**Manager’s checklist – Essential:** *(trix please link to Doc in Local Resources, Case Management and Recording)*

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| --- | --- | --- |
| **Child Focused practice** | 1. Is there evidence of direct work with the child or children?
 | YES / NO / PARTIALLY / N/A |
| 1. Is there evidence that the child / young person being seen regularly, both with the carer and alone?
 | YES / NO / PARTIALLY /N/A |
| 1. Is there evidence that the child understands the social work that is being provided and that it is improving his or her situation? If yes then comment

 on what impact/changes can be seen. | YES / NO / PARTIALLY / N/A |
| 1. Has the worker shared the danger statement with the child?
 | YES / NO / PARTIALLY / N/A |
| 1. Has the worker used the scaling question with the child?
 | YES / NO / PARTIALLY / N/A |
| **10. Reporting & Recording**  | 1. **Does the record include a suitable up to date chronology?**
 | YES / NO / PARTIALLY / N/A |
| 1. **Does the record include a genogram**
 | YES / NO / PARTIALLY / N/A |
| 1. **Do the overall records indicate the use of effective analysis/reflective practice/research and differentiation of fact and opinion?**
 | YES / NO / PARTIALLY / N/A |
| 1. **Does file tell the child’s story & reflect LA intervention and its impact?**
 | YES / NO / PARTIALLY / N/A |

The checklist can be specific to the case i.e. CIN, CP, LAC etc

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| **6. Child In Need Planning** | 1. Was the Initial Child In Need meeting effective in identifying a plan to improve the child’s welfare?
 | YES / NO / PARTIALLY / N/A |
| 1. Are all key participants in attendance and is there evidence of their involvement in developing the plan?
 | YES / NO / PARTIALLY / N/A |
| 1. Is the plan dynamic and change in light of emerging issues and or risk?
 | YES / NO / PARTIALLY / N/A |
| 1. Is there evidence of actions/decisions being implemented in a timely way, monitored, evaluated and appropriately amended?
 | YES / NO / PARTIALLY / N/A |
| 1. Is the plan regularly reviewed in line with Haringey guidance
 | YES / NO / PARTIALLY / N/A |
| 1. Has the child been seen regularly and spoken to alone?
 | YES / NO / PARTIALLY / N/A |