

2 CORE MATERIAL

2.1 EQUAL OPPORTUNITIES POLICY

STATEMENT OF INTENT

- 2.1.1 Children's Services is committed to practice that acknowledges and respects differences amongst people.
- 2.1.2 Children's Services will seek to deliver services that are accessible and responsive and respectful of different faiths and cultural traditions and recognises the discrimination many people face.
- 2.1.3 Children's Services is actively opposed to all forms of discrimination against children and families who use our services on the grounds of:
- Age
 - Appearance
 - Caring responsibilities
 - Class
 - Gender
 - HIV status
 - Marital status
 - Nationality
 - Political beliefs
 - Religion
 - Immigration status
 - Race / ethnicity
 - Sexual identity
 - Long term illness
 - Unrelated criminal conviction
 - Trade union activity
 - Physical or mental ability
- 2.1.4 Children's Services is committed to combating all direct and indirect discrimination in service delivery and the workplace.
- 2.1.5 Children's Services will provide all staff with training in order to promote good social work practice within the context of race, poverty,

disability, ageism, ethnicity, cultural diversity, HIV/Aids, sexual status and other oppressed groups.

- 2.1.6 Performance will be kept under review through supervision, file audits, review of complaints, service user feedback and consultation.
- 2.1.7 Children's Services recognises and embraces the IOW Council Equality Standard that will mainstream equality into service delivery and employment and identify disadvantage and barriers that generate disadvantage.

STRATEGY

- 2.1.8 Children's services have identified 4 key priorities for development:

Establishment of Consistent Ethnic Monitoring to Determine Current use of Services

- 2.1.9 Through data collection and analysis we will:

- Identify gaps in provision
- Assess needs
- Improve quality
- Evaluate changes
- Achieve equal access
- Provide a baseline for planning
- Allocate resources more equitably
- Measure improvements

Making Services More Accessible

- 2.1.10 This will be achieved by the provision of information in a variety of formats and languages as well as by ensuring public areas are welcoming and accessible to service users with physical disabilities.

Ensuring Staff are Well Trained

- 2.1.11 This will be achieved by provision of programmes that assist staff to:
- Understand and implement anti-discriminatory, anti-oppressive and anti-racist practice
 - Be aware and counteract ones own tendency to behave oppressively
 - Respect a service users dignity, privacy, autonomy and rights

- Be able to manage complex ethical responsibilities and value conflicts
- Be able to empower others

Promotion of Social Inclusion

- 2.1.12 This will be achieved by ensuring that in the consultation process with partners, community stakeholders and the wider community, the needs and interests of minority groups are sought, understood and acted upon.
- 2.1.13 Children's Services will ensure all contracted services conform to and promote equal opportunities by ensuring equal opportunities are incorporated into the providers policy and procedures through use of:
- South East region 'Contract Toolkit' for all contracts
 - Collated evidence indicating discriminatory practices to be undertaken by Service Manager (Joint commissioning & Looked After Children)

LEADERSHIP AND CORPORATE COMMITMENT

- 2.1.14 Children's Services endorses a 'whole service' approach to ensure ownership across Children's Services.
- 2.1.15 All staff will commit to the target areas for improvement and progress will be monitored via supervision and personal performance review.
- 2.1.16 The Service Manager (Quality) will oversee the development of information and monitoring systems by review of complaints, analysis of file audits and service user feedback.
- 2.1.17 The values and principles contained in the Equality Policy and the Council's Equality and Diversity Policy 2002 will be incorporated into all new service developments and policies within Children's Services.
- 2.1.18 Children's Services is committed to the corporate needs / requirements assessment process.

CONSULTATION & COMMUNITY DEVELOPMENT

- 2.1.19 Children's Services will ensure continued commitment to improvement and development of responsive services in consultation with partner agencies, community stakeholder groups and service users, in particular, seeking the views of minority groups.

- 2.1.20 This will be done by ensuring all consultation approaches incorporate equality issues.

SERVICE DELIVERY AND CUSTOMER CARE

- 2.1.21 Children's Services is committed to the development of an action plan and target setting approach regarding equality issues in the formulation of the Children's Service Plan and other strategic plans.
- 2.1.22 If anyone feels that Children's Services has failed to meet the values contained in its 'Statement of Intent', s/he will be encouraged to use the complaints procedure. Any complaint received as a result of a perceived discriminatory act will be dealt with and investigated as a complaint.
- 2.1.23 The above statement will be displayed in the Children's Service Centre and other Children's Services buildings and its existence made known in information literature.
- 2.1.24 Children's Services will endeavour to ensure its services are made known to those individuals most in need of them and to those who are concerned about children and young people who are vulnerable or at risk in the community.

EMPLOYMENT AND TRAINING

- 2.1.25 If a member of staff encounters any discriminatory comments or behaviour s/he has is authorised by the Strategic Director of Social Services to inform the person that Children's Services has an Equal Opportunity Policy, which does not tolerate discrimination of any kind and if the individual does not refrain from such behaviour s/he will be reported to a Team or Service Manager.
- 2.1.26 The manager will point out to that person that it is policy not to discriminate in any way that is unlawful or contrary to policy
- 2.1.27 The manager will also offer to send the individual a copy of the Equal Opportunity Policy for clarification. If the person refuses to cease her/his behaviour the manager has the authority to ask the person to leave the premises and s/he is expected to report all such incidents to the Head of Children's Services.
- 2.1.28 Anyone who concludes Children's Services has not followed the Equal Opportunity Policy will be directed towards the Complaints Procedure.

- 2.1.29 Children's Services will conform to the IOW's current recruitment procedures and ensure the recruitment and employment processes are equal and non discriminatory.
- 2.1.30 Children's Services will ensure that alleged harassment by an employee towards another staff member or a service user is investigated and an attempt made to find a resolution. All reports and allegations will be taken seriously in the investigation of incidents and the resolution of conflicts.

FORMS OF DISCRIMINATION

Direct Discrimination

- 2.1.31 This exists where a person is less favourably treated because of race, background, ethnic or national origins, sex, pregnancy, marital status, disability or sexual identity.

Indirect Discrimination

- 2.1.32 This exists where a requirement or condition, which cannot be justified, is applied equally to all groups but has a disproportionately adverse effect on one particular group.

Victimisation

- 2.1.33 Where someone is treated less favourably than others because s/he has taken action against Children's Services under one of the relevant Acts, whether or not such victimisation is unlawful.

2.2 ELIGIBILITY CRITERIA

- 2.2.1 The IOW's Children's Services has revised its eligibility criteria into 4 tiers:

TIER 1 – INCLUSION

- 2.2.2 This tier focuses on sustaining and enabling the child and their parent / carer, through access or signposting to the appropriate inclusive universal Island services. Needs are met within the family / family network. Universal services need to be inclusive in meeting diverse needs. Deficits in universal services leads to social exclusion, discrimination and differential life chances, it also increases the likelihood of progression through the other tiers.

- 2.2.3 This tier for those children assessed as having **low risk or needs = priority 4** with a responsibility for Children's Services staff to signpost on to other services.

TIER 2 – REALISING POTENTIAL

- 2.2.4 This tier captures children who need additional support, guidance or intervention to realise their potential. Parents/carers need support, guidance or intervention to enable achievement. Additional support is required to maintain the expected standard of health, development and learning attainment. Life chances are jeopardised if these needs are not met.
- 2.2.5 This tier for those for those children assessed as having **moderate risk or needs = priority 3** with a responsibility for Children's Services staff to initiate and engage in time-limited package of multi-agency support services.

TIER 3 – DIVERSION

- 2.2.6 For children who need additional support, guidance or intervention to prevent a significant impairment to their health development and life chances. This may be enduring or as a result of an event that seriously impacts on a child's well-being. The goal is to divert a child from a route that is likely to result in an adverse outcome, or pose a risk to the individual / others.
- 2.2.7 This tier is for those children assessed as having **substantial risk of significant harm and needs and = priority 2** with a responsibility for Children's Services staff to lead and engage in a planned multi-agency response with a view, where possible and safe, to maintain the child within their own family / community.

TIER 4 – SAFETY & SECURITY

- 2.2.8 This tier is for children who have safety needs where services are required to promote their protection i.e. services for children who are at risk of or who have experienced a breakdown in their care arrangements and are facing a dislocated, insecure, unattached childhood, children or young people whose behaviour is unsafe, dangerous to themselves or others and those who have committed a serious crime.
- 2.2.9 This tier is for those children assessed as having **critical risk of significant harm / safeguarding issues for themselves or others and identified needs = Priority 1** with a responsibility of Children's Services staff to act to protect the child/ren and lead in a multi-agency

intervention, as a collective corporate parent, to ensure their safety and well-being into the future.

2.2.10 Figure 1 depicts this process:

All Children & Families

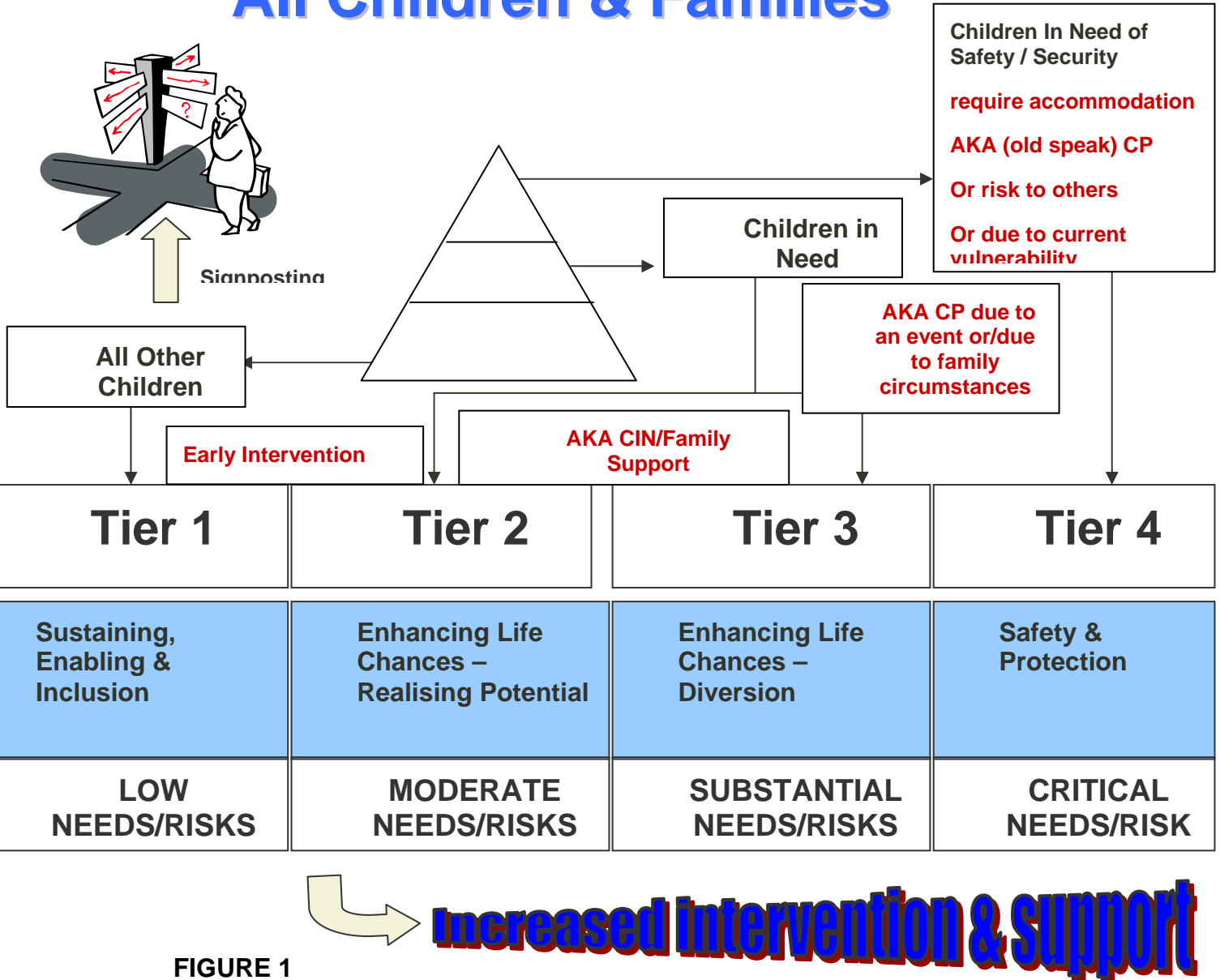


FIGURE 1

2.3 CRITERIA FOR ACCESSING OTHER SERVICES

CHILDREN'S DISABILITY TEAM

- 2.3.1 Access to the Children's Disability Team Services is through a definition of disability and a further set of eligibility criteria as follows:

Definition of Disability used by Children's Services

- 2.3.2 A child or young person under the age of 18 with a disability and a severe or significant delay compared with others of the same age due to impairments expected to be life-long (but may be episodic) in one or more of the following areas: hearing; vision; speech and language; physical; learning and consciousness.
- 2.3.3 Behaviour of a profound nature has to be in addition to at least one of the above. The effect of the impairment and how disabling it is will be a combination of the extent of the impairment and the impact of the family and environment on the child.

Hearing	Significant	Child or young person has difficulty even with hearing aids, or has, or is likely to have, persistent difficulty with language and communication.
	Profound	Child or young person has little or no hearing, with little or no benefit from hearing aids.

Vision	Significant	Child or young person is partially sighted, with visual difficulties sufficient to impair everyday activities and/or development, despite the use of visual aids.
	Profound	Child or young person is blind, with no useful vision.

Communication	Significant	Child or young person has significant difficulties communicating through speech and language and has significant difficulties in managing social situations, and as a result is unable to participate in the normal activities of someone of her/his age.
	Profound	Child or young person has no meaningful speech or language and therefore is unlikely to use speech as the primary means of communication.

Physical (gross motor skills)	Significant	Child or young person has physical difficulty or chronic illness resulting in long term impairment of health or development, even with the provision of drugs, diet or aids.
	Profound	Child or young person has difficulty with all basic functions; of such severity that assistance is likely to be required.
Physical (fine motor skills)	Significant	Child or young person requires assistance to complete manual tasks requiring fine motor skills in practical time.
	Profound	Child or young person is dependent in most self-help tasks that require fine motor control.

Learning	Significant	Child or young person has a significant and permanent learning impairment sufficient to prevent her/him from fulfilling roles or performing activities which are generally understood to be within the capacity of that age and cultural background.
	Profound	Child or young person has profound and multiple learning disabilities.

Consciousness	Significant	The child or young person experiences periods of absences that do not render them unconscious but can leave them confused.
	Profound	Child or young person experiences periods of unconsciousness which require treatment or care to ensure their safety.

Behaviour	Profound	Child or young person has emotional or behavioural difficulties to be so severe in the long term that they seriously impair the quality of life, resulting in an inability to function in normal social contexts or constituting a risk to themselves or others.
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PROTOCOL BETWEEN THE CHILDREN'S DISABILITY TEAM AND PHYSICAL DISABILITY AND SENSORY IMPAIRMENT TEAM CONCERNING TRANSITION

2.3.4 This protocol sets down the expectations and timescales for the transition of those young people that require services as an adult and

fall within the criteria of the Physical Disability and Sensory Impairment Team.

- 2.3.5 It is important, for planning purposes, that information is shared with Adult Services regarding numbers of young people coming through. To assist in this the Team Manager, CDT, will maintain a database of young people open to the team who are aged 13 plus. This will then be shared with Adult Services as required.

Cases that are Already Open to a Social Worker in the CDT

- 2.3.6 The Social Worker/Social Work Assistant must attend the SEN Transitional Review which starts at age 14.
- 2.3.7 The Social Worker must form a view as to whether the young person is likely to meet the Physical Disability and Sensory Impairment Team criteria.
- 2.3.8 The Social Worker must identify when it is anticipated that the young person will leave full time education.
- 2.3.9 If the young person is planning to stay in full time education until 18/19, and the Social Worker believes that they fall within the Physical Disability and Sensory Impairment Team criteria, a referral must be made to the Physical Disability and Sensory Impairment Team at age 17.
- 2.3.10 Case responsibility will remain with the CDT until the young person's 18th birthday. The role of the Physical Disability and Sensory Impairment Team worker is to undertake assessment and planning to enable appropriate resources to be identified for post 18 provision.

Cases that are Not Open to a Social Worker in the CDT

- 2.3.11 If a request to attend an SEN Transition Review for a young person aged 14 is received the CDT Manager will need to consider the following:
- From the information provided does the young person fall within the criteria that would deem them as disabled? If yes, the CDT Manager must identify a worker to attend the Transition Review. A full referral and assessment may be required to identify services required. Consideration must also be given as to whether a transitional worker is required
 - If the young person would not be deemed as disabled then this decision must be passed to the school for inclusion in the Transition Review. No further action is required

What Information would be Useful when Completing the Transition Referral?

- 2.3.12 When completing the Transition Referral Form it is important that the worker provides as much information as possible to assist in the determination of whether the criteria is met or not.
- 2.3.13 Useful documentation includes SEN review reports, any information from Health that supports a diagnosis or view of severity of disability, any assessment from an Educational or Clinical Psychologist.
- 2.3.14 If the assessment identifies that the young person does not meet the Physical Disability and Sensory Impairment Team criteria, the referral will be declined.
- 2.3.15 It is acknowledged that the young person may well be considered as a vulnerable adult and will therefore be eligible for assessment under s47 Community Care Act once they have reached 18.
- 2.3.16 The transition worker from the Physical Disability and Sensory Impairment Team will attend CDT Team Meetings when appropriate to support communication between the teams.

PROTOCOL BETWEEN THE CHILDREN'S DISABILITY TEAM AND THE ADULT LEARNING DISABILITY TEAM CONCERNING TRANSITION

- 2.3.17 This protocol sets down the expectations and timescales for the transition of those young people that require services as an adult and fall within the criteria of the Adult Learning Disability Service.
- 2.3.18 It is recognised that the eligibility criteria for the Children's Disability Team and the Adult Learning Disability Team are not the same. This means that there will be a number of young people where it is not clear whether they meet the criteria for a service from the ALDT.
- 2.3.19 It is important, for planning purposes, that information is shared with Adult Services regarding numbers of young people coming through. To assist in this the Team Manager, CDT, will maintain a database of young people open to the team who are aged 13 plus. This will then be shared with Adult Services on a 6 monthly basis.
- 2.3.20 A Transition Monitoring meeting will be held in January and July with Managers of the ALDT and CDT, and Clinical Service Manager LD to monitor the progress of young people and identify any areas of difficulty.

Cases that are Already Open to a Social Worker in the CDT

- 2.3.21 The Social Worker/Social Work Assistant must attend the SEN Transitional Review which starts at age 14.
- 2.3.22 The Social Worker must form a view as to whether the young person is likely to meet the ALDT criteria.
- 2.3.23 The Social Worker must identify when it is anticipated that the young person will leave full time education.
- 2.3.24 If the young person is planning to leave full time education at 16, and the Social Worker believes that they fall within the ALDT criteria, a referral must be made immediately to the ALDT for a transitional worker. It is not anticipated that there will be many young people leaving full time education at 16.
- 2.3.25 If the young person is planning to stay in full time education till 18/19, and the Social Worker believes that they fall within the ALDT criteria, a referral must be made to the ALDT for a transitional worker at age 16. The aim would be for a transitional worker to attend the 16+ SEN Transition Review.
- 2.3.26 Case responsibility will remain with the CDT until the young person's 18th birthday. The role of the transitional worker is to undertake assessment, and arrange for Person Centred Planning to be initiated, to determine the services or resources required after the young person has reached 18.
- 2.3.27 Close liaison between the CDT worker and Transition worker is essential.
- 2.3.28 A Senior Practitioner in the CDT will take responsibility for monitoring the progress of young people from age 14 onwards to ensure that actions are taken at the appropriate time.

Cases that are Not Open to a Social Worker in the CDT

- 2.3.29 If a request to attend an SEN Transition Review for a young person aged 14 is received the CDT Manager will need to consider the following:
- From the information provided does the young person fall within the criteria that would deem them as disabled? If yes, the CDT Manager must identify a worker to attend the Transition Review. A full referral and assessment may be required to identify services required. Consideration would also be given as to whether a transitional worker is required

- If the young person would not be deemed as disabled then this decision must be passed to the school for inclusion in the Transition Review. No further action is required

Where there is Uncertainty about Whether a Young Person Meets the ALDT Criteria

- 2.3.30 When completing the Transition Referral Form it is important that the worker provides as much information as possible to assist in the determination of whether the criteria is met or not.
- 2.3.31 Useful documentation includes SEN review reports, any information from Health that supports a diagnosis or view of severity of learning disability, any assessment from an Educational or Clinical Psychologist.
- 2.3.32 If, in the Team Managers (ALDT) view there is still uncertainty a referral may be made to the Clinical Psychologist (Learning Disability Service) to determine the young person's level of functioning.
- 2.3.33 If this assessment identifies that they meet the ALDT criteria the referral is accepted.
- 2.3.34 If the assessment identifies that the young person does not meet the ALDT criteria, the referral will be declined. It is acknowledged that the young person may well be considered as a vulnerable adult and will therefore be eligible for assessment under s47 Community Care Act once they have reached 18.
- 2.3.35 It is important to remember that other services such as Connexions also have a key role to play. See also the Transition Protocol for Physical Disability and Sensory Impairment (See 2.3.4).

INTENSIVE SUPPORT SERVICE (IBIT)

- 2.3.36 A child or young person will be eligible for this service if s/he meets 3 or more of the following criteria:
- A child has been allocated a mainland placement because there was no appropriate local resource
 - There is a significant risk of a care placement breaking down by the presenting behaviour of the child or young person
 - There is a concern regarding a home situation of a sufficiently severe nature as to make a care placement an option
 - There is a significant risk of permanent exclusion from education
 - There is a significant mental health issue

2.3.37 The method of work should offer a multi agency, intensive, needs led assessment and intervention approach.

FAMILY RESOURCE TEAM

2.3.38 The remit of the team is to offer a service to child care workers as part of their work with children/young people and families

2.3.39 The Family Resource Team has a core remit to promote family welfare and reduce the incidence of children and young people being accommodated.

2.3.40 Acceptance criteria are children and young people:

- At immediate risk of family breakdown resulting in their becoming looked after
- At risk of placement breakdown and who have already had 2 moves in placement
- Who are in foster care with an immediate plan to return home to the family
- For whom there are immediate plans to return them from agency placements on the mainland
- At risk of placement breakdown
- At risk of exclusion by education
- In families experiencing relationship difficulties

2.3.41 The method of work utilises a brief therapy approach.

CARE LEAVERS SERVICE

2.3.42 These eligibility criteria are informed by statute through the Children (Leaving Care) Act 2000 regulations and guidance.

Eligible Young People (Children)	(Children) Young People aged 16 and 17 looked after for at least 13 weeks since the age of 14 and who are still looked after.
Relevant Young People (Children)	<p>(Children) Young people aged 16 and 17 who have been looked after for at least 13 weeks since the age of 14, and have been looked after at some time while 16 or 17, and who have left care.</p> <p>Additional groups of relevant children</p> <ul style="list-style-type: none"> • Would have been relevant but for the

	<p>fact that on their 16th birthday they were detained through the criminal justice system, or in hospital</p> <ul style="list-style-type: none"> • Have returned home but the return has broken down
Former Relevant Young People (Children)	<p>Young people aged 18 –21 who have been either <i>eligible</i> or <i>relevant children</i>, or both. If at the age of 21 the young person is still being helped by the responsible authority with education or training s/he remains a <i>former relevant child</i> to the end of the agreed programme of education or training even if that takes them past the age of 21.</p>
Qualifying (Children) and Young People over 16	<p>Any young person under 21 (under 24 if in education or training) who ceases to be looked after or accommodated in a variety of settings, or privately fostered, after the age of 16. This includes young people who left care after October 2001, at or after the age of 16, but do not qualify as eligible children.</p> <p>Young people who left care before October 2001.</p>

2.4 PERFORMANCE MANAGEMENT FRAMEWORK

PURPOSES & GOALS OF PERFORMANCE FRAMEWORK

- 2.4.1 Children Services must implement performance management arrangements, in order to respond to the continuous improvements in service delivery, required by inspection and best value.
- 2.4.2 High quality and good value services can only be achieved if there are sound management information and performance systems in place.
- 2.4.3 Every person's performance as an individual, or as part of a team, contributes towards achieving the Council's objectives.
- 2.4.4 The management of performance empowers staff, as well as enhances individual and team accountability.

- 2.4.5 The performance and service quality of the directorate will be measured by a range of performance indicators set by government agencies, and local indicators reflecting local priorities and policies.

POLICY

- 2.4.6 All teams will be required to have performance measures and targets, which reflect the priorities of the Directorate.
- 2.4.7 Good performance and practice will be recognised and disseminated to other teams.
- 2.4.8 Blame and accountability are not synonymous. Blame is a punitive communication, instead we aim to give feedback clearly, accurately and courteously about aspects of practice and/or behaviour that require improving or changing.
- 2.4.9 Staff will be held accountable for poor performance and where necessary capability procedures or disciplinary procedures will be implemented. If someone does something in good faith that goes wrong, we will reasonably expect that they:
- Correct the error if possible
 - Learns from the error
- 2.4.10 All staff should have a planned induction programme clarifying expected standards.
- 2.4.11 We welcome comments and complaints from service users, and as far as is practicable and feedback into service improvements and planning.
- 2.4.12 The needs and views of service users and other stakeholders will be sought regularly to help set objectives and priorities.
- 2.4.13 We will benchmark our performance against other authorities, which will allow us to compare service effectiveness.
- 2.4.14 We will systematically audit practice and files, and feedback the analysis of such audits.
- 2.4.15 We will use suggestions from staff and service users to continually improve our services and support to staff.

- 2.4.16 We will also learn from staff who are leaving, analysing their comments / experiences, and report to the recruitment and retention subgroup, with recommendations.
- 2.4.17 Regular, high quality supervision is a cornerstone to effective performance management. Supervision is a two way process, with each individual taking responsibility to highlight all the relevant issues.
- 2.4.18 Staff will have an annual personal development plan, and a 6 monthly review, which will identify training / developmental needs.

STANDARDS

Introduction

- 2.4.19 Standards focus everyone's attention on important aspects of the service.
- 2.4.20 Standards offer users, potential users, and other stakeholders the opportunity to:
- Understand what can be expected
 - Identify what's missing
 - Identify priority needs
 - Monitor performance
 - Develop continuous improvements
- 2.4.21 The material below outlines some standards relevant to varying levels of Departmental involvement:
- Public information
 - Responsiveness to requests for information / service
 - Contacts in the office
 - Contacts in the home
 - Case files
 - Casework activity

PUBLIC INFORMATION

- 2.4.22 We will inform service users about our services, including:
- How to access their records
 - How to make a complaint

- How to access advocacy services
- Independent Visitors (for LAC)
- All publications will be available on request as an audio tape, in large print, Braille or translated into another language, or pictograms, if needed

RESPONSIVENESS

2.4.23 With respect to requests for information and/or a service, callers to reception will be given a time within which they will be seen by a worker.

CONTACTS IN THE OFFICE

2.4.24 With respect to referrals to the office:

- Phone messages should be responded to within **1 working day**. (This may be to acknowledge receipt of the call initially)
- Referrers will be informed about the outcome of the referral within **7 working days**
- All written correspondence will have a full response within **20 working days** of receipt
- All appointments should be attended on time
- Service users should be informed if a worker will be late, or if the appointment has to be cancelled

CONTACTS IN THE HOME

2.4.25 With respect to attempted or actual home visits:

- Calling cards should always be left when visiting a service user, unless it will compromise the safety of any individual
- Failed appointments should be re-arranged within **3 working days**
- Staff should leave the date of their next visit with the service user, or a clear expectation of timescales for next contact

CASE FILES

2.4.26 With respect to case files they should be “Climbie Compliant”.

- Records should be concise and factual and kept up to date
- Front sheet on file, with key information including current Social Worker, ethnicity and special needs should be on one joint sheet

- Referral form completed, eligibility criteria applied
- Up to date chronology (significant events only)
- Assessment completed, or in process, or reviewed within last 12 months, including evidence of analysis, conclusions
- A plan signed by service user, Social Worker, other professionals and Team Manager (plan to include outcomes, timescales, review date and a review date)
- Regular case summaries with an evaluation of concerns and action points, including outcomes of service users
- Contingency planning should be explicit
- Referral should be acknowledged with feedback to referrer in **7 working days**
- Evidence of child seen alone, or reason given why not seen alone
- Evidence of service user views / child's views taken into account
- Managers decision / signature on key documentation
- Diversity issues must be addressed as part of the Core Assessment, and must be integral to the Care Plan
- LAC requirements met
- Core groups happening 6 weekly as a minimum
- Evaluation of concerns / strengths and recommendation of future action should be clearly recorded, as well as outcomes for the child/ren

CASEWORK PROCESSES

2.4.27 With respect to those service users with whom Children's Services has a more substantive involvement:

General

- Services users must be informed about how to contact the Social Worker and Managers during working hours, and also how to contact a filtering officer out of hours
- Service users must be informed when a referral has been made on their behalf (unless it compromises the safety of any individual)
- Formal complaint responses should be actioned within **15 working days of receipt by Operational Manager**
- Informal complaint response should be completed in **5 working days**, followed up in writing when appropriate

Child Protection

- Case Conference minutes should be proof read and returned to minute clerks within **4 working days**
- Copies of assessments / plans / reviews will be given to users **within 10 working days** of completion
- Minutes of planning meetings / case conferences will be shared **within 15 working days** of meeting
- Copies of the case conference report will be shared with service users and child protection conference chair **at least 24 hours** before a case conference
- Young people over the age of 10 must be asked if they would like to attend the Child Protection Conference. If they decline, they must be offered the consultation document. If the young person wishes to attend, the CRPO / Advocacy Service should be approached to offer the young person support during the meeting

Looked After Children / Young People

- Social Worker should complete Viewpoint with looked after children for whom they are accountable at least once a year (unless they can evidence that it is not appropriate, or the young person declines)
- Children will be informed of their rights regarding making a complaint, an advocate and the Independent Visiting Scheme
- Service users' views are regularly sought and recorded as part of the process of continuous improvement
- All reviews will take place within statutory time frames. (Within 4 weeks of placement. 2nd review to take place within the next 3 months and as a minimum of 6 monthly thereafter)
- Social Workers will respond in a timely manner to the reviewing support staff with all relevant information, within **7 calendar days**. This will ensure all parties have sufficient notice of the review meeting and are able to contribute, be it by attendance or in writing
- The Social Worker will meet the child prior to the review to ensure they are prepared and clarify issues they may wish to raise
- Prior to the review meeting the Social Worker will ensure appropriate consultation has taken place with professionals, family and carers
- The IRO will offer to meet the child prior to the review to discuss the agenda, issues that may be difficult or delicate, and encourage their participation at the review

- The previous and current review forms, together with the Care Plan, is to be made available to the IRO **24 hours prior to the review**
- The IRO will ensure the language used at the meeting is respectful, clear and understood by all participants, including the child
- The review meeting should be as small as possible, with only essential professionals attending
- There should generally be only one professional per team, and reports being provided by others not attending
- Children will be encouraged to participate and be involved in their reviews
- Participation will be by one of a variety of different methods, including attendance, completing a consultation paper, completing Viewpoint, using audiotape or pictures
- Children will be offered the opportunity to have an advocate attend with them
- The meeting will be child focussed and child friendly and their views should be sought regarding venue and time of meeting
- The IRO will ensure that the child's successes and achievements are acknowledged and celebrated, as well as considering issues that may be of concern
- Minutes of the meeting will be distributed to all those invited to the review, including children
- Children that request personalised feedback of the review meeting will receive this from the IRO
- Minutes/feedback will be sent out within 10 working days
- Examples of positive and poor practice will be brought to the attention of the practitioner and appropriate level of management after each review
- Review decisions will be monitored to ensure that they are being actioned prior to the following review

AUDITING PROCESSES

Introduction

- 2.4.28 As part of the quality assurance function, it is a requirement that audits of files are conducted on a regular basis throughout the year.
- 2.4.29 This requirement has been underpinned by recommendations from the Laming enquiry, where senior managers are expected to closely monitor performance.

- 2.4.30 The auditing process consists of several tiers.

Senior Manager File Audit

- 2.4.31 In order to ensure that senior managers have a good understanding of the current functioning of teams and individual practitioners, the Service Managers and Head of Service will undertake quarterly file audits.
- 2.4.32 This will focus on specific teams, but on occasions there may be additional files identified for audit. A list of cases selected for audit will be available 1 week before the audit date.
- 2.4.33 The Service Manager – Quality Assurance will analyse the results of the audit on a 6 monthly basis, reporting the results to C.F.S.M.T and to Team Managers.
- 2.4.34 Recommendations must be acted on, and monitored by the relevant Service Manager.

Team Manager Audit

- 2.4.35 Team Managers should ensure that a minimum of 6 files are audited each month, and copies of the audit tool are given to their Service Manager during supervision. Issues of poor practice are to be identified, and rectified. Where Team Managers identify poor practice in another team, the appropriate Service Manager is informed so that an action plan can be agreed.
- 2.4.36 The Service Managers will ensure the audit tool is forwarded to the Service Manager for Quality Assurance, who will analyse the completed audits on a 6 monthly basis, and report the findings to CSSMT and to Team Managers.
- 2.4.37 The Data Management Officer will support Team Managers with this task, 1 day per month, by undertaking one case file audit from each team, identified by the Team Manager.

Random Audits by Service Managers

- 2.4.38 To supplement this systematic audit process, Service Managers will undertake random 'SWIFT' audits, to ensure recording practices are up to date and meeting procedural requirements.
- 2.4.39 Service Managers will undertake monthly supervision audits to ensure managers are meeting procedural requirements and supervising staff on a monthly basis as a minimum.

Threshold & Decision Making Audit

- 2.4.40 A six monthly multi agency audit will be undertaken of all referrals received by Children's Services within a specified time frame. This will be co-ordinated by the Service Manager – Quality Assurance.
- 2.4.41 Auditors will be drawn from the ACPC (LSCB) agency representatives. The purpose of the audit is to ensure that eligibility criteria are being applied appropriately, and that all agencies are complying with the Laming requirements.
- 2.4.42 The outcomes and recommendations will be reported to the ACPC (LSCB) and to Team Managers for any necessary action.

Child Protection Audit

- 2.4.43 A 6 monthly multi agency audit of child protection conference files will be co-ordinated by the Service Manager – Quality Assurance.
- 2.4.44 The audit will look at the conference process, decision-making, quality of reports, minutes and child protection plans.
- 2.4.45 In addition core group meeting minutes, and strategy meeting minutes will be audited for timeliness and outcomes by Child Protection Co-ordinator on a monthly basis.
- 2.4.46 The outcomes and recommendations will be reported to the ACPC (LSCB), Service Managers and to Team Managers for any necessary action.

Personal Education Plan Audit

- 2.4.47 These will be undertaken annually, by a mixed group of managers and LACES staff. The focus will be on quality issues linked to outcomes for our looked after children (co-ordinated by Education Co-ordinator).

Training Needs Audit

- 2.4.48 There will be an annual audit of individual & team training needs (Undertaken by Learning Centre).

Implications of Audit Results

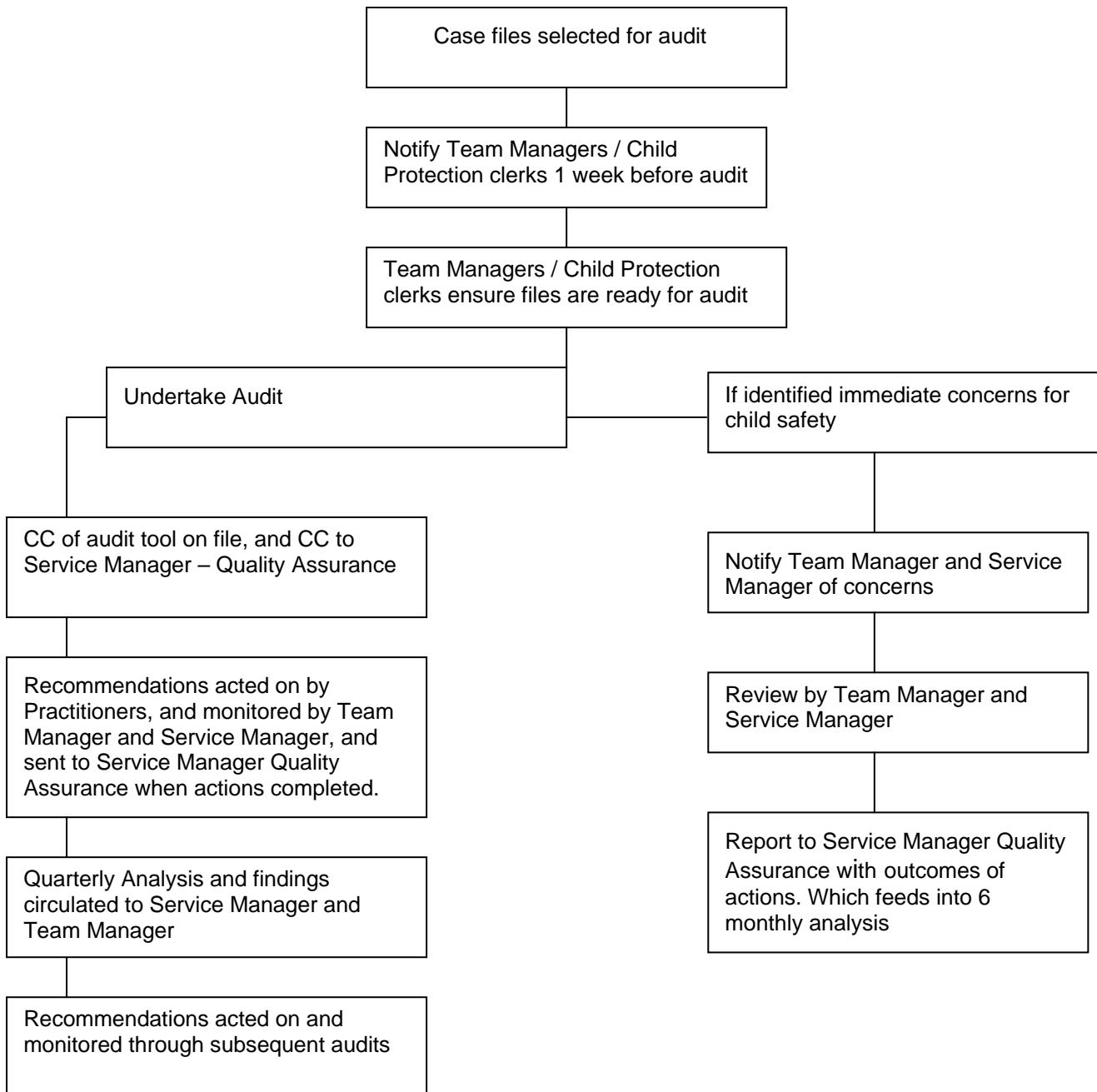
- 2.4.49 Where any audit identifies performance that is below standard, and/or there is a concern about a decision, the Team Manager will be notified with a copy to the relevant Service Manager. The Service Manager must ensure that any necessary remedial action is taken.

- 2.4.50 If the case has been closed, there may be circumstances where it will need to be re-opened, and re-assessed. There may be occasions when an internal management review is recommended in order to understand what went wrong, and help us learn from mistakes.
- 2.4.51 The flow chart below for process of audit summarises the relevant processes.
- 2.4.52 Through this range of audits, it should facilitate an understanding of good practice, as well as areas needing improvement.
- 2.4.53 In order to be explicit regarding this process, the tools are attached, so that there is a general understanding about what will be required, and standards that are expected. The audit tools will be reviewed as necessary, following feedback from managers.

QUALITY ASSURANCE TEAM OVERVIEW AND FEEDBACK

- 2.4.54 The Quality Assurance Team has lead responsibility for strengthening performance management and improving practice and outcomes for service users.

PROCESS OF AUDIT



ANNUAL TIMETABLE OF AUDITS

January	TM Audit
February	TM Audit/Threshold and Decision Making Audit
March	SM Audit/TM Audit/PEP Audit
April	CP Audit/TM Audit
May	TM Audit
June	TM Audit
July	SM Audit/TM Audit
August	TM Audit
September	SM Audit/TM Audit/Threshold and Decision Making Audit
October	CP Audit/TM Audit
November	PEP Audit/TM Audit
December	SM Audit/TM Audit