Report of: Quality Assurance Sub Group

<table>
<thead>
<tr>
<th>Meeting of</th>
<th>Date</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islington Safeguarding Children Board</td>
<td>July 2012</td>
<td></td>
</tr>
</tbody>
</table>

1. Synopsis
This report summarises the activity of the Quality Assurance sub group against the action plan during the last year.

2. Recommendations
- That the ISCB note the report
- That ISCB agree the proposed work plan for 2012-2013

3. Introduction
The Quality Assurance Sub Committee focuses upon the ISCB objective:

To ensure the effectiveness of what is done by each partner agency for the purposes of safeguarding and promoting the welfare of children

4. Membership and Attendance of Sub group
4.1 The following agencies are represented on the sub group:

4.2 NHS North Central London (Islington); Whittington Health (Acute), Children’s Social Care, Cambridge Education, Adult Mental Health, Voluntary Sector (Chance UK), Child Abuse Investigation Team, Children’s Social Care, Children’s Services Strategy and Commissioning. There is a gap in membership in respect of Whittington Health (community services which is being addressed).

4.3 Attendance is good, and commitment is strong. Due to the volume of the work programme, the frequency of meetings has remained at 8 weekly during the year.

4.4 The sub group have met on 7 occasions since July 2011, the minutes of the meetings have been presented at each meeting of the ISCB.

5. Work Plan 2011-2012
- Scrutinise core data (completed see below)
- Scrutinise Safer Recruitment practices and allegations management (deferred)
- Monitor implementation of Section 11 Audit (completed see below)
- Monitor implementation of SCR (ongoing see below)
• Monitor implementation of actions QA activity re: thresholds, mental health, core groups. (ongoing until each action plan is completed)
• Evaluate survey of CP users (completed see below)
• Deep dive to evaluate the effectiveness of the work to protect children from DV (to be completed during July 2012)

6. Data Analysis

Due to reductions in the children’s social care performance team it is no longer possible to compile the broader safeguarding data set used by the London Board, a set of ‘core’ data has been routinely monitored. The following sets out the analysis of last year’s data.

6.1 Contacts by other agencies to children’s social care (CSC) have remained stable. Work across the partnership to increase understanding around thresholds has contributed to the number of contacts remaining stable.

6.2 19% of contacts progressed to Initial Assessments, the same as the previous year. The highest number of contacts with CSC comes from the police. A substantial number of these do not progress to assessments as Police complete a MERLIN for every contact with a child even if this child does not require CSC input.

6.3 Where contacts do not meet the threshold for CSC input the referrer is advised to complete a CAF. There has been an increase in the number of CAFs completed in the year. CSC offers advice and support to access services when the threshold is not met.

6.4 There was a 2.8% decrease in the number of re-referrals between 2010/11 and 2011/12. The percentage of re-referrals has decreased from 20.8% to 19.9%.

6.5 From 2010/11 to 2011/12 there was a 20% decrease in initial assessments by CSC. This decrease could be related to the implementation of the single assessment (being piloted by CSC), so no conclusions should be drawn from it at this stage.

6.6 The number of children per 10,000 with child protection plans has increased from 33 at 31 March 2011 to 41 at 31 March 2012. This equates to a number of large families. Given this is a snapshot and numbers are small this is not significant, but trends will be monitored.

6.7 34% of S47 enquiries led to an Initial Child Protection Conference in 2011-12 compared to 45% in 2010-11. This needs to be monitored during the forthcoming year as it is not helpful to draw families into child protection enquiries unnecessarily.

6.8 Low number of repeat child protection plans comparable with Statistical Neighbours (SN) – 15.5% for Islington in 2010-11 and 14.9% for SN for 2010/11. There were 19 children from 13 families with repeat plans in 2011/2012. A large proportion of child protection plans are made when children are in their infancy. There is therefore always the potential for children from the most vulnerable families to once again be subject to a CP plan at a later stage in their childhood. Seven children subject to repeat plans in the last year were aged 12 or over.

6.11 Reduction of 12.5% of young parents whose children have child protection plans indicates earlier focused support.

6.12 Length of time with a child protection plan is short. The percentage of those ceasing to be the subject of a CP Plan in 2010-11 who had been the subject of a plan for two years or more was 3% for Islington and 7.8% for SN. The provisional figure for Islington for 2011-12 is 2.5%. This shows that cases are effectively progressed within appropriate timescales, and that either parents make the changes required of them or alternative plans are made for their children to ensure they are safe.
6.14 There was a 0.9% increase in CLA when comparing number of 30/03/11 (324) to 31/03/12 (327). The CLA population remains stable and audits have concluded that the right children are looked after by the local authority.

6.15 Overall decrease of 31% in CLA since 2004. The decrease in the numbers of CLA demonstrates the effectiveness of early intervention, alternative solutions to becoming looked after and the timeliness of permanent solutions for those who do become looked after, for example, adoption, special guardianship, rehabilitation home.

6.17 There was a reduction of 24.6% in the number of care proceedings between 2010/11 and 2011/12. The reduction in care proceedings goes against the trend in many other London boroughs and the national picture. This reduction alongside low levels of CP Plans suggests that early intervention is effective.

6.18 Mothers attended 82% and fathers 45% of the Initial Child Protection Conferences they were invited to. The reasons for non-attendance have been explored and an action plan has been developed to improve parents' attendance at CP conferences.

6.19 There is a reduction in the number of families known to experience DV within the child protection cohort, though DV is a consistent characteristic, followed by mental health and substance misuse. The predominant category of abuse is neglect, followed by emotional abuse. This concurs with the national picture. Children suffer neglect and emotional abuse due to witnessing domestic violence, or having their development impaired due to their parent’s mental health and/or substance misuse.

6.20 Compared to 31 March 2011, the percentage of disabled children with CP Plans has increased by 50% at 31 March 2012. Numbers are low and therefore volatile. We know that disabled children are more likely to experience abuse and neglect.

6.21 Compared to 31 March 2010 there has been no change in privately fostered children identified at 31 December 2011.

6.22 The CSC workforce is very stable. There is no dependency on agency staffing, turnover is low and caseloads are reasonable and stable.

6.23 Multi agency risk assessment committee (MARAC) considered 197 cases, 26 were repeats, an average success rate per month of 14.3 cases.

6.24 Compared to 2010/11, in 2011/12 there was a 30.8% increase in serious youth violence, 8.4% reduction in knife crime, and 15.5% reduction in young people entering the criminal justice system.

7.1 Activity Arising from Scrutiny of Data and Practice

Section 11 safeguarding audit

7.2 The Section 11 safeguarding audit was completed by Board members, the statutory sector and the children’s partnership commissioned voluntary sector services. Where safeguards were initially unmet / partially met services were updated to meet the requirements. All agencies have demonstrated compliance. A safeguarding requirement is included in service level agreements for commissioned services.

Core groups' audit

7.3 Core groups are responsible for the formulation and implementation of detailed child protection plans. This audit was carried out between December 2010 and March 2011. Ten
Parental mental health audit 2010/11

7.4 This audit focused on 10 families allocated to Islington’s Community Mental Health Teams (CMHT) and Children’s Social Care (CSC). It was a repeat of a 2008/09 audit. Some improvements had been made since the last audit. There was an increase in CSC taking into account the needs of the parent with a mental illness, improved partnership work and information sharing. Improvements were needed in the recording information about the children in CMHT files. An action plan has been implemented which is monitored by the Quality Assurance Sub-group.

Safeguarding children of drug misusing parents self-audit

7.5 This self audit was undertaken with the Community Safety Partnership and ISCB. This audit found that a strategy and procedures were in place that included the implementation of prompt access to treatment for all drug-misusing parents, parenting assessments, referral protocols between children’s and adult’s services, care pathways, meeting the children’s needs, identifying training needs, delivering single and multi-agency training and commissioned services fulfill their safeguarding requirements. An area requiring further development is treatment service providers having more robust safeguarding monitoring arrangements. The action plan is monitored by the Quality Assurance Sub-group.

Care leavers who are pregnant / are parents review

7.6 This review considered 53 care leavers. It highlighted good working relationships between the child’s social worker and the care leaver’s Independent Futures worker. The audit pointed out the lack of information on: the Integrated Children’s System (ICS) about the children; the needs of the children; parenting capacity; service provision for care leavers as parents. An action plan has been implemented and is monitored by the Quality Assurance Sub-group.

Multi-agency thresholds audit

7.7 On behalf of the ISCB Quality Assurance Sub-group staff from Cambridge Education@Islington, Islington NHS (now Whittington Health) and Islington Children’s Social Care (CSC) undertook a multi-agency thresholds audit between April and July 2011. Seventeen cases which resulted in no further action were audited. The aim was to examine whether referrals were appropriate, and whether CSC responded to the referrals in an appropriate and timely manner. Key issues raised were: CSC to provide more detailed response to referrals that do not meet the threshold; CSC to inform referrers about the outcome of referrals and any further intervention; improvements needed in safeguarding information in schools files; improved safeguarding information needed in hospital records; improved use of Common Assessment Framework (CAF) as early intervention mechanism. An action plan was developed in response to the recommendations and is being monitored by the ISCB Quality Assurance Sub-group.

Common Assessment Framework (CAF) audit

7.8 Between January and February 2012 an audit of 30 CAF assessments was undertaken. Over 50% of the sample featured domestic violence. The key findings were: the overall quality and content of the assessments were of a good standard and were indicative of appropriate thought, discussion and reflection; the recommendations were generally cogent,
logical and proportionate to the presenting problems; there was evidence of engaging children / young people in the assessment process; there was evidence of gaining sufficient trust from family members to obtain pertinent and personal information; where domestic violence was identified the impact of DV had been discussed even when DV had not been the reason for the CAF and recommendations were appropriate. Areas highlighted for further development were: further analysis demonstrated in assessments; better recording of information; better understanding of the referral criteria to CSC. An action plan was developed and is being monitored by the Quality Assurance Sub-group.

8.0 Serious Case Review (SCR)

8.1 ISCB conducted an SCR into the tragic deaths of two children, aged eight and ten, who died in February 2011. All required documents were submitted to Ofsted for evaluation and the overview report was rated as good. In the Ofsted SLAC inspection they stated: 'There has been very good progress in implementing the actions from the SCR with specific goal setting, effective monitoring and review of actions and good dissemination of learning'. Some of the key areas identified for further development were: agencies need clear guidance on which DV risk assessment tool to use; further embedding of CAF; staff evaluate the impact of ethnicity, culture, religion when assessing and managing risks in relation to DV; assessing risks posed by perpetrators. An action plan was developed, and the actions are being implemented by the agencies that took part in the SCR. The action plan is being monitored by the ISCB Quality Assurance Sub-group.

9.0 Experiences of families involved in Islington’s Child Protection (CP) process

9.1 Eight families took part in this study. Five families reported having a good outcome from the process. Most parents thought the CP conferences ran well. Key themes arising from the study were that parents: were fearful of what CSC involvement meant for them and their children; were suspicious and angry; were not in the right place mentally to take in what they were being told; did not understand the purpose of the social work visits.

9.2 In relation to social work practice the following were raised: trust was easily built by doing basic things well like calling back when workers say they will call back, being on time, keeping promises; as easily as trust is built up it is even quicker to break down; being listened to is important; at the early stages social workers need to take time to explain why they are there and what is going to happen; social workers need to make sure that families have actually understood what they have been told; social workers need to be sensitive to how their actions are being perceived; parents need to be spoken to in a direct manner about the problem issues; parents need acknowledgement of the things that are going well; parents would like to receive the reports earlier.

9.3 Key features that helped engaging with families were: commitment to and interest in the family; personality; friendliness; honesty; openness; being supportive about changes.

10.0 Complaints

10.1 The LSCB complaints system was reviewed and new leaflets developed. Parents are routinely told that they have the right to complain or appeal the decision of the child protection conference. Two complaints have been received this year, one was mediated by the Service manager for safeguarding and quality assurance and the other reached the second stage and was reviewed by a multi-agency panel chaired by the Inspector for the CAIT.

11.0 Work Plan 2012-2013

- Scrutinise core data and review data set
- Scrutinise the safeguarding QA frameworks of member agencies
- Finalise Deep Dive in Domestic Violence
Repeat Multi Agency Audit of 20 cases
Repeat Mental health audit
Monitor SCR Action Plan
Monitor SLAC Action Plan
Monitor Audit action plans for Core Groups, Thresholds, Mental health,

Report author: Cathy Blair Director Targeted and Specialist Services
Tel: 0207 527 8912
E-mail: cathy.blair@islington.gov.uk