

**Children, Adults and Families**

**Children’s Social Care**

**Practice Review Tool**

**Children, Adults and Families**

**Children’s Social Care**

## Appendix 1

|  |  |
| --- | --- |
| **Child/Young person’s Name** | **P. Number** |
|  |  |
| **Age (yrs)** |  | **Gender** |  | **Ethnicity** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer Name** |  | **Reviewer Team / Service** |  |
| **Date SW/EHW/PA****notified of practice review** |  | **Date of discussion with allocated worker** |  |
| **Allocated Worker Name:** |  |
| **Responsible Team:** |  |
| **Status of intervention** Type an ‘x’ next to your answer | **CIN** |  | **Early Help** |  | **Looked After** |  | **Child Protection** |  | **Leaving Care** |  |
|  |
| **The child/young person’s story**  |
| Give a short narrative illustration of this child/young person and outline the purpose and length of time of our involvement with them |
|  |
|  |

|  |
| --- |
| **Core Practice Review Questions** |
| **Domain of practice: THE CHILD/YOUNG PERSON’S STORY** |
| **Questions**  | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice**  |
| Can the worker tell the child/young person’s story? |  |  |  |  |  |
| Is there an up-to-date chronologythat details the child and family’s story?  |  |  |  |  |  |
| Does the chronology include successes as well as times when things have gone wrong?  |  |  |  |  |  |
| Does it reflect only events that are significant and relevant to this child/young person’s life?  |  |  |  |  |  |
| Have the child/young person/their parents/carers seen and/or contributed to writing the chronology? |  |  |  |  |  |
| Is there an up to date genogram that demonstrates the impact of different relationships upon the life of the child/young person? |  |  |  |  |  |
| **Domain of practice: ASSESSMENT**  |
| **Questions** | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice** |
| Does this Child/Young Person have an assessment which reflects their *current* needs and circumstances? |  |  |  |  |  |
| Is it clear that the Child/Young Person's perspective informed the assessment? Is daily lived experience explicit? |  |  |  |  |  |
| Is the child’s voice explicit in the assessment? |  |  |  |  |  |
| Does the assessment reflect an understanding of the wishes, feelings, goals and needs of the parents/carers? |  |  |  |  |  |
| Does assessment and analysis show curiosity about identity and diversity including ethnicity, culture, disability, age, sexuality and faith issues? |  |  |  |  |  |
| Does assessment and analysis show curiosity about the impact of adverse childhood experiences, trauma and resilience? |  |  |  |  |  |
| Is there a clear description of the areas of risk that exist in the child/young person’s family AND/OR wider social contexts? |  |  |  |  |  |
| Is there a clear description of the protective factors and strengths of the child/young person’s family AND/OR wider social contexts? |  |  |  |  |  |
| Is there evidence of reflection on past behaviours/events in order to plan for the future? |  |  |  |  |  |
| Is there evidence of balanced analysis that underpins the assessment recommendations? |  |  |  |  |  |
| Does the assessment narrative support collaboration and create the context for positive change? |  |  |  |  |  |
| **Domain of practice: ACTION PLANNING AND INTERVENING** |
| **Questions** | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice** |
| Does the worker have a clear plan of intervention in place for how we will help this child/young person/family with positive change? |  |  |  |  |  |
| Are the goals of the plan clear and SMART? |  |  |  |  |  |
| Are the actions of the plan clear and SMART? |  |  |  |  |  |
| Is the child’s voice explicit in the plan? |  |  |  |  |  |
| Are the goals of the child/young person/their family reflected in the plan? |  |  |  |  |  |
| Does the language of the plan support collaboration and create the context for positive change? |  |  |  |  |  |
| Is Gateshead CSC delivering on its key actions in the plan? |  |  |  |  |  |
| Are partner agencies delivering on their key actions in the plan? |  |  |  |  |  |
| Are interventions focused on supporting the child/young person to develop resilience and a coherent narrative about their life and experiences? |  |  |  |  |  |
| **Domain of practice: RELATIONSHIPS** |
| **Questions** | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice** |
| Is there evidence of a good rapport, trust and openness between the worker and family/parents/carers? |  |  |  |  |  |
| Has the worker demonstrated uncertainty and curiosity about the causal factors of risk to the child/young person? |  |  |  |  |  |
| Is there evidence of a good rapport, trust and openness between the worker and the child/young person? |  |  |  |  |  |
| Does the worker feel they have the time they need to maintain a collaborative relationship with the child/young person/carers/parents/family? |  |  |  |  |  |
| Are visits to the child/young person/family used as opportunities to create the context for positive change? |  |  |  |  |  |
| Does the worker have an understanding of the child/young person’s wider support system and the impact of these relationships upon their life? |  |  |  |  |  |
| Is there evidence of collaboration, and attempts to improve collaboration between the worker, family and partner agencies? |  |  |  |  |  |
| Is any direct work with the Child/Young Person, including planning for independence, described in the case record? |  |  |  |  |  |
| How many changes of primary worker has this child/young person experienced? |  |  |
| **Domain of practice: REVIEWING OUTCOMES**  |
| **Questions** | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice** |
| Is the child/young person’s having a positive impact on the life of the child/young person? |  |  |  |  |  |
| Are the child/young person and their family/carers involved in key decision-making processes? |  |  |  |  |  |
| Is the impact of the work on the child/young person reflected on their file? |  |  |  |  |  |
| Is the child’s voice explicit in the review process? |  |  |  |  |  |
| Is there evidence that the impact of interventions on the lived experiences of the child/young person are being continuously evaluated? |  |  |  |  |  |
| Are all relevant partner agencies contributing to ongoing review and decision-making? |  |  |  |  |  |
| Does the file tell the story about how the plan is developing and responding to need? |  |  |  |  |  |
| **Domain of practice: SUPERVISION, OVERSIGHT, REFLECTION AND AGENCY SUPPORT** |
| **Questions:** | **Yes** | **Partial** | **No** | **N/A** | **Comment on quality, recording and impact of practice** |
| Is supervision taking place at the required frequency and evidenced on the file record? |  |  |  |  |  |
| Is supervision an opportunity for critical reflection and is this demonstrated in the supervision record on the file? |  |  |  |  |  |
| Does the file evidence clear management oversight, support and direction on improving outcomes for this child/young person? |  |  |  |  |  |
| Does the worker have opportunities to critically reflect with peers on their progress in this work?  |  |  |  |  |  |
| Does the worker have access to the tools and resources they need to support this child/young person? |  |  |  |  |  |
| Does the worker have access to the professional development they need to enhance their work with this child/young person? |  |  |  |  |  |

|  |
| --- |
| **Summary and overall quality, impact and recording of practice**  |
| **Safe** - having read the file do you feel that the child is safe and being adequately safeguarded? State why or why not.**If you have any concerns regarding the safety of the child, list in the box below what actions should be taken immediately to safeguard them.** |
|  |
| Reviewer - Overall evaluation of the practice * **Does the practice create the context for change through collaborative action and narrative intervention?**
* **With 10 as the most effective and 0 as the least, scale how effective your practice has been with the family. Please then briefly explain your number, including any changes over time and what would need to happen for your number to change.**
 |
|  |
| Worker - Overall evaluation of the practice * **Does the practice create the context for change through collaborative action and narrative intervention?**
* **With 10 as the most effective and 0 as the least, scale how effective your practice has been with the family. Please then briefly explain your number, including any changes over time and what would need to happen for your number to change.**
 |
|  |
|  **Reviewer – what is the reviewer’s learning from completing this practice review tool?**  |
|  |
| **Worker – what is the worker’s learning from completing this practice review tool?**  |
|  |

|  |  |  |
| --- | --- | --- |
| **File record - Identified Actions for worker** (any specific actions that need to be completed, especially where information is missing or inaccurate) | **Name To be** **completed by:** | **Timescale for completion:** |
|  |  |  |  |
|  |   |  |  |

|  |  |  |
| --- | --- | --- |
| **System and wider context areas for development– including procedures** | **Name To be** **completed by:** | **Timescale for completion:** |
|  |  |  |  |
|  |   |  |  |

|  |
| --- |
| **Overall judgement of practice**  |
| **Outstanding** | **Quality, Impact and Recording of Practice consistently exceeds requirements.** |  |
| **Good** | **Quality, Impact and Recording of Practice consistently meets requirements.**  |  |
| **Requires Improvement** | **Quality, Impact and Recording of Practice is evidenced but not consistent** |  |
| **Inadequate** | **Quality, Impact and Recording of Practice not achieving minimum requirements** |  |
| Provide a summary of the rationale/reasons for your overall judgement: |
|  |
| Describe any outstanding practice you have observed as part of this audit: |
|  |