CHILDREN’S SOCIAL CARE QUALITY

ASSURANCE FRAMEWORK

revised September 2017

What is a Quality Assurance Framework and why do we need one?

Quality Assurance is an umbrella term, which embraces all activity that contributes to service improvement. Quality Assurance activities monitor compliance with policies and procedures; evidence strengths and good practice; identify gaps and areas for development; drive learning and service improvement. A Quality Assurance Framework allows those with leadership, senior management, case management or scrutiny responsibility for children, to understand how effectively Bexley Children’s Social Care is delivering services to keep children safe, promote positive outcomes and identify where improvements should be focused.

At service and individual practitioner level the critical judgement is whether we are making a difference to the children and families we come into contact with. Whether and in what way their lives are better and safer as a result of the services they have received. For example - Are we improving outcomes?

We need to ensure;

* we are providing services that are of a good standard; and
* The service we are providing is having a positive impact on the child and their family.

Quality Assurance is more than just routinely counting numbers, meeting targets and periodically carrying out audits. Effective Quality Assurance is dynamic and evolving, where there is an embedded cycle of monitoring, continuous reflection and learning, based on the principle that there is always room for improvement. Quality Assurance needs to be owned by everyone in the organisation, managers at all levels need to understand and routinely undertake Quality Assurance activity on their individual supervisees, teams and service areas.

Learning organisations use a range of methods to gather both quantitative and qualitative information from a variety of sources, to measure and analyse the aggregated information against an agreed set of standards. Measuring practice is only purposeful if the loop is closed and the organisation uses the learning to plan and deliver service improvements.

What are our methods of Quality Assurance?

A combination of quantitative and qualitative information allows us to measure standards and outcomes. Quality Assurance is evidenced by the following sources:

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| --- | --- |
| * Audits - core & thematic
* Performance data
* National & local Inspections
* Peer reviews
* Serious Case Reviews & Internal Learning Reviews
* Appreciative Inquiries
* Practice Week
* Ofsted Readiness Week
* Annual Report of the Local Safeguarding Board
* Feedback from Independent Reviewing Officer/Child Protection chairs
* Internal Panel Processes such Care & Resource, Fostering & Adoption
* Private Fostering Annual Report
 | * Feedback from children, parents and carers.
* Complaints & compliments
* Children in Care Council - Positive Journey’s
* Employer Health Checks
* Staff feedback. For example Exit interviews, Keep in Touch meetings. Practitioner Perspective Panel
* Supervision, Probation, Appraisal.
* CADCASS & Legal feedback from proceedings
* Multi agency partner feedback
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Bexley is a Signs of Safety Authority and we have designed our audit tools and learning framework within a Signs of Safety matrix of good practice. The following documents and processes underpin our Quality Assurance framework.

1. Children’s Service Improvement Plan

2. Audit Schedule

3. Signs of Safety Audit Tool

4. Practice Standards

4. The performance cycle

What activities will be quality assured?

The annual schedule of auditing activity will routinely contribute to measuring core areas of practice:

* Assessments of need and risk to children and young people
* Assessments of adult carers
* Plans and the effectiveness of intervention
* Direct working relationships with children, young people & their families
* Partnership working and effectiveness of multi-agency meetings & reviews
* Report writing and case recording
* Management oversight and decision making (includes supervision)

In addition to the above there will be specific areas that will periodically require a ‘deep dive’ in depth review. These areas might be identified as a result of analysis of patterns and themes emerging from the regular auditing activity, notable issues and/or changes raised through performance data, triggered by a complaint, a management review or changes in legislation and regulations.

Benchmarking

Who will undertake QUALITY ASSURANCE, how and when?

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| --- | --- | --- |
| Role | Activity | Frequency |
| Service & Senior Managers and/or Independent Reviewers\* | Routine schedule of full case file auditing and/or direct observations. | Monthly |
| Thematic and ‘deep dive’ audits on specific areas of practice. | Periodic according to need |
| Moderating team manager case file audits. | Monthly |
| Team Managers | Checking and authorising a range of activities and reports on the Liquid Logic-ICS system | Daily |
| Monitoring and routinely reporting performance in performance meetings. | Weekly |
| Directly observing practitioners carrying out direct work with families or partner agencies – aligned to online case audits. | Every month |
| Routine schedule of core practice area and case file auditing for each social worker | Monthly |
| Practitioners  | Self-assessment to inform monthly online case file audit. |  Monthly  |
| Director and Deputy Director of Children’s Services | A programme of activities observing different areas of practice and case audits during Practice Week and Inspection Readiness week. | Every 6 months |

**\*Note**. Independent Reviewers - Service & Senior Managers includes: Independent Reviewing Officers, Child Protection Conference Chairs, Consultant Social Workers, Heads of Service, and Deputy Director of CSC

Purpose of the Case Audit Process

Quality Assurance is a key deliverable as part of Bexley Council commitment to the Signs of Safety England Innovation Project partnership. The expectation is that all case file auditing is undertaken collaboratively with staff and family feedback is actively sought following each case file audit.

The audit programme aims to:

* Provide assurances that practice positively influences outcomes for the most vulnerable children and young people;
* Take into account the requirements of inspection bodies;
* Involve all children’s social care staff in continuously seeking to improve their practice;
* Ensure consistency of practice across children’s social care and specifically the use and deployment of signs of safety framework;
* Embed a culture of learning, confident practice and feedback.
* Identifying areas of practice improvement to inform the performance conversation and appraisal process.

The case file audit tool reflects the Signs of Safety practice model and each section is graded according to Signs of Safety scaling i.e. from 0 to 10. The scaling has been aligned to the Ofsted Grades as follows:

|  |  |
| --- | --- |
| Scaling | Ofsted Grade |
| 0 – 2 | Inadequate |
| 3 – 5  | Requires improvement |
| 6 – 8 | Good |
| 9 – 10  | Outstanding |

How will the audit process work?

Team Managers will be expected to audit one case file a month. The Strategy, Performance & Insight team will randomly select a case that has been open for at least 6 months. Team managers will then be notified by the Professional Standards & Quality Assurance team of the child’s Liquid Logic ID number that they will be expected to collaboratively audit with the allocated social worker using the Liquid Logic audit form. Prior to the completion of the collabrative audit, the child’s social worker will be expected to complete a self assessment of the quality of the work and this will then be used to inform discussion in the collabrative audit.

Unless otherwise specified, the period of the case file audit should cover is the last six months of a child’s journey.

Family feedback must also be sought following the collobrative audit and recorded on the Liquid Logic audit form.

Professional Standards & Quality Assurance team will also select some audited cases to be moderated by Service Managers and above. Any audit or moderation that is graded under 0-5 must have areas of improvement outlined to get to good. The auditor should recommend any actions they believe are necessary to bring the case up to a good standard of expected practice.

A selection of audited cases will then be chosen by the PSQA team to be moderated by Service Managers. See audit and moderation flowchart in Appendix A.

The PSQA team and Service Manager must be informed of all audits or moderations graded inadequate.

Team Managers are responsible for reviewing the audit findings and recommendations and outlining actions to be completed to bring the case up to an expected practice standards. Audit actions should be regularly reviewed in supervision until the Team Manager is satisfied the case meets expected practice standards.

Service Managers are responsible for reviewing the audit findings and recommendations of any audit graded inadequate and must be satisfied the actions outlined by the Team Manager are sufficient to bring the case up expected practice standards within a reasonable period.

A quarterly quality assurance report will be provided by the PSQA team to the Senior Leadership Team and shared with Service and Team Managers in the process of the performance cycle.

The highlights and overall themes will be shared with key stakeholders e.g. The Local Safeguarding Children Board, Councillors and the Chief Executive, Safeguarding Improvement Board.

Where will the information go and how will it be used?

The Quality Assurance report will be shared with CSC senior management team to inform the Children Service’s Improvement Plan and the senior management team will identify what needs to be implemented to improve practice, who will take the lead and the timescale for implementation. The Professional Standards & Quality Assurance leadwill work closely with the Workforce Development team to contribute to the Learning & development strategy.

Business process for Quality Assurance

Quality Assurance Activity

QA Team gather, analyse and provide recommendation from audits

Quarterly QA report to SLT

SMT implement changes

Processes & procedures

culture

Structure

Resources: E.g. Services

L&D

Systems e.g. LL

Strategy

Summary report & action plan shared with LSCB, Chief Executive & council members

QA otcomes inform progress against Improvement Plan

BEXLEY CHILDREN’S SOCIAL CARE PRACTICE STANDARDS

QUALITY ASSURANCE – HOW DO WE KNOW WE ARE DELIVERING THESE STANDARDS

The Quality Assurance framework is how we will measure whether we are delivering against these standards.

USING THE AUDIT TOOL TO EVIDENCE WE ARE DELIVERING THESE STANDARDS

1. GENERAL PRINCIPLES OF PRACTICE (Signs of Safety)

Bexley uses Signs of Safety as its social work practice model. This is a strengths-based approach to working children and families.

By using Signs of Safety, we have a way of working across the service that everybody understands where we share a common language and a consistent application of risk and safety. This helps social workers and other professionals to better work together, reflect, think and talk about cases.

The help provided to families is respectful, purposeful and based on strong professional judgements and decisions.

The emphasis is on helping families rather than ‘intervening’. The focus is shifted from a way of working where professionals are considered to be the experts to a constructive, relationship-based model of helping parents to change.

Whilst there is an emphasis on the strengths in the child’s network, the child’s safety is always the focus of any help provided.

Signs of Safety is a whole system approach which is applied to all aspects of social work practice and social workers should reflect using the model in their direct work with families and their practice overall.

Work with families is carried out from a stance of appreciative inquiry and being professionally curious, applying a questioning approach.

Social workers and managers should use the Signs of Safety questioning approach: Elicit Amplify, Reflect, and Start over (EARS). They should also use the case mapping to discuss and think about cases.

All case recording should be consistent with the Signs of Safety model, addressing what is working well, what is not working well and what the next steps are.

1. CHILD FOCUSSED WORK WITH CHILDREN AND YOUNG PEOPLE – WISHES AND FEELINGS EVIDENCED

Working in a child centred way is an essential part of good social work practice. Communicating and listening to children and young people helps social workers understand what life is like for them and what needs to change to increase their safety and promote their wellbeing and development.

Social workers need to understand what difference the help has made to the child or young person and what has improved for them.

The child or young person’s views and wishes are central to good social work practice and alongside the views of the parents, carers and other key professionals, are considered in all aspects of the help and support offered to the family.

Feedback should be sought from parents and carers about their views of how helpful the support they are receiving is and this information will inform and influence how services are provided.

Using Signs of Safety, there is a focus on direct work with children, not only to establish their wishes and feelings but also to fully involve the child in an age-appropriate way in the family safety planning.

Social workers promote meaningful relationship-based practice with children and young people and this informs all aspects of their work with families.

Direct work should be carried out according to the age and level of understanding of the child, explaining what is happening and why.

Children and young people should be seen regularly and the work undertaken recorded on Liquid Logic.

A variety of direct work tools and activities should be used to work with children and this should include direct observations of very young children.

Direct work tools should be uploaded to the child’s file.

Social workers should work with children alone wherever possible and in settings where they feel comfortable and that are child-friendly.

Children and young people should be involved as much as possible in the decisions being made and the help being offered

ASSESSMENTS (Includes genograms and chronologies)

The purpose of the assessment is the understand what is happening in the child’s life, exploring how they are cared for by the adults around them and how their health, education and wellbeing needs are being met. The signs of safety framework are used to identify what’s going well, the presence of dangers and what we may be worried about. The SW will analyse the information gathered and come to a professional judgement about whether or not the child/ren are presently safe and predict the likelihood of this remaining the same or changing in the future.

The assessment will be undertaken in partnership with the child and families, with their full agreement and participation. If this is not possible, the reasons will be clearly recorded.

The family history is critical to understanding and predicting the present and future, therefore every assessment will include a chronology which highlights key events in the child’s life. The chronology will be routinely updated whilst the case remains open.

The child’s perspective, wishes and feelings are central to the assessment. Each of the children in the family will be seen and spoken to separately and on their own by the SW in the child’s first language, if this is not appropriate or possible, the reasons will be clearly recorded.

The assessment will explore the child’s whole family, friend ship & community network to identify signs of safety and danger. Every assessment will include a genogram which highlights key people in the child’s life. The genogram will be routinely updated whilst the case remains open.

The assessment is holistic and therefore requires information sharing from a number of sources, by all those involved in the child and family. Multi-agency checks will be undertaken to contribute to the assessment.

The length of time it takes and depth of the assessment will be determined by the complexity of the child’s situation and the level of need. However, all assessments should be completed and the final report shared with family within 45 days of receipt of the referral.

The assessment will identify what needs to happen next and what, if any, help or services the family need, which will inform the child’s plan. The family should not need to wait for the assessment to be completed in order to receive the help and services they require.

1. PLANS FOR & VISITS TO CHILDREN WHO ARE RECEIVING HELP & CSC SERVICES

A child will have either a child in need, child protection, care or pathway plan. The plan will be written using signs of safety to provide all that are involved in that plan are clear of its purpose.

The plan is a tool for helping the family and social worker measure progress, how the child’s circumstances are changing and should be written in plain English

Plans will be regularly updated as the child’s circumstances changes and significant events occur and revisited regularly at review meetings, either Child in Need, Child Protection Conferences or Looked After Children reviews.

Visits will be purposeful and will include some direct work with the child and will refer to progress being made against the child’s plan

1. MANAGEMENT OVERSIGHT & CASE SUPERVISION

Management oversight and supervision support a learning culture and provide a setting for case reflection, discussion and challenge.

Supervision has three main elements - line management, professional development and casework oversight.

Supervision has a direct impact on the outcomes for children and families and is key to improving practice with children and families.

Managers should ensure that supervision takes place regularly and is prioritised and on time.

Managers should plan supervision sessions based on an agreed agenda.

Social workers should prepare for supervision and think about cases and issues they wish to discuss.

Individual supervision is recorded for each member of staff and kept on their supervision file.

Casework supervision is recorded on Liquid Logic for each child in a family.

Managers should ensure key decisions about casework outside of formal supervision are recorded on case notes on Liquid Logic.

Supervision sessions should be booked in advance for up to six months and be 90-120 minutes in duration.

Supervision should take place at a minimum of every four weeks for experienced staff. Newly qualified staff should be supervised weekly for at least six months, then fortnightly for a further six months.

**What Does Good Look Like?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral – Good looks like…** | **Basic Information – Good looks like…** | **Assessment – Good looks like…** | **Planning – Good looks like…** | **Review – Good looks like…** | **Management Oversight – Good looks like…** |
| Referral showed clear understanding of when appropriate to refer to social care. | LL recording is contemporaneous, concise and analytical and provides sufficient detail to ensure effective safeguarding and focussed planning at all times. | Assessment clearly identifies strengths and areas of concern, provides a detailed analysis and includes all members of the household. | There is evidence to show that the Plan is making a positive difference to the child’s life | Plan (Child in Need, Child Protection, Looked After Children has been reviewed in accordance with statutory/procedural requirements and is responsive to the child/YP’s changing needs | Supervision has been taking place in accordance with supervision policy and is responsive to social worker’s needs. |
| Referral on agreed format, containing all relevant information and clarity with regard to reason for referral. | LL records indicate that social workers and managers have reviewed and quality assured records.  | Assessment is of a good quality and identifies a clear case plan with relevant analysis of strengths, needs and risk. | The plan shows evidence of a good understanding of the child’s needs and how these will be met, within clear timescales.The plan clearly outlines the day to day actions that parents and carers will undertake to ensure the child’s safety and wellbeing (and is not a list of services to attend) | Reviews are convened to allow maximum attendance of family & professionals. Where this is not appropriate, views sought & feedback is given regularly | Supervision is reflective, analytical and evidencesissues which have been raised. It sets clear parameters regarding required actions, contingencies, and outstanding work, addressing timescales effectively.  |
| Assessments are written in plain, jargon free language that is understandable to parents/carers with explicit explanations of worries/danger and strengths/safety |
| Referral responded to promptly (within 24 hours) and decisions appropriate to identified need. | Case recordings are written in plain, jargon free language that would enable a service user to understand their story, should they request to view their files at a later date. ) | Identifies whether appropriate to work as CIN/CP or NFA. | There is strong evidence of the child and family involvement in the development of the plan. This should include family network meetings; outlining family and friend support with specific actions for supporting the child’s safety and wellbeing.  | Children are actively involved where they have the ability to do so, including attending meetings or chairing their own reviews”?) | Supervision reviews actions of previous supervision and these are completed. Records up to date and fit for purpose |
| Decision making takes accounts of previous referrals/contacts | Files for looked after children include a recent photo. | Assessment includes some analysis regarding multi-agency context and this information is used to inform decision making. | The plan is progressing and meeting the child’s needs. Where there is evidence the plan is not meeting the child’s needs, the reasons for this are explored and changes made if needed | Records of reviews are comprehensive and provide detailed analysis of the issues and actions that are required to meet outcomes, including timescales. | There is evidence of reflective tools such as appreciative inquiry or case mapping. |
| Manager’s risk analysis & rationale for decision evidenced and appropriate for referral information and history. |  | Child seen alone (where appropriate), spoken to and their views recorded and reflected in assessment. Assessment demonstrates a sense of the child.There is evidence of direct work undertaken with the child to ascertain what life is like for them. | The case file recording tells the child’s story and evidences progress. |  |  |
| Evidence recorded on LiquidLogic to demonstrate case allocated to qualified social worker promptly and clear expectations of what is required are recorded. |  | Diversity and disability issues addressed.Perhaps- Diversity and disability are considered with respect for strengths in diversity and support to address any challenges arising out of diversity and disability. | There is clear evidence of discussion and decision making around transitions. |  |  |
|  |  | Assessments reviewed signed by Manager within timescales. Evidence of some quality assurance by Manager. | There is a clear trajectory for the work with the family to be completed (it is evident that plan is focused and begins with the end in mind) |  |  |
|  |  | Assessment shared with parents/carers promptly and feedback sought. | Words and pictures explanations are used and the plan shared with the child |  |  |
|  |  | Outcome of the assessment is shared with parents/carers and child/young person (appropriate to age and understanding). Feedback is sought. |  |  |  |

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| **Referral – Requires Improvement look like…** | **Basic Information – Requires Improvement look like…** | **Assessment – Requires Improvement look like…** | **Planning – Requires Improvement look like…** | **Review – Requires Improvement looks like…** | **Management Oversight – Requires Improvement look like…** |
| Referral gave enough evidence that it was appropriate to refer to social care. | LL recording is contemporaneous, concise and sets out clear plans, which are measureable and understandable.  | Assessment identifies some strengths/safety and areas of concern, analysis is limited and may not include key members of the household (including fathers and partners) | An up-to-date Care plan is in place (including a PEP, health plan, placement plan and permanency plan for looked after children), setting out the child/YP’s needs and how they will be met. | Plan (CIN, CP or Looked After) have been reviewed in accordance with statutory/procedural requirements | Supervision has been taking place in accordance with supervision policy. |
| Referral gives some indication of areas of strength and safety for family. | Danger statements, safety goals, and scaling are evident on file but not clear and concise addressing specific behaviours | Assessment identifies a case plan which does not fully address risk/need. | The plan is reviewed regularly and within statutory timescales. | Parents/carers/child/YP and professionals are invited to reviews and their attendance supported.  | There is some evidence of using Signs of Safety (ie. three columns) but not an in-depth analysis using the framework |
|  |
| Referral on agreed format, but not all relevant information recorded. | LL records provide some evidence of quality assurance activity on records.  | There is some consideration of family/friends network support, but this not fully explored to enlist their help and support for the child/family | The plan is more focused on tasks and services rather than “who, within the family and friends network, will do what in the children’s day to day life to keep them safe and well” | Review meetings are focussed on the child/YP’s needs and encourage their engagement.  | Supervision decisions are recorded on the child’s electronic file but limited evidence of reflection and evaluation of work carried out. |
| Referral acted on promptly (within 24 hours) and appropriately. | Case file recording is of sufficient quality to enable the file to be accessed at a later date if required. | Assessment includes some information from other agencies | There is some consideration of family/friends network support, but this not fully explored to enlist their help and support for the child/family | Records of reviews are in place, setting out key information, including recommendations and actions. | Records mostly up to date and fit for purpose |
| Indication that referrals/contacts reviewed. |  | Evident the child has been seen and spoken to but there is not a clear record of their lived experience, wishes and feelings, or what they say they need to feel safe | Pathway plan (where appropriate) is in place |  | Supervision reviews actions of previous supervision but there is limited evidence to suggest that this has prevented drift. |
|  |  | Some evidence of direct work with the child including use of SoS tools (as appropriate) | There is evidence to show that the child/ YP, their parents/family, and carers have been provided with a copy of the care plan. |  | There is evidence the plan is being reviewed, but effectiveness and impact not fully explored. |
|  |  | Diversity and disability issues considered but not deeply explored | Recording indicates that the plan is having some positive impact on the child and family; consideration is giving to amending plan to better meet child’s needs |  |  |
|  |  | Assessments reviewed and signed by Manager within timescales. | Social worker has visited in accordance with procedure/ statutory timescales and there is evidence that the child / YP has been seen on their own.  |  |  |
|  |  | Assessment uses some jargon and is not fully written with the family as the intended readers | Case file recording meets required standards. |  |  |
|  |  | Assessment shared with parents/carers and child/young person (appropriate to age and understanding). |  |  |  |
|  |  | Outcome of assessment shared with parents/carers and child/young person |  |  |  |

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| **Referral –Inadequate looks like…** | **Basic Information – Inadequate looks like…** | **Assessment – Inadequate looks like…** | **Planning – Inadequate looks like…** | **Review – Inadequate looks like…** | **Management Oversight – Inadequate looks like…** |
| Referral had some gaps with vital information missing or should have been made earlier. | LL recording is out of date, unfocussed, and does not provide sufficiently clear information to support decision making.   | Assessment does not identify strengths and areas of concern and provides little or no analysis. Does not include all members of family. | There is no up-to-date care plan – including the absence of any of the following (PEP, Health Plan, Placement Plan, Permanency Plan (from 2nd LAC review). | Plan (CIN, CP or looked after) has not been reviewed in accordance with Statutory/ procedural requirements.  | Supervision has not been taking place in accordance with supervision policy.  |
| Areas of strength/safety box is left blank (it is highly unlikely that a child/family has no strengths to be noted) | Danger statements, safety goals, and scaling are not recorded on file | Risk to child not considered. | The plan is a list of tasks to complete and places to go rather than a plan of who will do what in the child’s day to day life to help them be safe and well. | Key family members/child/YP or professionals are sometimes not invited to review meetings. | Supervision records do not provide outline of decision making, have no evidence of reflection or analysis and/or fail to address concerns.  |
| Consent is missing when it would be reasonable for it to have been obtained or rationale for not obtaining consent is not documented. | No evidence of quality assurance activity on the child’s LL records. | Assessment uses jargonistic language (ie. developmental milestones, inappropriate behaviour, significant harm) and is not written in language that is plain and clear to parents/carers. | Family network meetings have not taking place as part of assessment or planning | Review meetings are not meeting the child’sneeds and do not act to encourage the child/YP’s engagement.  | Supervision has not been effective in ensuring referrals and actions are effectively progressed. |
| No evidence to indicate consideration been given to previous contacts/referrals | Case file recording is difficult to understand, inconsistent, or incomplete. | Assessment does not outline a clear plan.  | The plan has not been reviewed despite this being required.  | Review records are insufficiently detailed to enable clear planning and action | Lack of recorded QA activity. |
| No risk analysis evident and rationale for decision making not recorded |  | Doesn’t identify if CP/CIN appropriate. | Where required, there is no evidence of a pathway plan. | Safety plan is not reviewed on each visit to ensure it is being enacted to meet the child’s need for safety or is not revised if not meeting the need (after exploring issues of what is getting in the way) | Supervision does not include the principles of Signs of Safety nor is there an expectation of work being undertaken within the framework, including SoS tools (as appropriate to each child/family) |
| No evidence on LL to demonstrate case allocated to qualified social worker, delay in allocation or case not allocated. |  | No multi-agency context to referral included, despite clear indication that other agencies are involved. | There is no evidence of the child/ YP, their family, or network (when appropriate)being involved in planning and/or decision-making | Chronology is none existent or contains cut and pasted records that are not relevant to the purpose of the chronology | Safety/risk, harm/danger, and day to day safety not clearly reviewed/recorded |
|  |  | No evidence to suggest child seen, or where they have been seen, no evidence to suggest that they have been spoken to on their own. | The care plan is drifting and not being progressed |  | Supervision is directive only and does not use appreciative inquiry and solution focused questioning |
|  |  | No evidence of diversity or disability issues having been considered. | There is no or insufficient evidence to demonstrate that the child / YP is being visited.  |  |  |
|  |  | Assessments not signed off by Manager. | Recording on LL case file is limited/absent with respect to key issues, including visits to the child |  |  |
|  |  | Assessment not shared with family. |  |  |  |
|  |  | Outcome not shared with family. |  |  |  |

Appendices 1

**Case Audit and Moderation Flowchart**

Team Manager & Social Worker undertake case audit tool on LL together

Moderator finalises the form and adds a case note on LL under management oversight and emails Nicki Shaw the case ID.

Moderator &TM discuss outcome & agree grade

Moderator agrees with peer audit

Moderator doesn’t agree with peer audit

Head of PSQA will collate all case file audits where there is a disparity between the moderator and TM.

Moderator finalises the form and puts a case note on LL under management oversight

Case is moderated using ‘moderation’ audit form on LL

PSQA Admin notifies the DD/HOS/SM via email the case ID to moderate and timescale for return

PSQA Admin selects case file for moderation

Boxi Report identifies the completed monthly audits