



Multi Agency Briefing

Case File Audit

September 2009

Issue Number 1

Introduction

North Ayrshire Child Protection Committee is fully committed to continuous improvement in services to protect children and young people and utilises a range of measures to inform improvements to practice.

One measure is the auditing of case files to examine practice and identify areas of strength and areas for development.

Process

The responsibility for work of this nature is delegated to the Audit and Evaluation Sub Group of the Child Protection Committee who have undertaken a range of preparatory work to underpin the case file auditing process.

A NACPC Case File Audit Code of Practice has been developed and members of the Audit and Evaluation Sub group have undertaken training in case file auditing.

The criteria for selecting cases for audit is approved by North Ayrshire Child Protection Committee after consideration of relevant statistical information and any other evaluative activity which has been undertaken or planned. The September 2009 case file audit focused on the theme of information sharing and risk assessment around changes in relation to male partners.

The following records were examined: Education, Health, Social Services, Housing, Police and Scottish Children's Reporter Administration.

The identity of those involved in each case, including the child and family details are kept confidential to the group of case file auditors.

In summary, the case file audit found a number of strengths, primarily in the areas of referrals and inter agency meetings, and some areas for improvement, primarily in the areas of information sharing and intervention/planning.

In relation to areas for improvement, a number of recommendations have been made. Some will be taken forward by a multi agency working group. Others relate to improvements to current practice. Please play your part in continually improving services to protect children and young people by implementing these in your own practice.

Areas of good practice

Core details within records were consistent across all agencies and usually included key staff involved with the family and extended family members. Case records were well maintained and all agencies held consistent information in relation to the child protection concerns. Records evidenced adherence to child protection procedures from referral through to post registration.

There was usually a quick and co-ordinated multi agency response to child protection referrals that included effective sharing of information and joint decision making. Initial responses were proportionate.

All children had a detailed child protection plan which addressed identified risks and needs and clearly allocated responsibilities for each core group member. Agencies understood their responsibilities within the care plan. Comprehensive single agency assessments were in place and there was evidence of multi agency assessment. Child protection plans were being implemented and regularly reviewed through core group and review conference processes.

The purpose of meetings was clearly explained and decisions made at these meetings were well recorded. In one instance debate over whether or not to register a child took place and after initial disagreement, consensus was reached. Early year's intervention showed evidence of creative ways of gathering children's views. Health records showed where agreement to share information had been sought and recorded.

There was some evidence of the impact of the child protection plan on the child is noted. Consideration was given to the implications of historical information.

Recommendations

The following practice recommendations are made on the basis of the areas for improvement identified in the case file audit.

1. Ensure parental involvement in child protection processes, including the reviewing of child protection plans, is clearly documented and taken account of in respect of the parents contribution to keeping the child safe.

2. All agencies to seek to improve practice and recording standards in relation to both seeking and recording consent and seeking and recording views.

3. Where a child has identified health needs, ensure a multi agency plan to facilitate treatment is discussed, agreed and recorded.

4. Ensure child protection meetings provide evidence of how the information that is shared is then analysed in relation to implications for the child.

5. Case records should state full name of those seen, visited or spoken to in order to easily identify those involved with a family and the nature of their involvement.

6. Ensure Addiction Services are involved in child protection planning where addiction issues are contributing to the risk/need of the child.

7. Ensure risk assessment processes are ongoing and that an overview is held in order that reassessment does not begin at the same starting point as the initial assessment.

8. Information sharing processes between Housing and Health to be reviewed – specifically around sharing eviction and ASBO information with health visitors and school nurses.

9. All agencies to review the layout of file documentation to ensure clear format for lead professional, key personnel involved, chronology, family composition, management oversight and the storage of sensitive information that cannot be minuted.

10. Minimum standards required for information gathering and assessment should be developed for situations:

(a) where a new adult is believed to be involved with a family about whom there have been child care concerns; and

(b) where an adult about whom there have been concerns is believed to have contact with a family.

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