Annex B2

Strengths

- S1. Practitioners are good at obtaining and recording the 'Voice of the Child'.
- S2. There are good examples of Practitioners using chronologies to evidence patterns of behaviour over time when identifying emerging risks.
- S3. Practitioners are driven and this is particularly evident where concerns are escalating; they manage this by identifying the skills and strengths of the multiagency group.*
- S4. There is a sense of momentum when the majority of cases are allocated within the Child in Need Service.
- S5. Case notes are becoming more analytical and less descriptive.
- S6. Practitioners are skilled and more are using specific research-based interventions, e.g. Richter Scale and Mellow Parenting.
- S7. Practitioners are familiar with relevant pathways and processes.
- S8. There has been outstanding work where there are escalating concerns for children and young people, including thorough inquiries when understanding and identifying risks.
- S9. The 'Signs of Safety' model is supporting Practitioners in identifying and analysing risk in Child in Need Pre-meeting Report. Practitioners are also using the 'Signs of Safety' model effectively when evidencing and communicating impact over time.
- S10. Safety Plans are utilised effectively in the majority of occasions
- S11. Strong evidence of Planning and Reviewing Officers reviewing thresholds when children require it.
- S12. CIN meetings are happening within timescales and there is flexibility to review more complex circumstances more frequently.
- S13. Some Practitioners are consulting with David Lucey (Clinical Psychologist) for Clinical Consultation.
- S14. Practice Managers are systematically sharing and promoting learning from audit findings with practitioners and the wider team.
- S15. Practitioners are utilising audit feedback effectively and this has led to improvements in practice when case files are re-audited, for example, visits to see children are now more visibly evidenced in case notes starting with the "Consultation with Child" label.
- S16. Management oversight has been strengthened since the introduction of the Resource Allocation Panel, for example, in maintaining consistent s.17 thresholds and when managing drift and delay.
- S17. The Supervision Policy is being adhered to and this is embedded within the Child in Need Service.



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tems marked with * were also items identified in the last review of audit activity April 2015).

Jnderlined items appear as both strengths and areas of development, suggesting that practice could benefit from mproved consistency across the Service.

Areas for development

- D1. Practitioners should ensure that children's contributions (or observations for younger or non-verbal children) are clearly evidenced in case notes and in Child in Need Meeting Records. This has already been improving over the last 6 months. Practitioners should ensure that visits to see children are visibly evidenced by starting case notes with the "Consultation with Child" label.
- D2. Practitioners should ensure that recording of visits and engagement are added in a timely way on the case management system, working with managers to overcome potential barriers to achieving this.*
- D3. Practitioners should clearly record incidents where there is a lack of engagement from families, to evidence efforts and to analyse and ask 'so what does this non-engagement mean for the child'.
- D4. Practitioners should ensure that the 'Part A' of the CIN Meeting Record is shared with parents and children before Child in Need Meetings.
- D5. <u>Practitioners should aim for case notes to be more analytical and less</u> <u>descriptive</u>, for example, adding what the purpose of the visit is, what their reflections are about what we are trying to achieve in this visit, what we have observed during the visit and what progress is made against outcomes to be achieved in the Child in Need Plan.
- D6. Practitioners, Planning & Reviewing Officers and Managers should ensure that key information (Including Children's Wishes and Parent's Views) is always detailed in Child in Need Pre-Meeting Reports, and this is not consistent yet.*
- D7. If it is intended that a parents/carer with parental responsibility will not be present at multi-agency professional meetings chaired by the Child in Need Service, the Practitioner, Planning & Reviewing Officer or Practice Manager should ensure that the parent's consent to this is obtained before-hand and recorded on the case management system.
- D8. Where young people and their families are challenged this must be recorded by either Practitioners (in case notes and CIN Pre-Meeting reports) or Planning & Reviewing Officers (in CIN Meeting Records). In doing so the Child in Need Service can robustly evidence how we manage drift and delay.
- D9. Managers should ensure that supervisions comprise of reflective discussions and include defined actions with timescales.*
- D10. Planning & Reviewing Officers and Managers should ensure that Child in Need Plans are centred on the child because too many focus upon what changes the parent/carer is required to make without focussing upon what outcomes the child or young person requires. Actions to be completed are often detailed, inappropriately, in the column which asks what life must look like for CSC to end our involvement.

- D11. Planning & Reviewing Officers and Managers should ensure that Child in Need Plans address all identified needs (ensuring, for example, that all significant points described in minutes are included in the Plan).
- D12. Planning & Reviewing Officers and Managers should ensure that identified needs are only removed from CIN Plans with reason or explanation.*
- D13. <u>Practitioners, Planning & Reviewing Officers and Managers should</u> <u>work within processes and timescales</u>, e.g. always submitting pre-meeting reports to managers for authorisation.
- D14. Managers should use audit activity to identify potential workload issues.









