protection leads from the acute trust and social services will monitor children's discharges from hospital where there have been possible child protection concerns</p>	<p>CP leads</p>	<p>From July 2003</p>

Standard 3 - Allocation, Service Provision and Closure

Where a child is identified as being in need councils provide a service appropriate to the level of assessed need. Closure is only considered following a full review of the child's needs and such action is deemed to be appropriate.

<p>3.1 Ensure that an up to date chronology is available on each child's file (recommendation 58)</p>	<p>Supervisors to ensure that chronologies are completed on all allocated cases and form an essential part of the assessment process Case file audits throughout 2003 to monitor that there are chronologies on each file</p>	<p>All supervisors SSM</p>	<p>Ongoing From July 2003</p>
<p>3.2 Where it is not possible to allocate a social worker managers should make contingency plans for contact with the child and ensure there is a system for monitoring and reporting unallocated cases (recommendation 54)</p>	<p>Monthly reports to children's management team to include nos of unallocated cases, to be reported on to directorate management team and portfolio holder</p>	<p>Team managers/ SSM</p>	<p>From July 2003</p>
<p>3.4 No case where there has been an allegation of deliberate harm should be closed unless: the child has been spoken to alone; child's carers have been seen and spoken to; child's accommodation has been seen; the views of all the professionals involved have been sought and considered; a plan for the promotion and safeguarding of the child's welfare has been agreed (recommendation 26)</p>	<p>Team managers to ensure this standard is met before agreeing to the closure of the case Small sample of closed cases will be audited monthly throughout 2003 / 2004</p>	<p>Team managers SSM/FSM/Service manager</p>	<p>Ongoing Monthly from July 2003</p>
<p>3.5 Ensure that cases are only allocated to suitably skilled social workers and that they have time to deliver the work planned (recommendation 52)</p>	<p>Formal authorisation process to be re-established</p>	<p>Service standards manager</p>	<p>From Sept 2003</p>

<p>3.6 Ensure that there is a mechanism for reviewing completion of actions agreed at strategy discussions</p> <p>(recommendation 51)</p>	<p>All strategy discussions to be signed by service manager</p> <p>Actions agreed at the final strategy discussion must reviewed by the social worker's supervisor at the next supervision following the strategy discussion</p>	<p>Service manager</p> <p>Supervisors</p>	<p>Ongoing</p> <p>From end July 2003</p>
---	--	---	--

Standard 4-Guidance

Social services have effective policies and procedures in respect of children in need consistent with local ACPC arrangements and monitor the implementation of them.

<p>4.2 ACPC must establish effective inter-agency guidance for obtaining information about children in need who come to live in the UK. Ensure that staff are clear how they can access information concerning vulnerable children in need</p> <p>(recommendation 57)</p>	<p>Joint Kent and Medway ACPC procedures to be written.</p>	<p>SSM</p>	<p>By end of July 2003</p>
<p>4.3 Compliance with procedures is routinely monitored</p> <p>(recommendation 46)</p>	<p>Rolling programme of audits by service standards manager and the QA group.</p>	<p>SSM/QA group</p>	<p>From end of July 2003</p>
<p>4.4 Ensure consistent compliance with recording case transfer decisions</p> <p>(recommendation 38)</p>	<p>Transfers of children to other authorities must be clearly recorded on the child's file before a file can be closed</p>	<p>All team managers and supervisors</p>	<p>Ongoing</p>

Standard 5-Training and Development

Social services must ensure that all staff working with children in need are suitably skilled and qualified and undertake appropriate continuing professional development.

5.1 Ensure that staff in intake teams are skilled and have appropriate training in working with children. (recommendation 20)	Devise a specific training programme to meet the identified needs of the assessment team.	SSM/Consultant	Completed
5.2 Ensure that the training needs of all staff are accessed through staff appraisal and personal development planning and that they have access to appropriate skills training, according to assessed need and experience.	All staff should have a development plan and have access to training that will meet their needs as outlined in their development plan.	Team manager and senior practitioners	Ongoing

Standard 6 -Organisation and Management

Social services has performance management arrangements within which staff understand their responsibilities for delivering the services supported by regular supervision and appraisal.

6.1 Ensure that hospital social workers, working with children, receive support and supervision from line managers who have experience and expertise in child care. (recommendation 60)	Regular consultation to be provided to the social worker working in the hospice	SSM	From July 2003
6.3 Ensure that, as part of supervision, managers scrutinise the work of child care practitioners, including reviewing case files. The manager's observations and any actions should be recorded on the child's file. (recommendation 45)	Number of case files read by supervisors to be reported to children's management team monthly. Case file audits to monitor the extent to which case decisions are recorded on the file.	Service manager SSM	From July 2003 From July 2003

Standard 7 – Governance

Councillors and the Chief Executives have clear accountabilities for the provision of social services to children in need, including arrangements for the review of policy and practice and strong scrutiny arrangements.

<p>7.5 Ensure that there is a robust process for dealing with concerns from another agency about any aspect of service delivery and ensure that the outcomes of such representations are properly recorded and communicated to the originator of the concern</p> <p>(recommendation 49)</p>	<p>Problem solving or matters dealt with under stage 1 of the complaints process must be systematically recorded to ensure that key themes are identified and appropriate action taken.</p> <p>Obtain user feedback from groups and agency colleagues.</p> <p>Questionnaires to be sent out to complainants to obtain feedback regarding the complaint process and the resolution of their complaint.</p>	<p>Service managers/ service standards managers</p> <p>Service standards managers and complaints officers</p>	<p>From July 2003</p> <p>From September 2003</p>
<p>7.6 Effectiveness of the referral and initial assessment systems must be reviewed and findings reported to councillors, with an action plan which addresses identified weaknesses</p> <p>(recommendation 28)</p>	<p>A review of the assessment team was undertaken in January 2003 and the findings will be reported to councillors following the elections in May 03</p>	<p>Assistant director</p>	<p>July 2003</p>
<p>7.7 Ensure that systems exist to inform senior managers and responsible executive councillor/s, including from first hand experience, of important issues affecting teams that provide direct services to children and families.</p> <p>(recommendation 41)</p>	<p>Set up a members' task group to obtain views of frontline staff and users of the service. The task group will report to an overview and scrutiny committee.</p>	<p>Assistant director/ SSM</p>	<p>July 2003</p>

APPENDIX 2

Children & Families Assessment Service Monitoring (October 2003)

Team	No of new referrals	No of newly referred children, needs assessed, receiving service		No of new referrals unassessed (framework)	No of children with assessed needs not receiving a service	No of open referrals to team – case responsibility	No of cases supported by team (additional worker)	No of unallocated cases	No of cases 'held' in solution focussed therapy
		IA (framework)	Duty Assessed						
CHILD PROTECTION	113		113			146			
BACKLOG OF CASES						417			
ADOLESCENT RESOURCE CENTRE	46	0	46	46	90	153	-	90	20
WAYFIELD	28	14	28	14	-	74	23	-	-
SUNLIGHT	19	10	9	0	2	67	12	25	0
DARNLEY	72	15	72	4	4	129	34	0	0
TOTAL	278					986	69	115	

Disabled Children's Team

Stable Looked After Children	Unstable Looked After Children	Cases that have been double counted	Child Protection	Children in Need	Section 37 and Section 7 Reports	Total Workload for Social Workers
Total	20	6	3	6	153	0

Please note: Cases assigned to the team including Standby ones, are all active and receiving a services, although they have no specifically allocated worker. They therefore need to be taken into consideration as part of Disabled Children's Teams overall workload.

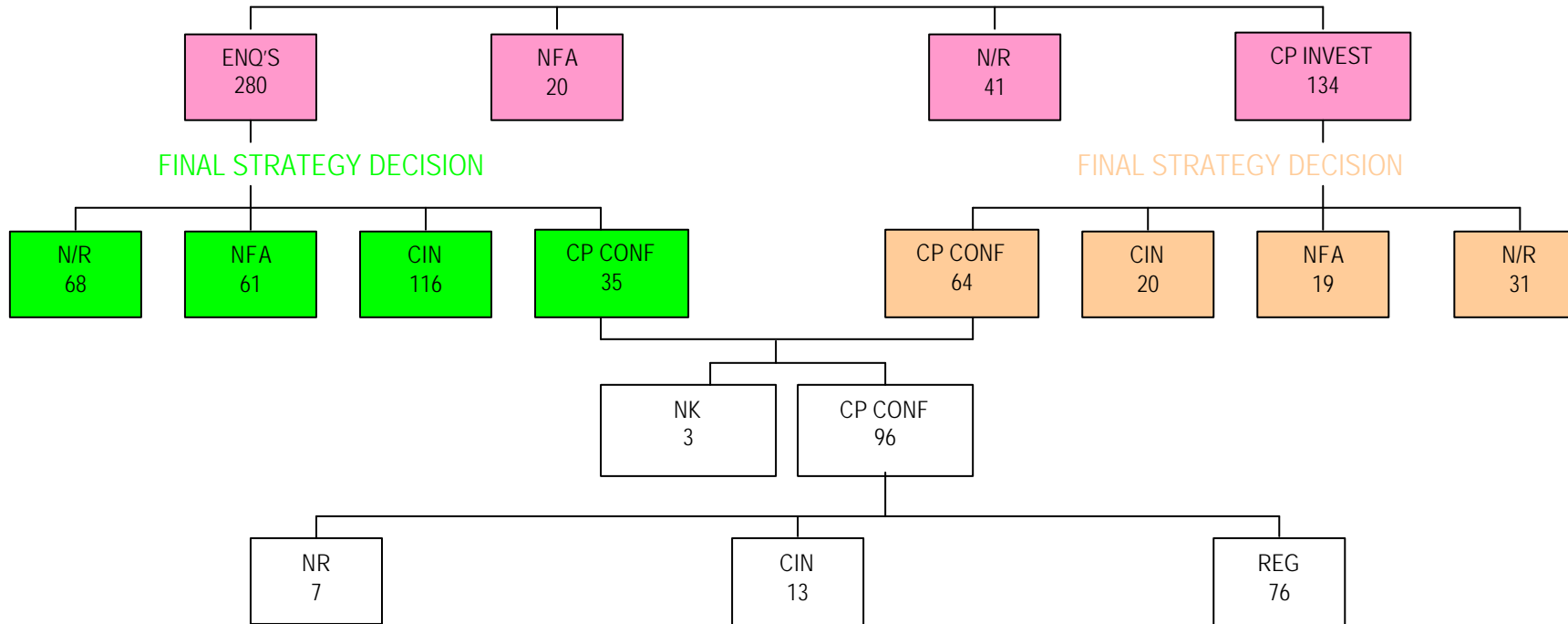
MEDWAY AREA

REFERRALS OF CHILD PROTECTION CONCERN

1st April 2003 – 31st October 2003

475

INITIAL STRATEGY DECISION



TOTAL

	As at 31/03/2002		As at 31/03/2003		As at 31/10/03	
Referrals of CP concern	108		200		475	
No Further Action (NFA)	47	43.5%	45	22.5%	100	21%
Children In Need (CIN)	27	25%	66	33%	136	29%
Not Recorded (NR)	19	17.5%	30	15%	143	30%
Resulting in Conference (CP CONF)	15	14%	59	29.5%	96	20%
Registered (Child Protection Register)	12	13%	55	27.5%	76	16%