

## Hull Children, Young People and Family Service Audit Framework

### 1. Introduction

- 1.1** Hull Children, Young People and Family Services is committed to achieving the best outcomes for children, young people and their families. The needs of our children and families are such that we need to ensure that areas in need of improvement and strengths are constantly explored and unpicked to ensure the strengths are built on and embedded and the areas for improvement are being effectively addressed. This audit framework is part of a wider quality assurance process that ensures that we achieve good outcomes for children through continuous learning and improvement.
- 1.2** As part of the overall Quality Assurance Framework, this audit framework sets out how Hull Children, Young People and Family Services can improve practice standards and service delivery through audits.
- 1.3** To achieve this, a range of audit activity is undertaken, which consists of: single case file audits; thematic audits; case discussions; supervision audits and staff observations.
- 1.4** The process of auditing is a shared responsibility by all those who are accountable for the quality of practice within the organisation. It is on this basis that those auditing cases include: Senior Managers (including the Director and City Safeguarding Manager), Team Managers, ICROs, IFROs, Professional Practice Officer, Practice Educator and the LADO. This enables more audits to be completed, ensures a more robust scrutiny of the quality and effectiveness of practice and promotes the development of baselines for good practice across the service.
- 1.5** The audit process has a scrutiny role to evidence that practice is undertaken in line with agreed standards. At the same time, it also has a supportive and educative function, providing an opportunity for learning that safeguards against complacency and embedding a culture of learning and continuous improvement.
- 1.6** The outcomes of audits along with other performance information will be used in supervision and appraisals to support practitioners to improve upon the quality of their practice, and the delivery of good outcomes for children and their families in addition to addressing any issues in respect of poor performance. Audits will also inform team and

service development and can assist in identifying wider systemic issues which impacts on service delivery.

**1.7** The audit process will result in practitioners being more open to scrutiny, challenge and accountable. However, it is important that this is done in a way that can be heard and received as well as acted on in a way that leads to improved service delivery.

## 2. Single Case File Audit Procedure

**2.1** The Quality Assurance Team is responsible for allocating audits. The Quality Assurance Team will distribute a list of cases to be audited within the first week of the month to auditors.

**2.2** The auditor must complete the case file audit and improvement plan by the last working day of the month and return to the Quality Assurance Team.

**2.3** The audit will cover the last 6 months of Children's Social Care involvement. Each domain of the audit tool should be completed where applicable. The auditor should provide clear evidence to support the judgement grading awarded for each of the 7 domains and the overall judgement. The auditor is also responsible for highlighting areas of good practice.

**2.4** On notification of the audit from the Quality Assurance Team, auditors should make contact with the allocated worker to inform them of the case that will be audited.

**2.5** As part of the audit process, the auditor should liaise with the allocated worker and Team Manager. This allows for case discussion, for the auditor to clarify any questions and to provide audit feedback. The information from this discussion should be reflected within the audit by the auditor.

**2.6** The case audit process should not delay immediate action being taken to safeguard a child. If any immediate concerns are identified in respect of the child's safety during the course of the audit process, the auditor must notify the Team Manager immediately so that corrective action can be taken. The Team Manager must immediately address the agreed corrective actions with the practitioner and record this on the child's file on Liquidlogic under Management Oversight.

**2.7** Auditors will provide a judgement at the end of each section of the key-milestones audit tool and give an overall judgement of the case.

- Outstanding- a service that significantly exceeds minimum expectations
- Good- a service that exceeds minimum requirements
- Requires Improvement (to be good)- a service that only meets minimum requirements
- Inadequate- a service that does not meet minimum requirements

**2.8** Following the completion of the domains and giving the overall judgement, the auditor is responsible for completing the Improvement Plan at the end of the audit. The plan needs to be SMART and robust to enable the Team Manager and practitioner to be clear about what actions need to be taken, by whom and by when in order to quickly improve practice standards and outcomes for the child.

**2.9** Once the audit has been completed, the auditor must return the completed audit to the Quality Assurance Team and also share their findings with the Team Manager and practitioner. It is at this point that any areas of disagreement should be resolved.

**2.10** For cases that are judged *Inadequate* the Team Manager and allocated worker will discuss the audit findings and the improvement plan within 5 working days. For cases judged to be *Good or Requires Improvement* this discussion will take place within 10 working days. It is the responsibility of the Team Manager and practitioner to ensure that this is done. Following discussion with the practitioner, the Team Manager must record agreed actions and timescales on the child's files on Liquidlogic under Management Oversight.

**2.11** On receipt of the completed audit, the Quality Assurance Team is responsible for checking the audit to ensure that the audit has been appropriately completed. Any audits that need to be amended will be returned to the auditor who then completes and sends back to Quality Assurance Team within 3 working days.

**2.12** In situations where cases are judged to be *Inadequate* the case will be re-audited the following month by a Senior Manager. If the judgement remains the same, the case will be re-audited until improvements have been made. Such cases will be flagged up in the monthly Audit Highlights Report.

### 3. Thematic Audits

**3.1.** The monthly case file audit process will be complimented by a themed audit schedule, where these audits will be based upon recommendations from Serious Case Reviews; issues arising from performance information and single case file audits.

### 4. Case Discussions

**4.1** Case discussions are a key way of gaining a perspective into how well a practitioner knows the case, understands the purpose of social care involvement, the relationship between the practitioner, child and family and overall assessment of practice.

**4.2** Twice a year there is the expectation that managers undertake case discussions with practitioners. This will be planned and arranged by the Quality Assurance Team.

## 5. Supervision Audits

**5.1** Supervision is one of the ways in which effective support can be provided to practitioners to help with the process of delivering high-quality services, as well as maintaining staff motivation, wellbeing as well and development.

**5.2** Supervision audits will focus on the quality of supervision and management decision making, and that all staff receive supervision in accordance with the supervision policy of Hull City Council.

**5.3** Supervision audits will also be undertaken at least twice yearly.

## 6. Staff Observations

**6.1** Observing staff in their everyday work is a vital element of quality assuring frontline social work. Whilst supervision and case audits are useful, they cannot fully assess the manner in which workers support and build relationships with children, young people and families. Staff observations will be closely linked to appraisals. Areas to assess at observations will be informed by appraisal priorities and underpinned by the Social Work Practice Standards document.

**6.2** Team Managers will observe the practice of newly qualified workers in line with the ASYE policy.

**6.3** Team Managers will observe the practice of experienced workers at least once a year.

**6.4** Team Managers will identify workers within their team in need of support with improving performance. These practitioners will be observed at least every year or more often where required.

**6.5** Prior to an observation taking place, the Team Manager will discuss this with the practitioner and give them a copy of the Staff Observation Form. Following the observation, the Team Manager will share the Observation Form with the practitioner and undertake a shared reflective review at the next supervision, or sooner if required. From this discussion, a shared action plan will be agreed to support the practitioner with their practice.

**6.6** Observations of Team Managers and ICROs will take place once a year and will be undertaken by the Group Managers and the ICRO Manager. Observations will be closely linked to appraisals and the Practice Standards.

## 7. Good Practice Standards and Audit Guidance

**7.1** To support auditors in undertaking their role Hull Children, Young People and Family Service has developed a Quality Assurance Audit Criteria (see Appendix 2). This should be used as part of the auditing process, alongside knowledge and judgement and will help auditors measure against good practice standards as detailed in the Social Work Practice Standards. This is another key document that should be used during the audit process.

**7.2** It is important that the quality of auditing is consistent and audits are graded accurately, based on evidence. The above guide will assist with this.

## 8. Learning from audits

**8.1** The primary use of the intelligence gathered from auditing is to find out how practice and service delivery across the organisation can improve. Information gained from audits will be disseminated to staff via quarterly monthly learning bulletins. The Quality Assurance Team is also responsible for collating data and information that will be presented to the Senior Leadership Team at the monthly performance meeting and to Team Managers at the Wider Leadership meeting. The Quality Assurance Team will also produce a quarterly audit report that will be shared with the Leadership Team.

## 9. Appendix

**Appendix 1.** [Audit Flowchart](#)

**Appendix 2.** [Case Audit Grading Guidance](#)