Management Review of Adult Social Care (ASC) Involvement with 'Brian'

1. Purpose

The purpose of this review is to:

Complete the work already started in understanding the role of ASC and to provide an analysis of ASC involvement in the case of Brian, particularly the Transition Service. To include any additional findings including potential HR concerns. The scope of the review will include consideration of:

- Historical records and what was previously known about Brian and his family.
- Information sharing- information received, an examination of policy procedure and guidance.
- Quality of practice, as above and in line with national legislation.
- Previous reports produced (by the Service and Head of Service for Adult Social Care Quality & Improvement- QA Report), system, and practice recommendations.
- Indicators of risk, risk management and systems of risk recording

2. The Transition Service

2.1. Service Description

2.1.1. The Transition Service consists of two teams, each managed by a dedicated team manager and direct oversight rests with a service manager who directly line manages the team managers.

2.1.2. Staff involved with Brian

- The allocated social worker qualified as a social worker in 2020 and joined Lancashire County Council (LCC) during their Assessed and Supported Year in Employment (ASYE) period in April 2021.
- The team manager was appointed to their post in October 2023. The manager has been a registered social worker since May 2022.
- The Service Manager for was responsible for the Learning Disability and Autism Service since 2018 and became responsible for Transition in 2021.

2.2. The Transition Service Offer

2.2.1. The Transition Service works with young people who require support with transition planning and who are likely to have eligible Care Act needs when they turn 18 years of age. They are also likely to have an existing Education, Health and Care Plan (EHCP). When the Service becomes aware of a young person meeting the eligibility criteria, they will begin planning with them from Year 9

2.2.2. As the service is a planning service working towards a fixed date (the young person's 18th birthday), the allocation prioritisation is largely about how much time is likely to be needed to do the necessary work, e.g. a child in the care of the Local Authority care needing specialist 24-hour support at 18 needs earlier allocation than someone requiring a small direct payment.

2.2.3. The way in which a young person accesses the Transition Service is via a referral and this includes young people known to Childrens Social Care. Referrals are received from a variety of professional pathways and from the public, via referral form.

2.3. Policies and Procedures

2.3.1. 'Lancashire Managers Handbook for Adult Social Care' states; "The team manager will allocate work based on a risk prioritisation… Red – High, Amber - Medium, *Green - Low priority system for the allocation of cases received into Adult Social Care.* ". Allocation timeframes being Red/High 1-5 Days. Amber/Medium 6-14 Days, Green/Low 15- 20 days after referral. In practice, there is an assessment meeting (a' Transition Discussion Forum') within the service at which new referrals/reallocations are discussed and allocated.

2.3.2. There is an established Social Care Transition Policy produced in June 2023. The policy states that the transition assessment will specifically focus on:

- current needs for care and support and how these impact on wellbeing.
- whether the young person or carer is likely to have needs for care and support after the young person reaches 18 years.
- if so, what those needs are likely to be, and which are likely to be eligible needs.

- the outcomes the young person or carer wishes to achieve, and how they might be supported to achieve them.

"Based on what disabled young people say is important to them. Ultimately, young people want to have full lives with choices about their future and control of their support." Lancashire County Council (LCC) Transition Policy:

2.3.3. LCC Transition Service support the following four approaches to ensure young people with special educational needs and disabilities have improved life chances (LCC Transition Policy):

- Personalised approach to all aspects of support using person centred practices, personal budgets and building communities.

- A shared Lancashire vision of improving life chances with young people, families and all key partners.

- Improved post-18 and support options developed that lead to employment, independent living, good health, friends, relationships, and community inclusion; and

- Raised aspirations for a fulfilling adult life, by sharing clear information about what has already worked for others.

2.3.4. The transition assessment will be completed at the point in time when there is significant benefit in doing so, based on the specific circumstances of the young person. This will usually be after the young person's 17th birthday but must allow sufficient time for any necessary services to be identified and arranged. In the case of young people likely to need Supported Living or complex packages of support, the Transition Service will seek to identify these needs prior to age 17 to support the effective commissioning of service (LCC Transition Policy)

2.3.5. Lancashire Practice Guidance for ASC, states; "We want our assessments to be timely… We should let people and carers know what our timescales might be and keep them informed throughout."

2.3.6. It is expected that the social worker will gather and share information with council colleagues to support planning and commissioning of support services and the development of specialist housing. The Transition social worker should also work with paediatric and adult health services to ensure a joined-up approach to meeting needs, where applicable. This will always be done with consent or in accordance with Best Interest principles where young people lack capacity to consent. "…where

relevant, will also include effective planning for young people moving from Children's Services to Adult Social Care and Health services. The views, wishes and feelings of the young person will be a key part of the process and will inform planning and decision making in relation to the young person's future needs" (LCC Transition Policy).

2.3.7. The Transition Team are not operationally responsible for care and support arrangements or for case management before a young person's 18th birthday, during this period their responsibility is to provide information to support planning and contribute Social Care Advice to Education Health and Care Plan reviews.

2.3.8. Transition social workers complete a Care Act assessment (Section 58 and Section 59 of the Care Act 2014). Mental Capacity Assessments and referrals for Carers Assessments must also be completed where applicable. (LCC Transition Policy).

2.3.9. Transition social workers are also expected to follow the LCC ASC Practice Principles:

- Principle 1: We will ensure a person's voice is heard and work with them to achieve their outcomes
- Principle 2: We will always promote independence, building on people's strengths to promote recover and enablement
- Principle 3: We will ensure people are safe and supported to manage risks
- Principle 4: We will adhere to the legal framework for Adult Social Care clearly evidencing reasons for the decisions we make

2.3.10. Section 6 of the Managers handbook "Management Oversight of Recording" states:

"Good record keeping is key to overall Quality and Practice:

- Managers have an overall responsibility for ensuring that all records are maintained appropriately.
- As our case recording system, managers have a responsibility to ensure records on LAS provide a clear account of work undertaken including discussions held which support and lead to decision making.
- Managers will record their 'oversight' of the case via recording on a case note under the case note heading 'Management Oversight' which provides an evidence base for our interventions."

2.3.11. The Transition social worker will remain a point of contact once allocated, but their direct involvement will be episodic, usually becoming most active as the young person approaches 18.

2.3.12. LCC Adult Social Care Practice Principles sets out four key principles of practice. Principle three states that "We will ensure people are safe and supported to manage risks".

2.3.13. The 'Adult Social Care Practice Handbook' states:

" A risk assessment is an integral part of the person's overall assessment and care and support planning. Risk assessment and safety planning does not take place in isolation but as part of the overall approach to maintaining the person's safety. The risk management plan developed as an outcome of the risk assessment process should be aligned closely to the person's wellbeing outcomes".

2.4. **National Guidance**

2.4.1. Within 'Working Together 2023', there are expectations about how Adult Social Care, Children's Social Care and other agencies should work in partnership.

2.4.2. Care Act 2014 Statutory Guidance highlights the importance of multi-agency working within the assessment stage:

"(16.4) Professionals from different agencies, families, friends and the wider community should work together in a coordinated manner around each young person or carer to help raise their aspirations and achieve the outcomes that matter to them. The purpose of carrying out transition assessments is to provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood".

2.4.3. Care Act 2014 Statutory guidance sets out the following, which highlights the importance of engaging young people in the assessment and planning stages:

"(16.3) The wellbeing of each young person or carer must be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person (see chapter 1 on the wellbeing principle). Historically, there has sometimes been a lack of effective planning for people using children's services who are approaching adulthood. Looked-after children, young people with disabilities, and carers are often among the groups of people with the lowest life chances. Early conversations provide an opportunity for young people and their families to

reflect on their strengths, needs and desired outcomes, and to plan ahead for how they will achieve their goals".

3. Involvement with Brian's family

3.1. Brian's Brother D

3.1.1. Brian's family were known to the Transition service previously as a result of his older brother D DPA DPA. The Transition team's experience of D's father was that he was a committed advocate for D and actively sought support from the team when this was needed. The allocated social worker for D was not made aware of any risk issues or concerns when visiting the family.

3.1.2. Support was provided via a direct payment; to support him, and D's case was transferred to DPA team in April 2024.

3.1.3. Brian and his brother are not linked in the Adult Social Care LAS recording system. There are no alerts on the Adult Social Care recording system that have been raised other professionals

3.2. Brian

3.2.1. Chronology

- 8th February 2022 at age 15, Brian was referred to the Transition Service by a LCC Family Support worker, to request a Transition assessment. A referral form was completed. There was no information relating to risk included within the transition referral document, though it is noted that there was no specific place for entering risk on the referral form at that time.

- 21st February 2022 Case allocated to social worker 1 as a low priority in line with the managers allocation process.

- 22 May 2022 Social worker 1 became absent from work DPA. There are no records of any activity undertaken by social worker 1.

- 8th August 2022 case discussed at an allocation meeting ('Transition Discussion Forum').

- 10th August 2022 case allocated to social worker 2 ('The social worker').

- 14th August 2023 The social worker made a telephone call to the family and left a voicemail asking them to make contact to arrange a time for a visit in September.

- 14th August 2023 The social worker followed up with an email, introducing themselves, offering the assessment before Brian turned 18 and stating they were " …. happy to do this assessment over a few sessions to incorporate your views as his parents, along with… (*Brian's)* views". They then waited to hear back.

- 7th November 2023. The social worker received a phone call from Brian's father enquiring about the date of the assessment. At that point a home visit date was arranged for 9th November.

- 7th November 2023. The social worker emailed the allocated LCC SEND inclusion worker for background education information prior to visit. *NB there is nothing recorded to indicate whether this was responded to or not.*

- 9th November 2023. The social worker completed the initial home visit to commence the assessment.

- 21 November 2023 Supervision discussion between the social worker and the team manager. Instruction given to finalise the assessment.

- 15 December 2023 The social worker had supervision, but Brian was not discussed.

- 10 January 2024 The social worker had supervision, but Brian was not discussed.

- 7 February 2024 Supervision discussion between the social worker and the team manager. Very Basic information. Noted that social worker had visited. Instruction given to finalise the assessment.

- 5 March 2024. Supervision discussion between the social worker and the team manager Identical information recorded. Very Basic information. Noted that social worker had visited. Instruction given to finalise the assessment.

- 19 April 2024 Supervision discussion between the social worker and the team manager Identical information recorded. Very Basic information. Noted that social worker had visited. Instruction given to finalise the assessment.

- 03 June 2024. The social worker was absent DPA

- 12 June 2024. 2024 Supervision discussion between the social worker and the team manager Identical information recorded. Very Basic information. Noted that social worker had visited. Instruction given to finalise the assessment.

- 30 July 2024 Case note added to LAS noting that that Children and Young Peoples Services had ceased their involvement with Brian. At the time of the assessment visit. Brian's father advised that he was "off roll" from school, but that he had a meeting upcoming about this and would inform the social worker of the outcome. Brians parents agreed to contact Childrens services if they needed support before he was 18 and that the social worker would return when the assessment was complete.

4. Facts Established

4.1. The social worker has stated that they did not access the Lancashire Childrens service case recording system prior to visiting Brian. At the time, there was no specific operational guidance in place that stated that workers must do so.

4.2. It is recorded that Brian went to his room because he was too anxious to see the social worker at the assessment visit. This is not likely to have changed at future visits, without alternative approaches being considered. The social worker disclosed that Brian's parents offered to bring him from his bedroom, but the social worker declined. In not meeting Brian, the social worker also didn't have the opportunity to assess for any potential risk

4.3. The social worker said they had intended to revisit confirmed this is what they had told the parents, but other priorities got in the way. The social worker advises that they established that there were no social care services in place at the point of assessment and therefore there would be no loss or gap in services if support was not arranged by Brian's 18th birthday. They state that this was a consideration in repeatedly prioritising other work, rather than completion of the assessment.

4.4. Data in relation to the completion date of assessments is recorded and reported to a Senior manager via the service manager. In this case, because the assessment had not been completed it did not feature in the report. The delay in completing the assessment within LAS was therefore not visible to Senior Managers.

4.5. The Caseload Management document for Adult Social Care Learning Disability and Autism Service (in which the Transition Service sits) states that the principles for caseload management is between 16 and 18 active cases for a full time, non ASYE, social worker, dependent on complexity. (QA Report)

4.6. Following the incident, caseload numbers were scrutinised, and the social worker had 85 young people allocated to them: ranging from those in Year 9 to those in Year 15. This level of cases was comparable to other staff within the team.

4.7. Both managers within the service report that to manage the demand, they are holding a large number of cases themselves prior to allocation. Some cases deemed low priority get pushed even lower down the list as they respond to increased pressure from vocal families and senior managers mangers, "risk" and "those with services already in place".

4.8. At the time of Brian's referral into the service, there were severe staff shortages. Some members of the team experienced higher than average caseloads and at the same time there were expressed challenges with time management and the ability to move individual cases on.

4.9. Acknowledging the pressures and staffing shortages in the service, the service manager described the social worker as one of the first to step in to cover duty "fill the duty gap" or support other members of the team when required.

4.10. The social worker had periods of absence DPA DPA which likely contributed to some delay. That delay would not have been significant, given the number of months delay in completing the assessment and as indicated in supervision.

4.11. The service manager has the expectation that assessments should be written up within 4 weeks and acknowledges that this doesn't happen across the service.

4.12. Whilst acknowledging that the late recording of the assessment was unacceptable, the service manager believes that the then director had asked that the social worker "tidy up" the notes they had as a word document after the event, given that the electronic recording system was already locked down at that stage. This view is shared by the team manager. It is the view of the service manager that the lack of timeliness was mitigated to some extent by other priorities and pressure.

4.13. The social worker was asked why the assessment home visit hadn't been recorded or completed after the event. They acknowledged the low priority they had given Brian and was clear that the write up had been at the instruction of senior management that the notes should be recorded as an assessment, which is why they were recorded on a word assessment template

4.14. Accepting challenges of time management within the service, given Brian's low priority, pressures on time and the need to provide cover, the service manager also believes that had the case been allocated to other within the team, the same lateness may have occurred,

4.15. The team manager remains concerned about the timeliness of assessments and record keeping. As a relatively new manager, they have expressed having

a lack of confidence about how many reminders to issue prior to 'performance conversations', combined with the concerns about the difficulties in recruitment

4.16. The social worker received a What's App message from Brian's father sometime in February 2024 asking them to sign a petition for carers allowance. but did not respond to this. (QA Report)

4.17. The Childrens Social Care recording system does evidence co-operation and sharing of information between CAMHS, Education, and Childrens Social Care. (QA Report).

5. Findings

5.1. Good Practice

5.1.1. Brian was 15 years old at the point of referral by children services to Transitions Services, and when he was first allocation a Transition social worker, in line with the Transition Policy.

5.1.2. The social worker initially recognised the importance of engaging Brian in the assessment.

5.1.3. There was prompt allocation of the case; within 14 days of referral and within allocation guidelines.

5.1.4. The timescale of 9 months to commence an assessment before Brian's 18th birthday is reasonable and as with most Transition cases complies with the Care Act Statutory Guidance pertaining to "Significant benefit"

5.2. Management oversight

5.2.1. Written records are poor, with the visit case note written over eight months after the event. The notes made of the visit were very brief.

5.2.2. The expectation to write up an assessment based on a single visit where the young person wasn't seen, and few notes were taken based on a conversation taken with parents, indicates poor management oversight

5.2.3. There had been no direction to re-book a home visit or engage with Brian to undertake a Care Act compliant assessment. Management supervision practice appears to have been weak.

5.2.4. The social worker's lack of follow up planning, recording and not following management instruction should have been addressed formally by the manager in supervision

5.2.5. The service manager stated that workers in the service cover duty and each other to the detriment of their own work. It is of concern that this has been known but no systems had been put in place to mitigate

5.2.6. There needs to be a refocus on primarily listening to young people rather than solely to their parents. This appears to have been lacking in the guidance given by the team manager.

5.2.7. Repeated discussion of the need to get Brian's assessment entered onto LAS by the team manager was not effective and that in the future they need to progress such a situation either by capability or disciplinary procedures, depending on the reason for non-completion of the task.

5.2.8. There needs to be more focus on, and improvement in, "moving people on" from the service.

5.2.9. There are no recorded details on Brian's record in relation to management oversight and/or discussion recorded in LAS.

5.2.10. There are discrepancies between LAS and the information provided under "The LCC ASC Transitions Information" within the Senior Management Escalation form. Notably, the following details are not evident within LAS (QA report)

5.3. Social work Practice

5.3.1. Case notes should be contemporaneous, and assessment entered onto LAS within 3 working days as per practice guidance. The assessment process was initiated at the home visit but remained incomplete. There appears to be little understanding of the importance of contemporaneous recording.

5.3.2. Work with Brian appears to be transactional rather than person centred and has not been challenged by the team manager, suggesting this is also the practice for other workers within the team. When the social worker was asked how they might have assessed had they been able to see Brian, they were clear they would ask him "…what he wants and what outcome as I always do…". The approach still appears to be transactional, in that it appears to be a standardised approach

5.3.3. There appears to be a lack of application of the Care Act 2014 within Brian's ASC record. There is no involvement of Brian in discussions around assessment or planning. There is no completed Care Act assessment.

5.3.4. There is no evidence of consideration of the use of Advocacy Services for Brian, or exploration of how to engage Brian in assessment and planning.

5.3.5. There is no recorded consideration of the Mental Capacity Act 2005 to determine Brian's ability to make decisions around assessment. Or discussion that a mental capacity assessment may be required around planning once all reasonable steps to engage Brian had been exhausted.

5.3.6. There is minimal recorded evidence of the social worker engaging other professionals known to, or working with, Brian to form a holistic picture of Brian's life including the referrer.

5.3.7. The social worker would have been expected to liaise with other professionals involved with Brian, including CAMHS, Childrens Social Care, and Education Services, to start to put together a holistic assessment and to jointly recognise and assess any presenting risks

5.3.8. There is no evidence of an offer of a potential carers assessment for the Brian's parents within the record or anything significant in the initial notes about the level of support they provided to him. This was later expanded upon in the expanded notes recording on the word template

5.3.9. The social worker should have accessed to the Children's Social Care recording system, where there are several concerns noted in relation to significant risk to others.

5.3.10. The only draft assessment is in a word document and is only based on a single conversation with Brian's parents, which is poor practice. The ASC record is limited in providing evidence that statutory duties under the Care Act 2014 have been fulfilled

5.3.11. There was a missed opportunity for greater curiosity in relation to the fact that Brian's family had taken the trouble to chase the Transition social worker for the assessment date, which was indicative of the likelihood of an unmet need. Completion of an assessment without the direct involvement of the young person directly contravenes all guidance.

5.3.12. No risk assessment has been completed.

6. Improvement Actions

6.1. An additional space has been added to the referral form dedicated to Risk Assessment. It is noted that this asks if there are there any risks in relation to the young person and what they are. This is in line with the Practice Handbook

and at the same time should be clear about the type of risk, dates, the need for dynamic risk assessment and the potential risk the young person poses to others (including staff).

6.2. A caseload review of the social worker's cases was completed by the other team manager I the service and actions set to ensure compliance. Of the 24 cases held by the social worker at the time of the review:

4 were classified as Purple (Already 18 and immediate action required to arrange support/complete assessment)
5 were classified as Red (urgent work required to meet deadlines)
4 were classified as Amber (work required to meet deadlines up to November 24)
11 were classified as Green (work required, but not immediately)

Remedial action was taken to address the outstanding work.

6.3. The caseload of the entire Transition Team was audited in relation to young people reaching the age of 18 in 2023 and 2024. 5 cases were identified where the assessment was delayed for reasons other than service user choice. A risk review identified that none of these cases appeared to carry significant risk, and the workers have been instructed to prioritise completion of the assessments where they remain outstanding.

6.4. There has been Improved access between Childrens and Adult Social Care electronic records for young people going into the Transition process. There was immediate instruction to all transitions staff that they must access Lancashire Childrens services electronic record in preparing to undertake work with an individual or family. The electronic process to enable this has been simplified.

6.5. The social workers practice was considered within the capability framework and they have undertaken additional refresher training:

Autism Level 1
Autism Level 2
Care Act Compliant Assessment
Mental Capacity Assessment 7.11
Strength Based Assessment
Time Management e-learning module

6.6. The team manager has completed the following courses:

Performance Management for Managers
Conflict is Normal
Performance Management
Managing Dispersed Teams

6.7. Supervision audit by senior management, with particular focus on young people engagement the assessment process. Further spot checks and regular audits required to ensure full adherence to policy, as outlined in the Lancashire RR Action Plan.

6.8. In response to poor record keeping, teams across Adult Social Care have been reminded via a series of briefings of the importance of good record keeping and links to what the expectations are. Good recording practice guidance has been provided. Recording has been discussed and reviewed in supervision.

1. Recommendations

Recommendation 1 LCC to consider if the deficits in the practice of the social worker and the team manager are sufficient to merit a referral to Social Work England for a view on 'fitness to practice'

Recommendation 2 Ensure that the Transition Policy is fully implemented and where there are other professionals involved with young people at referral and handover, there should be a handover meeting, involving a multiagency discussion.

Recommendation 3. Develop a procedure to link the records of family members in receipt of services or going through assessment processes.

Recommendation 4 Refresh the approach to demand and capacity within the Service to better manage caseloads.

Recommendation 6 Ensure that lessons learnt from the LCC ASC Audit programme are fully embedded across ASC, including supervision audits.

Recommendation 7 Quality and Improvement to consider how cases with no finalised assessment, care and support plan, review or reassessment will be audited in future.

Luke Addams
Independent Social Care Consultant
Pride and Quality Consulting

March 23rd 2025