

Guidance for Auditors

THIS GUIDANCE IS SUBJECT TO UPDATE AND REVIEW

The Quality Audit is a tool that is used to evaluate the quality of social work practice as it is represented on the CareFirst record. This is best undertaken sitting down together with the practitioner (interview style audit).

PART A, AUDITOR COMPLETES

Key information

The first question regards key information. This can be found on CareFirst on the key information report. The key information that should be recorded on the child's record is as follows:

Surname

Forename(s) (* where child has been born)

Date of birth (* where child has been born)

Gender (* where child has been born)

Address

Telephone number

Ethnicity (and if "other" category has been selected e.g. "White Other", further details should be recorded, e.g. "Latvian")

Primary category of need

Disability (if any)

UPN

Also check that family and extended family details are correct and up to date; that all professionals are recorded including GP, school, school nurse, etc; and that any warning indicators that are necessary are recorded.

This will show if the key information is recorded, though it will not show whether it is correct and up to date. To check that it is correct, be alert to any discrepancies between the information in the key information and that in other parts of the child's record.

Timescales

- **Referral:** The decision to open a referral and begin gathering information about a child must be made within 24 hours of the referrer making contact with the Access and Assessment Team.
- **Children's Social Care Assessment 45** working days maximum (though may be shorter) With Review and Decision point within first 20 days of the assessment to ensure that initial risks have been responded to and ensure assessment is progressing in a timely way.
- **Strategy discussion** (where appropriate) should be held within the first

24 hours of receiving the referral to decide whether to initiate s47 enquiries.

- **Child in need review:** first review to be held within three months of initial referral; subsequent reviews six monthly
- **Child Protection Conference:** where concerns are substantiated an initial child protection conference should be held within 15 days of the s47 decision. First review conference at 3 months and thereafter at 6 month intervals.
- **Looked after child review:** within 20 working days of the start of a placement. The next review to be completed within three months of the initial review and subsequent reviews six monthly thereafter.

Frequency of visiting

Below is guidance on the expected frequency in different circumstances.

- **Child protection visits** – as determined in the CP plan at CP conference but as a minimum fortnightly
- **CIN** – professional judgement based on the need of the child and family and agreed with a CSW in supervision. (good practice, fortnightly in complex cases)
- **Looked after child visits**

Standard – within one week of placement, then at intervals of not more than 6 weeks. From year two, visits may be three monthly *only if* the placement is planned to last until the child is 18.

Child placed relative/friend (connected person) as a temporary approval. At least 1 visit a week until first LAC review. Thereafter, at intervals of 4 weeks max. until the carer is approved

Placement with parents

Children placed with parents pending assessment. Social work visits must take place at least once a week until the first LAC review, thereafter at intervals of not more than 6 weeks.

Children who are placed with parents under an Interim Care Order. Visits must take place at least once a week until the first Looked After Review, thereafter at intervals of not more than 4 weeks.

Children who are placed with parents, where a Care Order (S31 Children Act 1989) is in place. Visit within one week of the making of the Care Order then at intervals of no more than 6 weeks.

Short Breaks

NB The child should be visited in their short break placement

Short break under section 17: As child in need. (should include visit to child in

placement)

Short break under s20 [reg.48] Visit on a day child actually placed & anyway within 3 months Then at intervals to be agreed with parent & ICRO

Short break under s20 (where reg. 48 does not apply) standard looked after child visiting requirements

Child subject of Care Order & other person 'responsible for accommodation' e.g. in a YOI [reg.28(6)] First visit within 1 week of the start of those living arrangements, or any change to them. At intervals of no more than 6 weeks in year 1 Thereafter at intervals of no more than 3 months

Private fostering

Within one week of placement or the date when notification was received if later, then every 6 weeks in the first year. In subsequent years, visits must be at least three monthly.

CP, CIN, LAC Visits and private fostering visits must be recorded as such using the Visit to Child form on CareFirst. It must be recorded whether the child is seen alone.

The next questions require the auditor to make an evaluation about the quality of the practice in the areas below. Please use the guidance to assist in that evaluation.

Direct work with children and families

Good quality direct work with children and families should have the following features:

- Seeing the child alone. The child must be seen alone by the social worker on each visit (and this be clearly evident in the recording) unless this is not appropriate due to the young age of the child or if the child does not wish to see the social worker alone. If the child is not seen alone, the reasons should be recorded. The child's living arrangements and relationships with parents/carers should be observed. The child's bedroom should be seen on some visits.
- The focus should remain on the child
- There is a clear picture in the recording of what life is like for this particular child
- Children and families should be involved in assessments and planning and their views and feelings be taken into account in decisions and plans.
- Parents/carers and children (subject to age and understanding) and are given or sent copies of assessments, plans and other relevant reports.
- They should understand the intentions of the help they receive.
- They should be kept informed about decisions and actions being taken.
- Consent to share information should be sought when appropriate.
- Children and young people, their parents and carers needs should be

understood in the context of their ethnicity, culture, religion and identity and any communication needs accommodated

- Is there evidence that the social worker is building an effective working relationship with the child and their family / carers?

Assessment

- All the necessary assessments have been undertaken or commissioned, according to expected timescales (45 days minimum for CSC assessment)

The components of a good assessment:

- The assessment should be timely and decision and review points used within 20 days of the start of the assessment to ensure that initial risks are responded to and the assessment is kept on track.
- As part of the assessment the child has been spoken to alone (non-verbal child should have been observed) and his/her experiences of home life ascertained.
- There is clarity about risks and protective factors and what action is to be taken to reduce risks
- The child's parents or carers have been seen and spoken to and their views ascertained
- The accommodation in which the child lives has been visited including bedrooms.
- Where there is evidence that another adult has joined the household or is a regular visitor, that adult has been taken into account in the assessment and any risks/strengths assessed
- The views of all the professionals involved have been sought and considered.
- An understanding of the child's ethnicity, culture and religion.
- Parent / carer's and child / young person's views are taken into account in the recommendations of the assessment.
- The analysis makes sense based on the information that has been gathered; tells the story and leads logically on to the recommendations.

Decision-making and planning

Features of good planning:

- The plan follows logically from the findings of the assessment.
- Child and family are involved in planning and the implementation of the plan e.g child's and parents views are consistently sought, recorded and responded to in reviews
- Other professionals are involved in planning and the implementation of the

plan

- Plans have timescales attached to each point and a nominated individual for each action point
- Plans are focused on that particular child's needs including a clear strategy for the safety of the child
- Plans are SMART (specific, measurable, achievable, relevant and timely) and do not include irrelevant detail.
- Plans that address the ethnic and cultural needs of the child
- Plans that build on family strengths
- Plans that are outcome-focused
- Actions identified in plans are carried out
- Core groups actively focus on progress of the plan for the child
- For looked after children is there an up to date Health Plan, SDQ, PEP and Placement Plan
- Reviews are carried out within timescales and effectively monitor the progress and impact of the work with the child and family.
- In cases which have been open for a period of time, evidence of improved outcomes being achieved

Decision making

- Decisions and plans are informed by effective analysis of risks and protective factors and this should be clear from the recordings ie the rationale behind the decision making
- A decision-making process which is commensurate with the statutory/policy framework and complexity of the case (eg Multi Agency Meeting; Family Group Conference; Child Protection Conference; Looked After Child Review; legal proceedings)

Multi-agency work

- In s47 enquiries - evidence of strategy discussion with the police (and other agencies as appropriate) and of clear decision making at the conclusion of s47 enquiries
- Information sharing between agencies and professionals is timely, specific and effective and, where necessary, is the subject of consent to that sharing by the family concerned.
- All the professionals known to the family have been consulted and involved, as appropriate, in the assessment, decision-making, planning and intervention with the family.
- Professional referrers and professionals involved in assessments are informed in writing of the outcome of referrals and assessments.
- The plan reflects a range of tasks undertaken by a number of professionals working together across the outcomes.
- Where the adult parent/carer's own needs have an impact on their care of the child, the social worker has negotiated the appropriate level of adult-

service involvement and assessment in the child's case.

- Core groups take place at the frequency recommended by Child Protection Conference or Multi-Agency Meeting, are well attended by the relevant professionals and family members and are focused on the plan for the child. (4-6 weekly)
- The relevant professionals liaise regularly with one another and with the child's parents/carers.
- Changes in provision are discussed and negotiated with the child, parents/carers and core group members.

Differences of opinion within the core group are discussed respectfully and a resolution found.

Management oversight

- Key decisions in a case are recorded on Carefirst as 'Decision Records' and the rationale for decisions explained
- CSWs oversee and approve the major decisions on a case including recommendations to open or close a case and authorise assessments, child/yp's plans, reviews and formal reports.
- Management decisions are taken in a timely way which does not disrupt timescales or lose impact due to delay.
- Pod Reflective discussions and case supervision are recorded on CareFirst. Frequency: child protection or complex child in need cases will require at least monthly discussion as a minimum, some more frequent than that. The minimum frequency is three monthly. For example a very settled looked after child's case may need three monthly discussions but many cases will require more frequent discussion.
- (NB in addition to case discussion and supervision, personal supervision should also take place at a minimum frequency of three monthly).

Recording

When evaluating the quality of the recording please consider:

- Do you get a sense from reading the CareFirst record of the 'lived experience' for the child i.e. a day in the life of this child?
- Do you get an understanding of the 'child's journey' ie what have been the significant events and what decisions have been made and the reasons for those decisions?
- Is information recorded using the appropriate drop down boxes (ie LAC/CP visits); is it clear when the child has been seen alone; and are key decisions and significant events are recorded as such?

Good quality recording should have these features:

- The recording should demonstrate a respectful attitude towards children

and their families.

- Be up to date (within 4 weeks)
- Be attributable to an author whose designation is stated
- Be clear, concise, straightforward and accessible
- Separate matters of fact from opinion and judgement
- Include enough (but not excessive) detail (eg. full names, including professionals, organisations) so that anyone reading the record will be able to identify who is being referred to.
- On visits: description of child's presentation and that there has been interaction with the child. Clear note of when the child is seen alone. The names of all those present at the visit should be included.
- Clear decision-making and management oversight
- Indicate with whom, when and what information has been shared with the child, family and other professionals
- Indicate any information which is held in confidence and is subject to limitations

Statutory LAC visits, child protection visits, CIN visits and visits to privately fostered children should be clearly recorded as such using the 'Record of visit to a child' form.

Overall comments on the case

This part is for the auditor to make overall comments on the quality of work as it is represented on the CareFirst record. This is an opportunity to give positive feedback about good practice as well as to identify any concerns.

Is there evidence of whether the impact of the social work has been positive in this case and whether the outcomes are improving for the child?

How effective is the safeguarding practice? **Is the child safe?**

If the child is looked after is there progress towards the permanence plan?
Are the outcomes improving for this child?

Actions

Timescale

Finally the auditor is asked to make recommendations (if any are needed) regarding actions that should be taken and a suggested timescale for those actions. If no actions are required, please write 'no further action'.

If the auditor is not the CSW in the case they must then re-assign the audit to the CSW responsible for the case.

PART B, CSW COMPLETES

This final part is for the CSW responsible for the case to acknowledge that the audit had been received and the recommendations noted and accepted.

Once this part is completed the audit is complete.