Title:	Safeguarding Children and Young People with Disabilities

Report Authorised by:	Marion Wheeler

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Ward(s) affected: All	Report for Key/Non Key Decisions: Non key decisions

1. Background information:

The Disabled Children's Policy and Practice Review Group has been undertaking several lines of enquiry regarding safeguarding disabled children and the findings were presented to Children's Safeguarding Policy and Practice Advisory Committee on the 17th September 2012.

1.1 The focus of the work of the Disabled Children's Policy and Practice Review Group work has been on children and young people who are known to the Disabled Children's Team. It was agreed that the group should look at children who may have special educational needs which are met at School Action or School Action Plus.

1.2 The Local Authority does not hold this information so it was agreed to identify the children and young people who have Health 'Blue folders', i.e. children who are known to Social care but not subject to Child Protection Plans. This group will have an additional need such as Speech and Language therapy and are known to the First Response Service.

1.3 The aim of this work is to look in detail to see whether adequate consideration had been given to these children who have a higher level of vulnerability but have not benefited from an integrated service.
As this represents a large cohort of children it was agreed to audit a dip sample of notes from Speech and Language Therapists.

2 The audit report:

2.1 The findings of the audit have been prepared by Vikki Monk-Meyer, Borough Lead Therapies and Specialist Nursing Haringey Whittington Health.

2.2 The records audit was undertaken by senior staff within Whittington Health Integrated Care Service using the Quality of Practice Audit Tool. This audit is now being done on a 6 monthly basis. This audit has been designed to provide qualitative information at an individual and service level, as well as a service-wide overview for senior staff. It is intended to encourage continuous improvement of outcomes for children and ensure the spread of good practice across the system.

2.3 The audit assesses the quality of the case records of vulnerable children in red (children with child protection plans) and blue (unresolved child protection concerns) folders in the Therapy services and enables analysis of the quality of the assessment and actions of the practitioner to ensure good practice is maintained and improved.

2.4 The case record is a tool for the practitioner and a record of practice for all professionals involved in a child's case. It shows information gathered and evidence obtained to support a professional assessment, analysis and evaluation of the child's needs and review of the intervention plan. Case records are evidence of work undertaken and also a record of the involvement of the child and family in the decision-making process.

2.5 The audit looks at Key Practice Episodes within the period of intervention in the life of the child and family. These are significant or pivotal points in a case that influence the planned and unplanned outcome.
They address the following practice issues:

a. **Initial Contact**
b. **Key Family/Child Needs Assessment episodes and reviews of care**
c. **Interagency involvement in Child Protection**
d. **Key Decision Meetings**
e. **Therapy Assessment and Intervention**
f. **Information Sharing including consulting with senior practitioners in CP**
g. **Consent**
h. **Record Presentation**
i. **Case note recording/Chronology/visits**
j. **Case Transfer and Case Closure**

2.6 **Methodology:**

- 13 children's case records were audited. These records were randomly selected from children in red folders (children with child protection plans) and blue folders (children with unresolved child protection concerns). In this audit all the children were under the Early Years or Mainstream Schools Service.
- The audit was conducted by senior staff from Integrated Care in Whittington Health Haringey. The audit looked at entries in the case records from the last 12 months. At times it was necessary to look further back to establish current practice.
- The results have been collated and are presented in a narrative form and diagrammatically by a colour-coded matrix. The case records are numbered 1-5 and the audit domains are numbered 1-10.

2.7 **Analysis of Findings:**

2.8 60% of the statements within each domain have to be adequate of better for the domain to be passed.

2.9 9 of the 10 domains overall need to be passed for the record to be judged adequate or better. Three of the records were not passed in the audit.

2.10 Historically, in previous records, AHP's document good evidence of liaison with other professionals but do not always clearly identify the risks involved or the impact on the child.

2.11 The records audited were selected due to the child's level or risk e.g. CIN or subject to a plan. Whilst their social risks were high, the children's clinical needs e.g. levels of language delay were often moderate or mild.

2.12 **<u>Individual Episodes:</u>**

Of the 130 individual episodes across the records, 15 were scored as not applicable and therefore are not counted in the audit. Therefore 115 individual episodes were audited.

Key:

Inadequate	
Adequate	
Outstanding	
Not applicable	

Records	Episode 1	2	3	4	5	6	7	8	9	10
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
Total adequate or better	12	12	10	12	12	10	13	13	11	12

When collated by the individual episodes, the results were:

- 17 % rated Outstanding (20 episodes)
- 71 % rated Adequate/good (82 episodes)
- 11 % rated Inadequate (13 episodes)

The following table details the findings on each of the Key Practice domains:

1. Initial Contact	• Registration forms were present in all records and completed in most cases with evidence of information being updated. • CIN status or subject to a plan was noted on most paper files and all RIO files • Data was synchronised on all the records audited
2. Key Family / Child Needs assessment	• This was judged similarly as before • Diagnosis and reasons for conclusions given except in one record where there is no clear analysis for decision making

episodes and review of care	• Parental views are routinely recorded and parental response to advice is outlined e.g. either participative or not
3. Interagency involvement/ CP practice (AHPs)	• In general this was one of the weakest areas • In contrast to the previous audit, which was mainly services for children with complex needs, the professionals meetings for these records audited were attended by the school nurse or health visitor without the therapist. A report was provided in the majority of cases to represent the therapist views • Of the records that were judged in inadequate in this area, the absence of a report or its quality was the main concern. • The reports judged inadequate did not mention the risks to the child or the possible cause or contribution to the child's needs of their language skills. In cases of neglect mild/moderate language delay is very common. • The Social Worker was often not the person the therapists liaised with, although the therapist often spoke to the Health Visitor or School Nurse.
4. Key Decision Meetings	• The judgements made on the records were very similar to the last quarters audit • Therapists in the main provided written reports for meetings • Written reports are often factual but do not give an overview of a child over time e.g. weight loss/gain/presentation • The same three sets of notes do not show evidence that the therapists have looked through other's notes or have adequate handover between therapists that is documented • Directly receiving an invite to the meetings was key to the therapist's involvement.
5. Therapy Assessment & Intervention (AHPs)	• Therapy programmes were well presented and appropriate to the child's needs • Levels of intervention are clear from the records but not always clearly stated • Therapy aims were often written in the notes but there was sometimes not a separate care-plan. • There were not always summaries of the child's needs and diagnosis in the records, although this was often in the reports when written. • This area was one of the strongest areas
6. Information Sharing (AHPs)	• This was quite a variable area as section 3. • Some evidence of good liaison with other professionals sharing information and receiving updated information by phone, email and meetings. • AHP case records show clear and detailed evidence of child focused intervention/review of progress. • Reports do not always show evidence of child's CP status. • The handovers from therapists to therapists are not clearly occurring and are not always documented. • The therapists do not appear to be proactive in information sharing from this section of the audit – there is a response to request for information but little spontaneous sharing, although there are some notable exceptions.

7. Consent (AHPs)	• Evidence of informed consent generally stated on registration form but is also provided on CAF form/referral form. • Generally documented that leaflets or verbal information on service given to parents/carers.
8. Record Presentation (AHPs)	• All records arranged in the appropriate format and in black ink where paper records used. • RIO notes clear and concise and validated • Progress notes generally legible. • Client's names/dob on all pages. • Generally all pages were numbered but this needs to be consistent. • Entries are chronologically arranged, dated and signed. • Timings of appointments not consistently used. • Location, people present and nature of appointment generally recorded but location sometimes assumed when working in schools. • Abbreviations used and standard
9. Case note recording/ Chronology/visits	• Case records generally well presented and chronologically organised for ease of access. • Key events forms are not being used in RIO - which needs checking with HV/SN regarding current practice • Information sometimes presented in more detail in reports rather that progress notes. • Contacts recorded on paper record or on RIO and generally referenced appropriately • Correspondence, eg. Reports, letters uploaded on to RIO. • Information in correspondence was not always linked to progress notes.
10. Transfer/Closure/ Summaries	• This was often judged as not applicable however should have applied to the handover between professionals. This area would therefore require some further work.

3 Summary of recommendations for practice:

3.1 Overall the records were to an appropriate standard for children with high or moderate to severe clinical needs.

3.2 There needs to be further work done to ensure information sharing is pro-active for children at risk.

3.3 The weakest files were for children who were band C (mild/moderate difficulties) and would therefore not usually be a high clinical need, however the child's CIN or subject to a plan would increase the need for information sharing around the reason for the child's delay, or impact of the child's needs on the family/parent interaction. There was limited direct discussion with the social workers evident in the files, the therapists liaising more often with the Health Visitors and School Nurses.

3.4 There needs to be stronger evidence shown of the therapists reading the previous file and that there has been a handover when transferring therapists.

4 Action plan:

4.1 Outline the child's banding on their file

4.2 Ensure reports are written in a timely way, detail the child's CIN or plan status, and outline any risks/impacts of the child's developmental needs.

4.3 Record clearly that handovers have occurred in the file or on RIO

4.4 Ensure therapists are aware that a child on their caseload is CIN or has moved to plan by alerting them to invites and minutes directly.

5 Next Steps:

5.1 This report will be shared across the Senior's in Haringey Integrated Care by email and will be reviewed at the Senior's Meetings.

5.2 Individual results will be discussed with the Operational Managers or Clinical Leads and with the member of staff.

5.3 The audit will continue to be repeated 6 monthly

6 The Disabled Children's Policy and Practice Review Group considered this report on 15th January and agreed to further this work by carrying out a case presentation and audit of a child/young person at School Action Plus attending a mainstream school and known to First Response.

6.1 The Disabled Children's Policy and Practice Review Group has been established as a sub group of the LSCB and will report on this and ongoing work to the Board.