



Early Help Audit Report 2015

Contents

Introduction	2
Scope and coverage of the audit	3
Methodology	4
Key findings of the audit.....	4
What is working well?:	5
Thematic areas for development:.....	6
Case file audits	8
Practitioner Interviews and forums.....	11
Family Interviews	14
Conclusion.....	16
Recommendations.....	17
Acknowledgements.....	18

Introduction

In 2013 the review of Working Together to safeguard children put a significant emphasis on Early Help, this compounded with learning from a Serious Case Review (SCR) and a couple of significant incidents relating to children that were engaged in Team Around the Child (TAC) led to an initial audit of Early Help and TAC arrangements in Lincolnshire. The findings and recommendations from the 2013 audit in summary were to establish a mechanism for effective quality assurance of the TAC process, ensure sufficient resources are available so that practitioners have access to advice and challenge, review recording arrangements, amend all paperwork used for the TAC process, for the Lincolnshire Safeguarding Children Board (LSCB) to actively raise the awareness of the Escalation and Professional Resolution Policy and for TAC training to continue to be delivered regularly by the LSCB and for partners to prioritise attendance of practitioners. As a result of the audit and recommendations a number of developments were introduced in 2014 to address these aspects. The current audit is part of that wider review of Early Help and TAC in Lincolnshire and to establish what difference those changes have made to the TAC process, including the experience of families and practitioners.

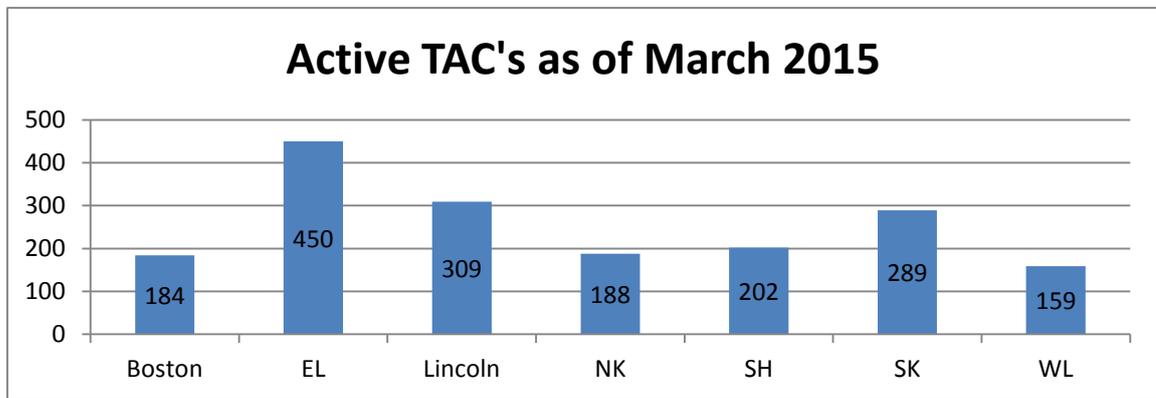
Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation through to teenage years.

The effectiveness of early identification is underpinned by professional responsibility both of the referring and of the receiving agency to ensure that if a family does not meet the thresholds for specific services, that action is taken to prevent the lower level needs escalating, whilst also being alert to identifying children who without support will not reach their full potential.

Lincolnshire's Early Help offer therefore puts the responsibility on all professionals to identify emerging problems and potential unmet needs for individual children and families, irrespective of whether they are providing services to children or adults. The professionals working mainly in universal services are best placed to identify children or their families, who are at risk of poor outcomes.

Currently there are 1781 open and active Team Around the Child cases (TAC's) in Lincolnshire, with Lead Professionals (LP) from a variety of organisations, although the statistics do demonstrate that most LP's are predominantly from education settings, followed by children's services and health practitioners.

As of March 2015 the following graph demonstrates how the open TAC cases are distributed across the County by District.



Scope and coverage of the audit

A multi-agency Early Help task and finish group was established in order to determine the scope of the Early Help (EH) audit. The group was made up of representatives from the District Councils, voluntary sector, children's services EH team, health, LSCB audit and Policy Officer and an LSCB lay member.

The group decided that the overall purpose of the audit was to examine the EH multi-agency assessment and Team around the child process (TAC) and not the universal EH services offered by individual agencies. It was agreed that if individual organisational practices or provision were highlighted through the audit then this would be raised with the individual organisation and general recommendations or best practice would be included in the final audit report. The focus of the audit is on the outcomes for children and families and the voice of the child through the assessment process and TAC arrangements.

In undertaking the audit of Early Help the following areas have been looked at:

- The impact of the Early Help process on the outcomes for children and families, identifying the voice of the child and family through the Early Help assessment and team around the child process. Determining if the child and family understood the reason for the TAC, what they experienced through the process, what changed for them as a result of the intervention and ultimately was the child safeguarded through the intervention.
- The experiences of children and families through the transitional process from Child in Need (CIN) or Child Protection (CP) to TAC and vice versa, and an overall assessment of the families experience of the different levels of intervention.
- An analysis of the referrals that are not followed up by organisations with an EHA once it is established that the case does not meet the threshold for CIN or CP.
- To evaluate the overall effectiveness of the multi-agency EH assessment and TAC process since the changes in April 2014. To particularly examine the quality of assessments being undertaken through the new Early Help Assessment (EHA) form and the adopted signs of safety methodology; the quality of TAC meetings and action plans and the effective usage of the Early Help advisors and consultants since the changes in April 2014.
- To analyse professionals overall awareness and experience of the EHA and TAC process. Particularly examining organisational engagement in the process, identifying the reasons for lack of engagement and likewise the

reasons for high levels of engagement from particular agencies/teams/individuals.

Methodology

Due to the scope of the audit it was necessary to adopt a mixed method approach in order to ensure that the information required was gathered in the most appropriate and effective way. Fifty TAC cases were selected at random by the LCC performance management team using a stratified sampling technique based on geographical district areas, age groups and initiating organisations, aiming for an equal spread across all criteria. The four key methods adopted are as below:

1. Case file assessments of the 50 selected TAC cases using the EH assessment tool.
2. Interviews with 11 families from across the County who have been willing to engage with the audit.
3. Interviews with a selection of front line practitioners, to examine a variety of themes:
 - Reasons for high or low levels of referrals – organisations will be identified through an examination of the referral statistics
 - The impact of training on their practice
 - Experiences of the EH consultants
 - Understanding and awareness of EH and TAC
4. Focus group and forums with a range of professionals including Lead Professionals, concentrating on their experiences since the changes in April 2014 and the impact of training on their practice.

Key findings of the audit

All four aspects of the audit have been very informative however in particular the family interviews have been of most value in terms of gaining a perspective of the impact and outcomes of the process for children and families and finding out what it is really like for children and families engaging in this multi-agency process. Having a multi-agency team of moderators undertaking the case file audits proved beneficial, drawing on a range of expertise from partner agencies, which has ensured a balanced response to the cases.

What is working well?:

Overall the general response is that the EH and TAC process has really improved since the changes were introduced in April 2014. with practitioners feeling empowered to manage cases within TAC due to the support that is now available to them through the TAC team, specifically the Early Help Consultants and Advisors and the continued multi-agency training that is delivered by the LSCB. Families feel listened to and say that the TAC process has helped them make positive changes in their life, the new Early Help Assessment has made the process more transparent and easy to understand for both practitioners and families and through the case file audits and practitioner interviews it is apparent that there is now an effective quality assurance mechanisms in place.

Parents have expressed an overall positive experience of Early Help and TAC, saying that the EH assessment is easy to understand and ensures both them and their child/ren get to express their worries and concerns in a simple yet effective way. A number of parents proposed that the formality of having a multi-agency process holds organisations to account meaning that both them and their children receive the support the need. The majority of parents and children or young people expressed positive outcomes as a result of the interaction and said that it really had helped them address their presenting needs.

Through the practitioner interviews an almost unanimous finding is that the EH assessment is easy to complete, the language used is conducive to working with children and families and the use of signs of safety (SOS) methodology has been a huge improvement. Professionals are expressing that they are keen for the SOS methodology to be developed within the Early Help assessment and include the concept of the danger statement and safety goals, which is a real complement to the multi-agency process and demonstrates the maturity of the partners.

In addition all practitioners that have taken benefit of the resources introduced since April 2014, such as the Early Help consultants and advisors expressed a positive experience, saying that their input was invaluable, particularly the quality audits the consultants undertake and the consultations which the advisors can undertake helping with threshold decisions. A number of practitioners, especially within schools have said that without the support now available they would not be able to manager the TAC cases effectively. For those that have not taken advantage of the resources to date were extremely encouraged by the support available and could see how these resources would give them more confidence to initiate the Early Help process.

It is important to acknowledge the level of complexity that is being managed within the TAC arena. Through the case file audits and family interviews it is clear that practitioners are dealing with highly complex cases effectively within TAC, demonstrating true multi-agency working and safeguarding children and young people from escalating risk. What is encouraging is that a high number of professionals are confident enough to deal with these complex cases within the TAC arena and don't feel the necessity unless needed to escalate to specialist services. From 2013/14 and 2014/15 the number of cases transitioned from social care to TAC has increased by 6.3% and in addition the percentage of referrals to

Social Care that are repeats within 12 months has decreased which could be partly attributed to the effectiveness of TAC and families having access to sustained support after their case is closed to social care. It is vital that despite the complexity of cases being managed effectively within TAC that organisations are also confident that their practitioners know when to escalate a case and how to do that.

Prior to the audit it was assumed due to historic comments that practitioners would express concerns over gaining consent and the use of language of either Early Help and/or TAC. Interestingly the audit found that the majority of practitioners are confident about gaining consent from parents, most have developed their own way of approaching this with families and many expressed that as long as practitioners are explicit that TAC is a support mechanism then most parents want to engage. This was corroborated through the family interviews which demonstrated the importance of communicating accurately and explicitly the purpose of TAC and specifically most parents said that they wished they had known this support was available prior to the TAC being instigated. In addition every practitioner that was interviewed was extremely clear about the difference between Early Help and TAC and didn't feel this was being used interchangeably as the same concept.

Whilst the findings have been overwhelmingly positive, as expected when examining anything closely, areas of development will always be identified.

Thematic areas for development:

Through the practitioner interviews it was identified that a number of practitioners are unsure what involvement they should have in Early Help and TAC and are being given messages in their own organisations that conflict with the ethos of the multi-agency Early Help and TAC agenda. A number of practitioners expressed independently that they have been told that they are not to initiate TAC's or volunteer to be a Lead Professional due to staffing pressures. Some practitioners expressed confusion over what the expectation is of them from their own organisations and feel that they are being regulated in their involvement in TAC's.

The majority interviewed articulated that they were either unsure or knew that their organisation did not have an Early Help policy or include this explicitly within existing policies and stated that it would be helpful to have this in place to clear up some of the dichotomy that currently exists. They would like the policy/statement to include: specific guidance of how they fit into the multi-agency county process, what support they can expect internally, what support is available through the TAC team and how to escalate concerns. It is important that Organisations and practitioners refer to Working Together 2015 and Meeting the Needs document in order to clarify their role in EH and safeguarding and promoting the welfare of children.

Practitioners expressed that the training they have accessed regarding Early Help and TAC was minimal to moderate and they would like more opportunities to attend regular training specifically regarding EH and TAC. Managers acknowledged the quality and benefit of the two day safeguarding training through

the LSCB, however suggested that it is difficult to send all staff to extended training, although could easily justify more staff attending a shorter training session specifically focusing on EH and TAC. Staff would like practical training that specifically looks at the completion of an EH Assessment, gaining consent from parents/carers (sharing best practice), conducting the TAC meetings, producing an outcome focused action plan, the Lead Professional role, referral process etc.

In addition the majority of practitioners stated that they consider and use the EH Assessment as a referral form not as an assessment tool and don't routinely use it as a resource to assess the needs of a child/children and therefore assisting them to identify the support required. This is currently addressed through LSCB training, however further promotion of the EHA as an assessment tool would be beneficial to practitioners. Perhaps this could be strengthened through organisational processes and policies.

There were a variety of individual case file recommendations suggested by moderators, however the reoccurring and cross cutting themes which emerged through the case file audits and of which were corroborated through the interviews with both families and practitioners were:

- case 'drift',
- the transition process from CIN to TAC,
- the nature of the TAC action plans,
- the delay in initial TAC meetings when schools initiate prior to extended holiday periods and;
- the dichotomy of giving a family enough time to sustain the developments introduced and case 'drift'

In terms of the common theme regarding case 'drift', there were a number of cases identified. Specifically professionals were focusing on the same actions for a prolonged period of time with no robust reviews in place and no analysis of the outcomes for the child. Whilst this was a significant finding it is important however to acknowledge that the majority of the cases that included drift were initiated a number of years ago and have since been identified by the EH consultants through the quality assurance process and either closed or re-focused, mitigating drift.

The transition process when followed is working really well, however in a very small number of the transition cases that were looked at the process had not been followed fully. When that was the case it resulted in the Lead Professional having to co-ordinate the initial TAC meeting with limited information. One family said they found the transition process confusing and were unsure what to expect. Due to the findings being limited to a couple of cases, this will be picked up within the section 17 audit that is programmed for later in the year.

In terms of the nature of the TAC action plans a commonly identified point of development from moderators is that the majority of action plans are service plans, listing a number of perfunctory actions that services can deliver rather than actions that are outcome focused and designed for parents and young people to undertake. The latest TAC forms were more conducive to focusing on outcomes; however it is felt that some development in the form and guidance given to practitioners would be of benefit to move this forward. **(Please see the practitioner interview section for more details)**. LSCB training to continue to address this through current courses and in any new courses developed.

The issue of the initial TAC meetings being delayed when they have been initiated by schools just prior to the summer holidays was a reoccurring concern and one that several families expressed within the family interviews. Perhaps in these cases an interim Lead Professional could be identified so that TAC can start within the usual timescales, with the school joining the TAC meetings once they have returned.

Finally the dichotomy between sustainability and ensuring the case does not drift was a common theme. A number of moderators identified that cases were perhaps being closed too soon not giving the family enough time to sustain the changes being undertaken through the TAC. This was specifically identified as an area for development when the parents involved had mental health problems, alcohol or substance misuse or other specialist issues. It was further suggested that it would be useful for all professionals to take more time within TAC meetings to explain the nature of these issues, outlining the impact on the child and giving all practitioners involved in the TAC an opportunity to fully understand the implications of these issues on behaviour and sustainability of changes. It would be useful to reflect this within the TAC handbook, through training and part of the EH Consultants quality assurance process.

Case file audits

In total 25 cases were subject to a comprehensive case file audit (please see appendix one – the case file audit tool) which was used. Each file was audited by a moderator from one of the board partner agencies and the majority of cases were audited by two moderators, 15 moderators engaged in the audit. This not only ensured that a healthy level of challenge was given when auditing each case, but in addition the process became a learning opportunity for those people involved. Originally 50 cases were selected for audit, however it was apparent after auditing approximately 20 cases that there was a diminishing return on results, with key reoccurring themes and therefore no benefit in continuing to audit the remaining cases. In addition it was difficult to audit all cases as the paperwork required was not available and despite efforts from the TAC administrators not forthcoming from the Lead Professionals.

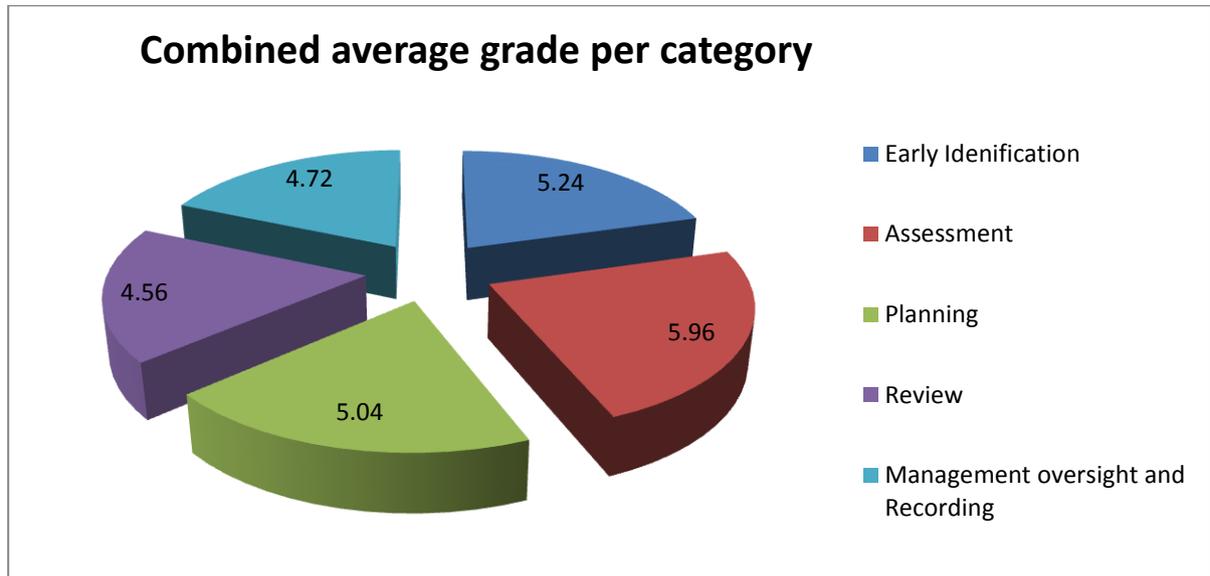
The case file tool used categorised questions in the following 5 areas:

1. Early Identification
2. Assessment
3. Planning
4. Review
5. Management oversight and recording

Moderators were asked to grade each section using the following scoring scale:

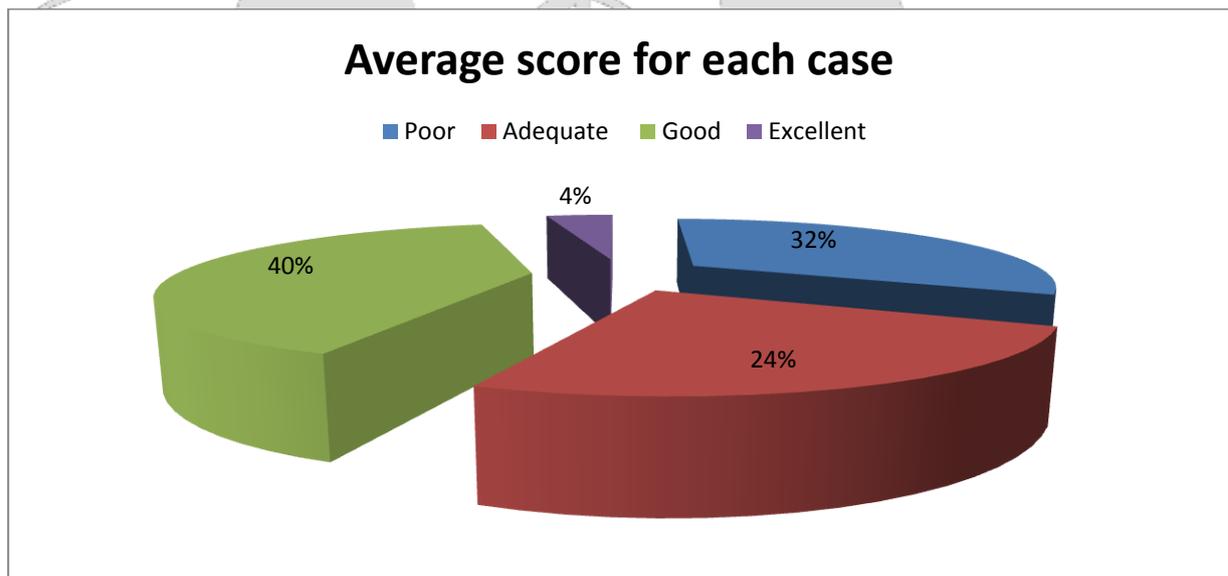
Judgement	Score	Description
Excellent	10	Exceptionally strong with essentially no weaknesses
	9	Extremely strong with negligible weaknesses
Good	8	Very strong with only some minor weaknesses
	7	Strong but with numerous minor weaknesses
	6	Strong but with at least one moderate weakness
Adequate	5	Some strengths but also some moderate weaknesses
	4	Some strengths but with at least one major weakness
Poor	3	A few strengths and a few major weaknesses
	2	Very few strengths and numerous major weaknesses
	1	No strengths and significant weaknesses

The combined scoring for the 25 cases audited, under each category is as below:



It is clear from the chart that the 25 cases audited scored fairly consistently across the 5 audit categories, with the highest results marginally being found within the assessment section of the audit and the lowest average score found in the review section.

Overall this suggests that for each category within the case audits the average grade was adequate. However when examining the overall average grade per case it is clear from the chart below that out of the 25 cases audited 56% were graded poor or adequate and 44% were graded good or excellent.



The highest overall average grade for an individual case was 9 and the lowest was 2 if using the median average. It is important to acknowledge that there was a dichotomy with some of the case file audit results and the family interviews. Some cases that were graded quite low from a paperwork point of view actually had a profound and positive impact on the outcomes for the child and family. This not only suggests that having the right paperwork to audit it is vital, but reinforces the importance of reflecting outcomes and the one to one work being done with children and families. In addition Lead Professionals need to ensure they submit all actions plans and meeting paperwork to the TAC administrators.

The qualities demonstrated by high scoring cases include:

- Clear and concise action plan which include actions for parents and child, with explicit rationale for actions and timescales which indicate the short, medium and long term priorities.
- Thorough review of actions at each meeting, drawing particular attention to what had been achieved and the outcomes for the child.
- Evidence of robust supervision and support for the Lead Professional.
- All paperwork was completed and submitted to the TAC team.
- Signs of Safety scaling completed and monitored for professionals, children and parents opinion.
- Initial TAC meeting held promptly after Early Help assessment submitted – within 2 - 4 weeks.
- Active consideration of risk to the child and addressed through the action plan.

The moderators of the cases categorised 11 out of the 25 cases as featuring the presenting issue of neglect, which was the highest single presenting issue identified throughout the cases. The identification of neglect within TAC is included within the neglect strategy action plan and will feed into this work.

Practitioner Interviews and forums

The practitioner interviews proved to be of very high value in terms of discovering the front line experience of Early Help and being involved in the TAC process. A variety of practitioners were interviewed from a cross section of organisations, including:

- Community Beat Managers from Lincolnshire Police
- Probation Officers from Community Rehabilitation Company
- Housing Officers, ASB Officers, Housing Needs Officers from 2 District Councils
- School Nursing team from Lincolnshire Community Health Trust
- Deputy Head Teachers or safeguarding leads from secondary and primary schools

The practitioner interviews were conducted using a semi structured methodology and each interview captured a variety of qualitative data focusing on the language and understanding of Early Help and TAC, the process of completing an Early Help assessment through to initiating and being involved in a TAC, the paperwork including the EHA and TAC meeting paperwork, support available to practitioners and the overall feelings regarding EH and TAC.

As well as the semi structured interviews a number of informal meetings with practitioners involved or linked to the TAC process were undertaken, including Early Support Care Co-ordination (ESCO), Early Help Consultants, TAC Team Manager and the Children’s Services Customer Services Team Manager. In addition a number of existing forums were attended with various practitioners present. It was identified through discussions with ESCO that there has previously been some confusion distinguishing between the TAC and ESCO referral process and some further clarity may be needed on this.

Figure 1 shows the qualitative responses from practitioners when asked what the key positives regarding EH and TAC. The answers are weighted, so the larger the text denotes that more practitioners expressed this within their answer.

Figure 1 - The key positives to EH and TAC



Figure 2 - what are the key barriers/difficulties in EH/TAC?

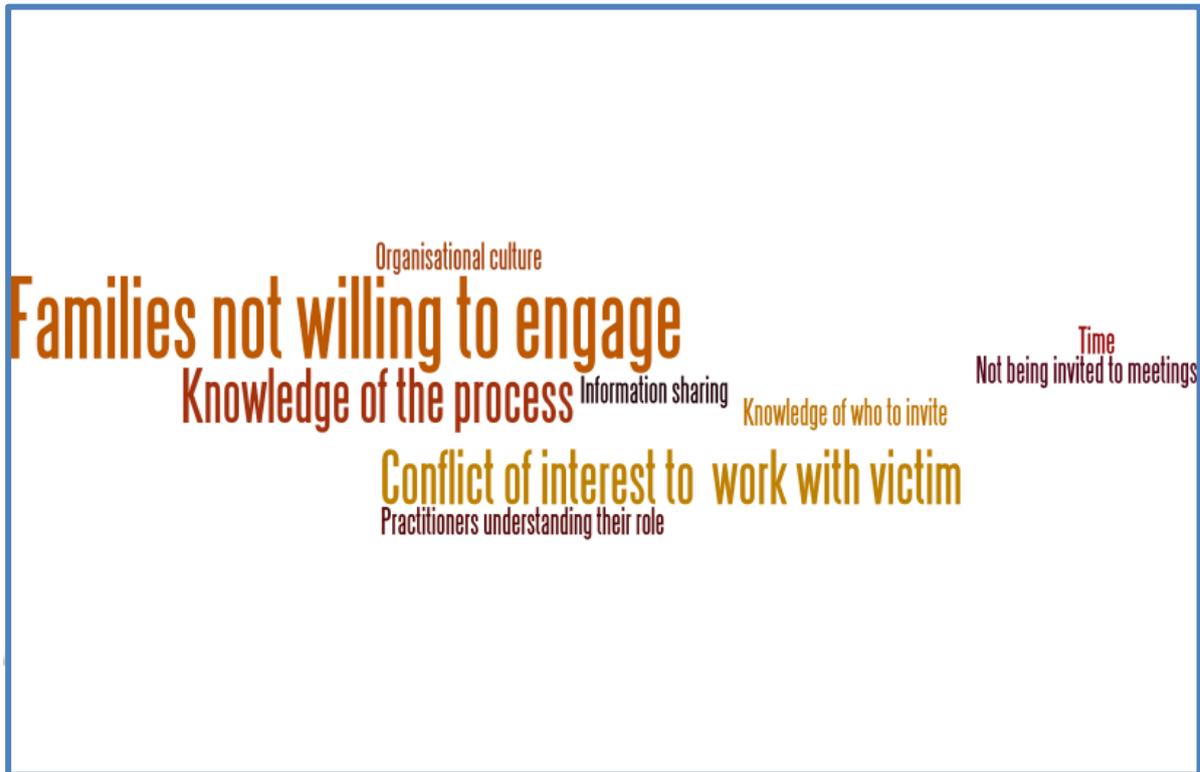


Figure 2 outlines the qualitative data collated from practitioners when asked about the key barriers or difficulties to EH and TAC. The answers are weighted, so the larger the text denotes that more practitioners expressed this within their answer.

Through the practitioner interviews a number of paperwork and TAC meeting improvements were suggested or concluded from the information gathered:

- Would be useful to be able to include children from the same family on one EHA, especially where the basic information is the same. Although it is acknowledged that a separate assessment section would still need to be completed for each child.
- Combine the TAC review and action plan paperwork, people find the agenda section useful to guide them through the meeting.
- Include the full Signs of Safety methodology within the EHA and within the TAC paperwork so there is consistency through the assessment, planning and review stages.
- Make the TAC action plan more family and outcome focused, ensuring there is space to record the voice of the child work being undertaken with the child outside of the TAC meetings.
- Consider changing having the discussion about the LP role in front of the family as in many meetings this is not a positive conversation with a number of professionals refusing to take on the role.
- When new people attend a meeting do a full round of introductions and a synopsis of the case, action plan and progress to date, as many people are saying that they are not being sent any paperwork prior to the meeting.

- All professionals to explain their role at TAC meetings and explain the impact of certain aspects on children, such as parents living with mental health issues, drug and alcohol misuse etc.
- Professionals involved in the TAC to share the responsibility of completing the TAC paperwork and action plan and not to always be the responsibility of the Lead Professional.

As well as the suggestions to improve the paperwork, some practitioners expressed concern or feeling of fear/anxiety when setting up the first TAC meeting and having a lack of knowledge of who to invite. This was reinforced by some of the family interviews where parents felt that sometimes the right people weren't invited to the meeting earlier enough within the process. It was felt that consistent support with this would be beneficial not only to the practitioners but families as well.

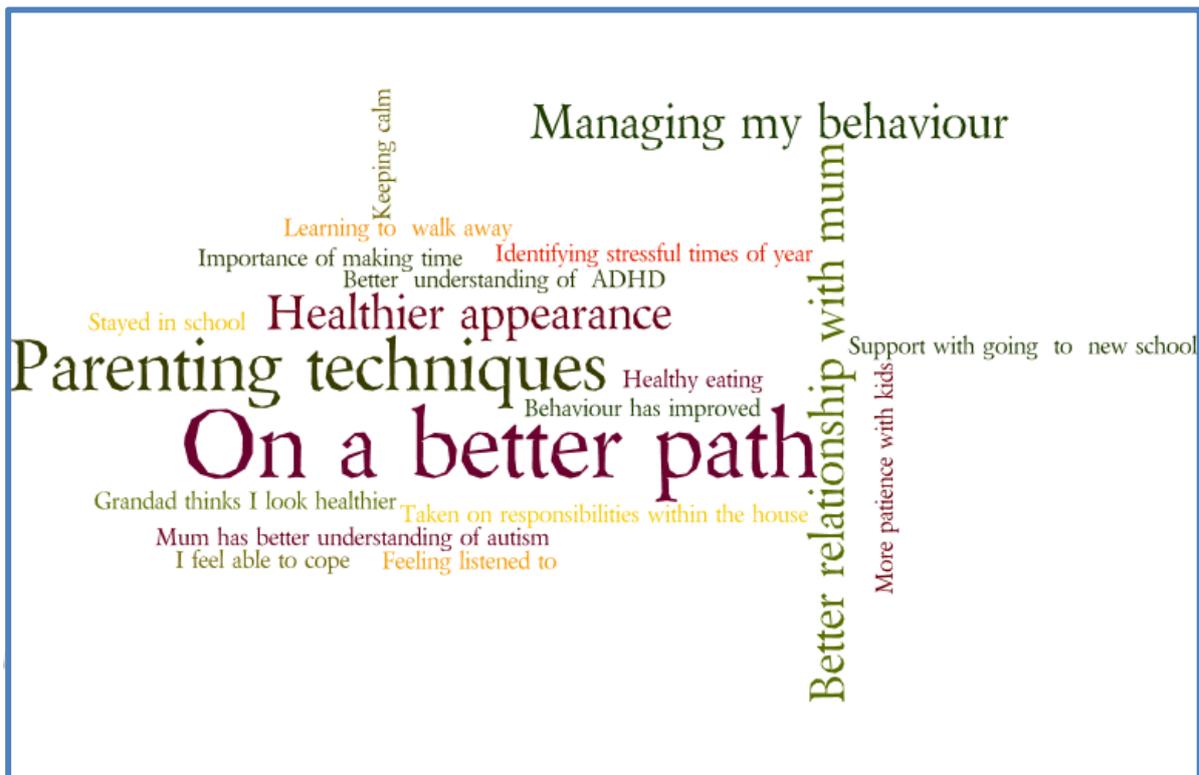
Schools articulated a concern relating to the Lead Professional role and felt that more often than not they felt pressured by other agencies into taking on the Lead Professional role even though they may not always be the most appropriate option. This was often compounded by the fact that the decision of who will be Lead Professional happens in front of the parents and child and therefore was difficult to refuse, especially when others had already declined.

Family Interviews

The family interviews were extremely beneficial and gave a genuine opportunity for the audit to include the voice of the child and family. The interviews elicited the lived experience of TAC from the child and family point of view and revealed a number of outcomes that were not recorded in the TAC paperwork. In total 11 families volunteered to be involved in the process and where appropriate the child or young person was involved as well. The overall experience expressed by families was positive and whilst through the case file audits and paperwork it was difficult to identify outcomes, families were very clear what they gained from the intervention.

Figure 3 outlines what parents, children and young people said when asked what difference TAC had made to their lives. The answers are weighted, so the larger the text denotes that more families expressed this within their answer.

Figure 3 - What difference has TAC made in your life?



Overall parents and children expressed that the TAC process was explained to them effectively and they were clear why the TAC had been initiated. However in one case where this did not occur, the parents did express that this caused them to worry, thus reinforcing the importance of communicating the purpose of TAC to families from the offset. All had been fully involved in completing the EHA or prior versions to that with the practitioner and in most cases the family were asked who they would like to be the Lead Professional. However a few families did say that the Lead Professional selection process, although transparent was not a very positive experience because of the number of practitioners openly saying they did not want to take on the role. It left them feeling rejected and a burden in those of cases.

A number of parents expressed feeling disappointed when the TAC was closed, even though they acknowledged it was the right time and all issues had been either addressed or could be managed by one agency and therefore a TAC was no longer the appropriate intervention.

Although the majority of feedback from families was extremely positive there was one isolated case where the TAC was ineffective and from the family interview it was apparent that the teenager had not developed a positive relationship with the Lead Professional or many other professionals in fact. There was however one professional that the teenager identified and engaged with, however this service was withdrawn from the TAC after a 6 weeks intervention and therefore the teenager disengaged. There is no evidence to suggest that it would have changed anything if that professional had been able to continue their engagement, however this could have been considered at the time.

Conclusion

This has been a comprehensive audit looking at the multi-agency EH and TAC process in its entirety. The findings have generally demonstrated that the TAC process has dramatically improved since the developments were introduced in April 2014, with practitioners feeling empowered to manage cases within TAC due to the support that is now available to them through the TAC team, specifically the Early Help Consultants and Advisors and the continued multi-agency training that is delivered by the LSCB. Families feel listened to and say that the TAC process has helped them make positive changes in their life, the new Early Help Assessment has made the process more transparent and easy to understand for both practitioners and families and through the case file audits and practitioner interviews it is apparent that there is now an effective quality assurance mechanisms in place. In summary what has been found is that the developments has resulted in an effectively co-ordinated and resourced Early Help and TAC offer for Lincolnshire.

As identified in the body of the report there are areas for development which have been identified despite the overall positive outcomes found within the audit. The main finding being that all organisations need to ensure that practitioners are clear what is expected of them in terms of their involvement in Early Help and TAC and review or develop organisational policies to reflect this. Practitioners and managers would like to have access to specific EH and TAC training which could be delivered in a ½ day session meaning it would be more accessible to a wider number of people. In addition through the case file audits the theme of drift versus sustainability and TAC plans needing to be more outcome focused were clear areas for development.

Please note that the scope of the audit specified that an analysis would be undertaken of the referrals that are not followed up by organisations with an EHA once it is established that the case does not meet the threshold for CIN or CP. It was decided that the board had already established a regular analysis and reporting mechanism for monitoring this through the Operational Delivery group and therefore a separate analysis was not required at this stage. In addition the TAC team have identified this as a priority and therefore undertake regular monitoring themselves and have introduced a robust follow up system which includes three attempts to contact the practitioner to resolve this and determine the outcome.

A number of recommendations have been identified and will be monitored by the LSCB Audit and Policy Officer and board members through the Senior Management Group. However through discussion with the TAC team it is apparent that both the Team Manager and Early Help Consultants are aware of what is needed to develop the provision further and are already working towards achieving some of the recommendations within this report.

Recommendations

1. TAC Team to review and develop the TAC paperwork:
 - a. to combine the review document and action plan
 - b. introduce signs of safety methodology
 - c. to make it more conducive to be family and outcome focused
(Examples of best practice demonstrated by LCC Targeted team, school colleagues and Families Working Together)
2. TAC Team to develop the EHA to include the full signs of safety methodology (danger statements and safety goals) – adapting the language to ensure it is appropriate for this intervention.
3. TAC Team to review and update the TAC handbook to include relevant findings within the report.
4. All practitioners to consider the families experience and feelings through the Lead Professional decision making process and this to be reflected in training. In addition TAC team to review existing processes through the quality assurance mechanisms in place.
5. Senior Liaison Officers to ensure all staff have access to the TAC handbook and Meeting the needs document.
6. Board partners to review existing policies or consider developing a new policy which clearly outlines their organisational responsibility for Early Help and TAC, being explicit about the expectation on their staff and how this fits with the multi-agency processes that are in place and their responsibility to be part of the EH process.
7. Specific Early Help/TAC training to be developed for front line practitioners which explores the completion of an EH Assessment as an assessment tool, sharing best practice reference gaining consent from parents/carers, conducting the TAC meetings, producing an outcome focused action plan , the Lead Professional role, referral process etc. To be embedded within the LSCB training programme.
8. LSCB Audit and Policy Officer to include further analysis of the transitions process from Social Care to TAC in the Section 17 audit later in the year.
9. Organisations to work with the TAC team to devise effective communication mechanisms to ensure practitioners are aware of the support available to them within the TAC team. (EH Consultants, advisors and administrators)
10. TAC team to work with schools regarding the initiation of TAC's prior to the Summer holiday period and how to manage this.
11. Amend the Meeting the Needs document to ensure that the pathways reflect how professionals should escalate safeguarding concerns when a TAC is in place.

12. Include a minimum review date (other than at each meeting) within the TAC process in order to consolidate and reassess the needs of the child/children and take stock of the outcomes. This is in response to a number of cases which have been identified through the audit as suffering from 'drift' and no clear record of outcomes.

13. ESCO and TAC team to review referral processes and work closely together to ensure there are no confusions between the two interventions.

Acknowledgements

In undertaking this audit many people have been involved at every stage and the contributions are greatly appreciated. This has been a comprehensive audit with various aspects to manage and could not have been completed without a team of people.

With this in mind acknowledgments are given to the following people for volunteering to be case file moderators and contributing to the overall findings of the audit:

Andrew Morris	Business Manager	LSCB
Andy Payne	Youth Engagement Manager	Lincolnshire Fire & Rescue
David Oldman	Independent Review Officer	LCC
Debbie Johnson	Bishop's Safeguarding Adviser	Diocese of Lincoln
Emma Waters	Domestic Abuse Coordinator	West Lindsey District Council
Fiona Railton	Team Manager - Children's Centre Hub	LCC
Gillian Georgiou	Cathedral and Diocesan RE Adviser	Diocese of Lincoln
Janet Armstrong	Policy Officer	LCC
Jesse Ratcliff	Lay Ministry Officer	Diocese of Lincoln
Mary-Ann Round	Learning and Development Officer	LSCB
Rebecca Homer	Young Persons Services Manager	Young Addaction Lincolnshire
Sally Michelson	Quality Development Officer NPS(NE)Lincolnshire	National Probation Service(NPS) North East- Lincolnshire
Sue Hill	LSCB Administrator	LSCB
Suzanne Starbuck	Parish Support and Project Worker (Children & Young People)	Diocese of Lincoln
Tina Pearce	Independent Review Officer	LCC
Trish Murfin	Lay Member	LSCB

The following people for assisting with the family interviews:

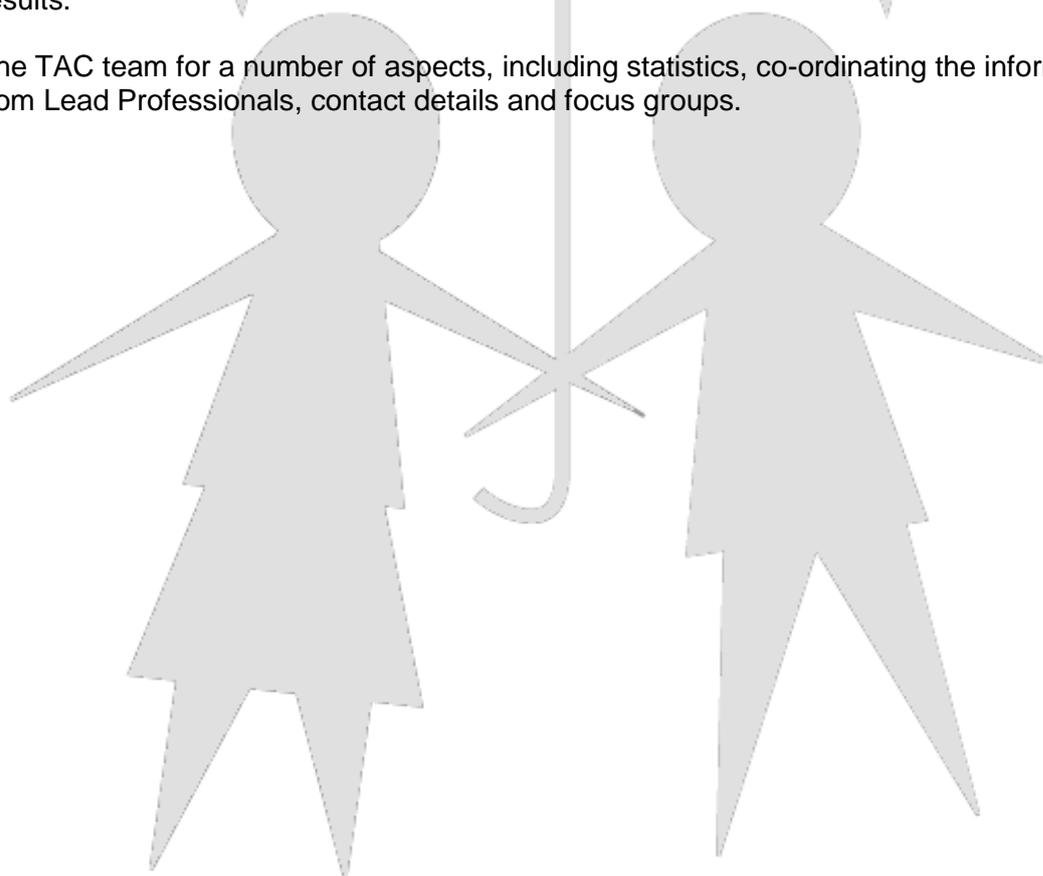
Tarne Bradley	Senior Targeted Youth Worker	LCC
Cherry Sheppard		LCC
Kady Baggott	Trainee Social Worker	LCC
Lynne Jones	Family Support Worker	LCC
Norma Grove		LCC
Peter Goddard	Social Worker	LCC
Fiona Railton	Team Manager – Children’s Centre Hub	LCC

The 11 families from around the County that volunteered to be interviewed and were open and honest about their experience of Early Help and TAC.

The front line practitioners that were interviewed and Safeguarding Lead Officers that volunteered people within their organisations and again were open and honest about their experience of Early Help and TAC.

Jan Awajan, LSCB Administrator for co-ordinating the case file audits including the paperwork collation, moderator timetable and logistics and consolidation of the case file results.

The TAC team for a number of aspects, including statistics, co-ordinating the information from Lead Professionals, contact details and focus groups.



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