

Final Internal Audit Report

Early Help and Parenting

November 2022

Distribution: Interim Corporate Director Children, Families and Education
Director of Education
Director of Children's Social Care
Corporate Director of Resources and S151 Officer

| Assurance Level | Issues Identified | |
|-----------------------|-------------------|---|
| Substantial Assurance | Priority 1 | 0 |
| | Priority 2 | 3 |
| | Priority 3 | 0 |

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 Croydon Council (the Council) provides early years help through both the Early Help Family Solution Service and the Parenting Programme. These teams report are part of the Children, Families and Education directorate and report to the Director of Education and Youth Engagement and the Director of Children’s Social Care.
- 1.2 The Early Help Family Solutions Service provide support to children, young people and their families where they have additional needs that are not being met by universal services, for example, by their school or GP.
- 1.3 The aim of this service is to provide locality based early help to families to prevent difficulties becoming worse. It offers intensive and targeted support to children aged from 0 to 18 years, and their families who are experiencing difficulties, such as:
 - Domestic violence
 - Living with drug and alcohol misuse
 - Mental ill health
 - Low level neglect
 - School exclusion
- 1.4 Parenting programmes are offered by the Croydon Support and Interventions Team to parents and carers of children of all ages from 0 to 18 years. The Team is the main point of contact for carers and professionals working with families who want to access parenting support or need some advice and guidance around local parenting services. Due to the unprecedented effects of COVID-19 these programmes are now being delivered virtually.
- 1.5 The fieldwork for this review was completed remotely in response to COVID-19. We have been able to obtain all relevant documents required to complete the review
- 1.6 This audit was undertaken as part of the agreed Internal Audit Plan for 2021/22. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1.

2. Key Issues

| Priority 2 Issues |
|--|
| The Early Help Practice Standard requires review and, where appropriate, updating. (Issue 1) |
| Performance information on delivery and overdue supervision in the Early Help team contains gaps in the data. (Issue 2) |

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Inadequate controls over case and performance monitoring for the Parenting Programme. **(Issue 3)**

No priority 3 issues were identified.

3. Actions and Key Findings/Rationale

Audit Area 1: Programme Delivery and Governance

| Priority | Action Proposed by Management | Detailed Finding/Rationale - Issue 1 |
|----------|---|---|
| 2 | <p>The draft Early Help Practice Standards has been shared with the Head of Service for Access, Support and Intervention, CSC on 6 October 2022 for the purpose of quality assurance.</p> <p>The draft Early Help Practice Standards has been shared with the Managers within the Early Years, Children’s Centres and Parenting Service on 30 October 2022 for their contribution.</p> <p>The FSS Service Manager has discussed the edited Early Practice Standards with the FSS Team Managers and will share with the wider FSS management team at the managers meeting on 23rd November</p> <p>The FSS Team Managers will disseminate the Early Help Practice Standards on 25 November 2022, and discuss the paper in their next individual Team Meeting.</p> | <p>An effective processes and procedures manual provides a way to communicate and apply consistent standards and practices within the Council's operations. It is important that this is up to date and that the practices and procedures are relevant and consistent with the legislation and the Council's operations framework.</p> <p>The Council had an approved Early Help Practice Standard, which came into effect on 1 May 2019. This provides guidance on the operations of the Early Years Help and the Parenting Programme. Examination of the Practice Standard found that it was overdue for review, being due for review on 1 October 2019 but not yet reviewed at the time of audit (April 2022). The Interim Service Manager explained that the review of the Practice Standard was in progress.</p> <p>Additionally, it was established that the Early Help Practice Standard needed updating to reflect the practices within the Parenting Programme. For example, it was found that, while support and intervention referrals could be made via the Children Requesting System (CRS), as per the Practice Standard, these could also be made via the SPOC contact of service request, which was not detailed in the Practice Standard.</p> <p>Where detailed and up to date procedure and guidance notes are not in place, there is a risk that functions are not carried out in an efficient, economical, and effective manner due to a lack of procedures and training, which may result in complaints from users and damage to the Council's reputation.</p> |

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| Responsible Officer | Deadline | |
|------------------------------------|------------------|--|
| Director of Children's Social Care | 25 November 2022 | |

Audit Area 2: Referrals Process (from various sources)

| Priority | Action Proposed by Management | Detailed Finding/Rationale - Issue 2 |
|----------|---|--|
| 2 | <p>FSS Locality Team Managers have been sent monthly emails of the Dashboard and individual Locality Dashboard since 12th July 2022</p> <p>Service and Team Managers continue to provide a monthly summary of the Practice and Performance of the individual Localities</p> <p><u>Supervision</u></p> <p>Information obtained from the snapshot sighted at the time of the audit highlighted that a low percentage of supervisions had been completed. Since that time, the Service has ensured that supervision is carried out monthly for the majority of cases and that there is more scrutiny from Team Managers to keep abreast of challenges and gaps in this area and other areas mentioned. As well as the weekly Snapshot, the Team Managers now have access to the EH monthly dashboard and an EH Locality dashboard with provides Team</p> | <p>Staff are required to be supervised according to the Council's Early Help and Children's Social Care Supervision Policy. General supervision for staff should be carried out at least once every month and cases should be supervised every two months. Complex cases, cases where significant events occur and cases where permanence has not yet been achieved for a child should be discussed more frequently.</p> <p>It was confirmed that the Early Help team received a snapshot report on a weekly and monthly basis, which provides the intervention journey from case referral to closure.</p> <p>Examination of a sample snapshot report for week commencing 19 April 2022 established that the journey from an episode start date to the episode coordinator start date was not clearly represented on the snapshot with gaps in the intervention journey records, which could be misleading as all stages of intervention were not accurately reported. For example, for the cases examined, the manager had allocated the cases within two days (as per the case notes) from the day the case was referred to the Early Help tray, but this was shown in the report as being allocated in greater than the timeframe. High level data analysis of the snapshot report (dated w/c 19 April 2022) identified that of the 512 cases included in the report:</p> <ul style="list-style-type: none"> • 40 cases of supervision were overdue • 101 face to face intervention support were not completed, • 79 assessments were overdue. |

Managers with a breakdown of their individual locality's KPI's. This enables them to effectively monitor supervision and address any performance issues which may arise from this.

In the Managers Meeting held on 29th June 2022, all Managers were advised to 'finalise' completed case supervisions on EHM to avoid these showing as overdue. In the same meeting, all Managers were informed to complete supervisions prior to taking leave and/or handing over supervision to an alternative Manager. Since that time, supervisions have significantly improved and with the latest Snapshot showing a total of 3 overdue supervisions on 23rd October 2022.

Face to Face

There have been improvements in recording face to face contact since this audit. Following a deep dive into this it was found that Key Workers were in fact undertaking face to face contact with families but recording these in some instances as something else i.e.: home visit or direct work for example. Therefore, the 'face to face' data was not adequately captured and showed

Where the performance of the Council team is not monitored on an appropriate basis, there is a risk that issues will not be identified promptly to take corrective or mitigating action leading to reputation damage.

on the snapshot as an area that needed improvement. Additionally, further exploration highlighted non-engagement amongst a large proportion of families referred to the Service at the time.

Practitioners have been advised in their personal supervisions and within individual Locality Team Meetings to complete the 'face to face' tab on EHM between 4th July 2022 – 25th July 2022. The latest Snapshot (23rd October 2022) shows a total of 28 face to face contacts overdue

Assessments

As with the supervisions, the completion of assessments has significantly improved. It is worth noting that there has been a revision of this KPI since June 2022. Completion dates for assessments were 20 days from the point of a case being allocated to a Key Worker. Assessments are now completed within 30 days from the episode start date. There were various reasons for the gaps in this KPI at the time of the audit, which include:

- One Locality had an extensive waiting list and episodes were open for

each case on EHM, triggering the start of the assessment process. The Service has ensured that there is no longer a waiting list since the time of the audit and are allocating cases more swiftly

- Non-engagement from families at the start of the intervention with frequent cancellations of scheduled appointments

- Some assessments were sent for quality assurance too close to the assessment completion date. Managers needed more time to QA these assessments and sometimes needed to send these back to Key Worker for amendment; thus, causing delays in completing the assessment. There is still a small percentage of cases which are not sent for QA on time and new starters are being supported to complete assessments in a timely manner.

There is no longer a waiting list in the Service and the latest Snapshot dated 23rd October 2022 shows a total of 1 assessment overdue across the Service. The October dashboard is

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| | currently showing a RAG rating of Green for this KPI. | |
|------------------------------------|---|--|
| Responsible Officer | Deadline | |
| Director of Children's Social Care | N/a - Implemented | |

Audit Area 3: Case Management and Monitoring Process

| Priority | Action Proposed by Management | Detailed Finding/Rationale - Issue 3 |
|----------|--|--|
| 2 | <p>The need for a snapshot report for parenting, one to one interventions and group programmes has been raised with the data analysis lead and with the systems management lead. A meeting is planned 3 November 2022 to progress the development of a data snapshot for parenting interventions.</p> <p>A timeframe for system configuration is required</p> <p>Provision for date cases are allocated has been added, this is an interim measure as the system changes will enable this recording</p> <p>A column has been added to the manual spreadsheet to identify when case supervision is required. The managers also diarise the timescales for case supervision and oversight</p> <p>In all cases that have not been allocated to a case worker within 3 days, there has been additional context to be gathered, in the form of consultation with the referrer, discussion with the parent or carer regarding the intervention that is</p> | <p>In order to help monitor performance and the effectiveness of the Service in achieving its objectives, appropriate performance indicators should be in place, which are regularly monitored and, where appropriate, actions taken to improve the performance of these.</p> <p>The Early Help team uses extracted performance data (snapshot report) from the case management system to monitor key performance indicators (KPIs) and plan weekly interventions. The Data Analytics team is responsible for producing these snapshot reports, which are sent to the Early Help Support team every Monday.</p> <p>The Parenting Programme team; however, did not receive a snapshot report or any formal system generated performance data. Instead, the Service Team Manager created an Excel spreadsheet (Support Intervention One to One Spreadsheet) to manage and monitor referrals. Examination of this spreadsheet identified that it did not have provision to record and measure the date cases were allocated to a caseworker. In addition, it did not record and prompt management when supervisions were due, (the Team Manager having to manually review individual case notes on the Early Help Module to get this supervision information).</p> <p>According to the Early Help Standard Practice, referrals to the Early Help locality tray for the Parenting Programme are required to be allocated to a caseworker within three days. A review of 15 sample referrals identified that seven of these were allocated after more than the required three days. In addition, inspection of the Education Directorate performance information revealed that there were no reporting requirements on the performance of the</p> |

required. Therefore this element of the practice standard is under review, adjustment to the practice standard is required to reflect the quality of engagement within 3 days and caseworker allocation. The practice standard will be revised by 14 November 2022 and reviewed by 14 December 2022 to ensure the quality of engagement remains. Advice regarding systems configuration is being sought from the systems team 3 November 2022.

Progressed with Director of Education and Senior Leadership team to align QA and Performance Management to the directorate standard 1 November 2022.

Parenting Programme. As a result, KPI reports are not produced for the Parenting Programme, and reports are not sent to the Senior Management.

Where KPIs are not properly monitored, there is a risk that performance of the service does not improve and, in worst case scenarios deteriorates.

| Responsible Officer | Deadline |
|--|------------------|
| Director of Children's Social Services | 14 December 2022 |

AUDIT TERMS OF REFERENCE

Early Years and Parenting April 2022

1. INTRODUCTION

- 1.1 Croydon Best Start is a universal service that can give access to early intervention support from pregnancy until the child turns 5. The Service ensures that babies and children have the best start in life by giving them access to the right services and information. The Service is made up of different organisations that work with families, health visitors, GPs, midwives, community parents support and early learning practitioners and children's centres.
- 1.2 Additional early help support is the support Croydon Council give to children, young people and their families where they have additional needs that are not being met by universal services, for example, by their school or GP. The support is given through the Early Help Family Solutions Service.
- 1.3 The aim of the Service is to provide locality based early help to families to prevent difficulties becoming worse. It offers intensive and targeted support to children aged from 0 to 18 years, and their families who are experiencing difficulties, such as:
- Domestic violence
 - Living with drug and alcohol misuse
 - Mental ill health
 - Low level neglect
 - School exclusion
- 1.4 Parenting programmes are offered by the Croydon Support and Interventions Team to parents and carers of children of all ages from 0 to 18 years. The Team is the main point of contact for carers and professionals working with families who want to access parenting support or need some advice and guidance around local parenting services. Due to the unprecedented effects of COVID-19 these programmes are now being delivered virtually.
- 1.5 This audit was undertaken as part of the agreed Internal Audit Plan for 2021/22.

2. OBJECTIVES AND METHOD

- 2.1 The overall audit objective was to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.2 The audit will for each controls / process being considered:
- Walkthrough the processes to consider the key controls;
 - Conduct sample testing of the identified key controls; and

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- Report on these accordingly.

3. SCOPE





3.1 This audit included the following areas (and issues raised):

| Control Areas/Risks | Issues Raised | | |
|--|----------------------|------------------------|---------------------|
| | Priority 1 (High) | Priority 2 (Medium) | Priority 3 (Low) |
| Programme Delivery and Governance | 0 | 1 | 0 |
| Referrals Process (from various sources) | 0 | 1 | 0 |
| Case Management and Monitoring Process | 0 | 1 | 0 |

Definitions for Audit Opinions and Identified Issues

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

| | | |
|---|-----------------------|--|
|  | Full Assurance | There is a sound system of control designed to achieve the system objectives and the controls are constantly applied. |
|  | Substantial Assurance | While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk. |
|  | Limited Assurance | There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk. |
|  | No Assurance | Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage. |

Priorities assigned to identified issues are based on the following criteria:

| | |
|--------------------------------|---|
| Priority 1 (High) | Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk. |
| Priority 2 (Medium) | Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period. |
| Priority 3 (Low) | Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area. |

Statement of Responsibility

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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