

## Guide to managers monthly audits

October 2020

### 1. Introduction

The primary purpose of auditing is to ensure that the work we do is of the highest standard and it ensures that our children achieve the best possible outcomes.

Assistant Director, Heads of Service, Team Managers, Independent Reviewing Officers, Child Protection Advisors and Advanced Practitioners are required to undertake management case file audits each month. These audits are used to establish an understanding of the quality of practice across teams within Children's Social Care in Hillingdon, promote dissemination of good practice and inform any improvement activity

### 2. Process

- 2.1.** Principal Social Worker randomly selects cases from the current open referrals and distributes to internal auditors via email with a clear date when the audits are expected to be completed. Wherever possible audits will not be allocated to internal auditors whom have, or their team have had involvement in the case which is being audited.
- 2.2.** Auditors should contact the allocated worker to inform them of the audit allocation and arrange a time to meet (either virtually or face to face). The audits should be collaborative and will be undertaken by the auditor working with the allocated Social Worker.
- 2.3.** The discussion between auditor and allocated worker should include exploring the appropriateness of the auditor contacting the child/young person and/or parent to seek their views. Consideration should be given to the young person's age, and level of understanding of social work involvement. Where a child is subject to a CIN or CP plan consent should be sought from the parent prior to speaking to the child. Ideally the views of both child and one parent will be sought as part of the audit.
- 2.4.** In the event that the allocated worker does not believe contacting the child/young person and / or parent to be appropriate/in the child's best interests this should be clearly recorded on the audit template.
- 2.5.** Audits should be recorded in LCS (Child's Electronic Record) on the Case Management Audit tool which is available to open from the start new drop down on the forms tab. (see figure 1)

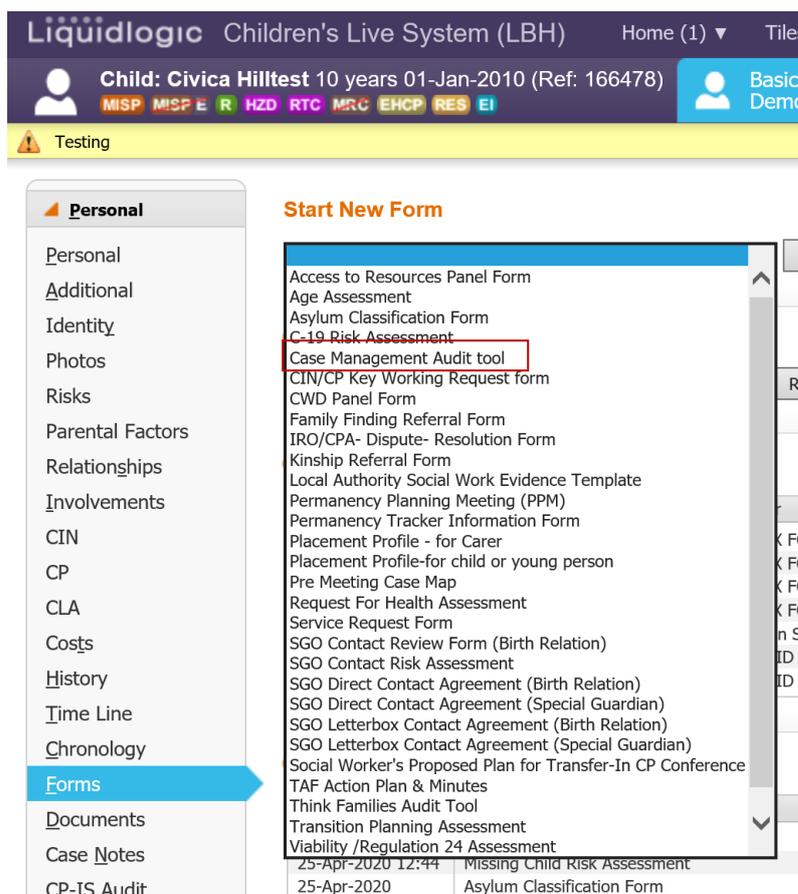


Figure 1

- 2.6. Where appropriate telephone contact should be made with the child/young person and/or parent. The call is intended to aid the auditor to understand impact of social work intervention for the child and provide feedback to the allocated social worker and manager.
- 2.7. The auditor should be transparent in their communication with the child/young person and /or parent. Consent should be sought in advance or at the beginning of the call to participate in the audit and following this, the auditor should explain to the individual their role, the purpose of the call and the allocated questions on the case management audit tool. The child/young person and /or parent should be made aware that their views will be recorded on the case file and therefore shared with allocated worker and manager. In discussion with the family/child: *Was there anything they feel could have been done differently or other support provided?*
- 2.8. Their views will, where possible, recorded using their own words. If the family/carers have not been spoken the reasons why this would be appropriate will be recorded in the audit form
- 2.9. Audit should include **Good Practice** example and describe any evidence within the case file which demonstrates good practice, that the worker has established a good

professional relationship with the child and family and the quality of written work – assessments/plans etc.

- 2.10. Findings should be discussed with the allocated worker during face to face or virtual meeting. If the audit is graded 'Inadequate' the auditor should notify the allocated worker, and team manager in writing via email as a matter of urgency to enable immediate actions to be progress to safeguard the child/young person.
- 2.11. Where there is disagreement regarding the outcome/grading of the audit, the auditor, the social worker and team managers will have a review session where they will discuss the findings and review the grading together. Their findings will be recorded in the Audit form
- 2.12. If consensus cannot be reached, mediation form the HoS and/or the SPQA service will be sought
- 2.13. The final report should be completed by the set date and assigned to the team manager to review.
- 2.14. The Social Worker and the Team manager are expected to note the findings of the audit report, and complete part B at the next available supervision – or sooner if immediate safeguarding actions are identified.
- 2.15. The Principal Social Worker will coordinate allocation and analysis of audits, drawing of the conclusions and formulating recommendations for the Senior Management Team (SMT) to consider. The final analysis of the audits is also shared with the staff group via monthly newsletters, use of rolling presentations on screens and presentations at management and service meeting as appropriate. The themes identified in the audit are added to the service "Learning and development log" and included in the development work in house and, where appropriate, safeguarding partnership
- 2.16. In the event that an auditor does not complete their monthly audit, the Principal Social Worker will notify their line manager. In the event that auditors repeatedly do not complete their audits this will be escalated to the next tier of line management (or other "grandparent" manager).
- 2.17. In the event that an auditor is unable to complete their audit due to capacity or long periods of annual leave etc, it is expected that this is discussed with their line manager in the first instance for further discussion with the Principal Social Worker for agreement of exemption.

### 3. Key reminders

- Audit should be undertaken **collaboratively** with the allocated social worker.

- Audits should review the work of children's social care during the previous **6 months** of intervention, or most recent referral, whichever is sooner. However, the auditor may need to consider practice prior to this to understand the child's journey, their progress and how this relates to the current plan.
- Auditors should make attempts to contact the child/young person and/or parent where it is appropriate to do so.
- The audit will be reviewing the process but it will mainly be focusing on achieved **Outcomes** for the children - an Audit cannot be Good or Outstanding if the children's outcomes were not met or are not on the way of being met.

#### 4. Factors to be considered when auditing a child's record

Audits should focus on the **impact of social work intervention/outcomes for children**. Case files should evidence the work and support provided by social work and multi-agency professionals to reduce risk to children and young people.

Key areas below are to be considered in each case (this is guidance not a full and comprehensive list that replaces professional judgement and curiosity) and the grading of the case will be made taking into account the criteria in section 5.

##### 4.1. Referrals and new information on open cases

1. New information received, is responded to in a timely and effective way, including out of normal office hours.
2. Information is screened and actions are decided and implemented swiftly and proportionally without drift and delay.
3. New information is analysed taking into account the context of the child, history and information available from other agencies.

##### 4.2. Assessment of need

4. It is clear from the **assessment**, that the child/family/carers/network have been involved in the assessment process and contributed to the planning.
5. The voice of the child is evident in the assessment.
6. The family background and history was taken into account as well as their strengths and needs.
7. Assessment evidences the use of professional knowledge and research relevant to the complexities of the situation.
  - *For example for UBB and newly born babies, has the SW explained safe sleeping arrangements and used the guidance available?*
  - *In neglect cases is the long term impact of behaviours such as low warmth/high criticism parenting considered?*
  - *In domestic abuse is there perpetrator accountability demonstrated and power dynamics addressed and taken account of?*

- *Were the relevant complicating factors such as addiction, trauma, mental illness, developmental delay and fear of professionals considered?*

#### 4.3. Planning and intervention

8. The **progress** of the child is demonstrated in their record and reassures the auditor that **safety** is being achieved for the child.
9. The actions to keep the child safe are evident in the plan and the goals are achievable and relevant
10. In creating the plan there is evidence of **relationship based practice**, the family and the child, the immediate and wider family are involved (*FGC was considered and/or utilised*) and they are part of the plan.
11. The relevant professionals contribute to creating the plan and reviewing it.
12. Children, young people and families benefit from stable and meaningful **relationships** with social workers. (Stability of allocated worker, openness, honesty, punctuality, respect, professionalism)
13. The plan takes into account all the needs of the child including Identity, health (mental and physical), education, etc
14. The plan demonstrate that the SW and the professional networks are aspiration from the children outcomes and promote their achievement
15. The contingency is clear (*stating that the contingency is escalation to the next stage of the process (Child Protection, PLO,) is not sufficient. The plan should demonstrate an understanding of potential barriers and realistic options for overcoming these*).
16. When children go missing their return Home interviews are completed promptly and information obtained is utilise to address the contextual safeguarding risks including CSE, county lines, etc

#### 4.4. Engagement

17. The **voice of the child** (including when non-verbal) is evidenced throughout the practice and the child is central to the work throughout
18. The intervention is influenced and guided by the child's voice, needs and progress.
19. The children are regularly visited, they are seen alone, they understand what happens to them and the recording is clear in plain English using child friendly language.
20. Various tools are used to capture the voice of the child and the direct work is clear in their record (LCS and/or CIVICA).
21. Children's participation and engagement are encouraged and supported and they are able to attend meetings or their voice is represented through other means.

#### 4.5. Management oversight

22. The **management oversight** / supervision / decision making is evident in the file and leads to impact.
23. Actions /tasks are reviewed and followed up and reflection is evident at point of need.
24. There is evidence of case discussions and advice as needed between more formal case supervisions.
25. Practice issues are identified and remedial actions are in place to address these
26. IROs and CPAs footprint is evident in the case providing support, challenge and escalation where needed.
27. The supervision includes evidence of discussion findings from any audits and implementing actions to address any recommendations.

#### 4.6. Equality and diversity

28. The file evidence that the professionals are taking into account and consider the impact of **age /disability / ethnicity / faith / belief / gender /gender identity / language /race and sexual orientation**.
29. Where a child has any level of disability, the file shows that this has been considered and what provisions have been put in place to support the child

#### 4.7. Additional consideration for Children who are looked after and those who leave care

30. Our children and care leavers are **safe and feel safe**. They are helped to understand how they can keep themselves safe.
31. The **identity** of our children and care leavers is promoted and celebrated.
32. Our children and care leavers are in good **physical and mental health**, or are being helped to improve their health. Their health needs are identified and met.
33. Our children and young people enjoy what they do and have access to a range of **social, educational and recreational** opportunities.
34. Our children and young people **move** only in line with care plans, when they are at risk of harm or are being harmed.
35. Our care leavers have trusted **relationships** with carers and staff from the local authority and develop supportive relationships within the community, including with family and friends. They receive the right level of practical, emotional and financial support until they are at least 21 and, when necessary, until they are 25.

36. Our care leavers have **accommodation** that best meets their needs and helps them to develop their independence skills safely.

37. Our care leavers have comprehensive Pathway plans they contributed to and are ready for independence

## 5. Audit grading guidance

### 5.1. Outstanding

Cases should be judged outstanding if the response to children and families is **consistently** good or **better**. Every aspect of expected/excellent practice is evident on the file and it is also evidenced that this is as a result of good direction, planning and oversight. The improvement achieved is **sustained** and seem set to remain very good in the future .

### 5.2. Good

For a case to be graded good there should be evidence in the file of mostly expected/good practice. Where there are a small number of practice issues these have been identified and it is clear how they will be dealt with or have already been resolved. The outcomes for the child are improving and they look promising and sustainable for the future

### 5.3. Requires improvement to be good

Cases should be graded Requires Improvement where there are no widespread or serious failures or unnecessary delays that result in the welfare of children in care or care leavers not being safeguarded and promoted. However the evidence (or lack thereof) on the case files indicates that we are not delivering help and care at a level that can be graded as good and there is room for improvement of the current work.

The poor aspects have been noted and there is evidence on file of plans to rectify missing or poor practice though not totally comprehensive.

### 5.4. Inadequate

Cases should be graded inadequate if there are **widespread or serious failures**, which leave children being harmed or at risk of harm or where unnecessary delay in achieving permanence has resulted in their welfare not being safeguarded and promoted If you are concerned that a child is not safe, that they have not been adequately safeguarded by the intervention the case should be graded inadequate.

**Where an auditor identifies a case as inadequate this should be escalated to allocated worker and team manager as a matter of urgency.**

## 6. Performance Management

In line with statutory and local procedures it is expected that the following timescales are adhered to by social workers in respect of safeguarding, their direct work, and recording:

<b>Children in need of support</b>	<b>CIN visits</b> Agreed with the team manager on a case-by-case basis but at least once every 3 weeks
	<b>CIN Plans</b> Reviews will be conducted at intervals agreed with the team manager, but at least every three months
	<b>CIN meeting</b> must be convened within 10 working days of a decision that the CIN plan is required.
	<b>CIN meeting minutes</b> The social worker must record the CIN meeting within 2 working days
<b>Children with Disabilities</b>	<b>CIN visits</b> For children open to Children with Disabilities service CIN visits should place at least once every 12 weeks
	<b>CIN meetings</b> Should take place at least once every 4-6 months.
	<b>CIN plans</b> Should be reviewed every 6 months
<b>Children in need of Protection</b>	<b>ICPCC</b> Within 15 working days of the strategy meeting / discussion
	<b>Pre—Birth child protection case conference</b> At least ten weeks before the due date of delivery (Different in the case of late presentations)
	<b>RCPCC</b> within three months of the date of the initial then at intervals of not more than six months.
	<b>Transfer in Conference</b> within 15 days of the notification
	<b>Core group meetings</b> within 10 days of the conference and within 10 days of the birth if the initial conference was a pre-birth conference
	<b>Reports to conference</b> Two working days prior to ICPCC and five working days in advance of RCPCC
	<b>Decision letter &amp; outline plans</b> within one working day of the conference.

	<p><b>Minutes of the meeting</b> within 20 working days</p>
	<p><b>Child Protection visits</b> At least every four weeks</p>
	<p>Notification of Looked after child: To VS, IRO team, LAC health and (if necessary) LA where the child is placed within 5 working days.</p>
<b>Looked after children</b>	<p><b>Initial LAC review</b> Within 20 working days of the child becoming LAC Looked After</p>
	<p><b>Second Looked After Review</b> within three months (91 days) of an Initial LAC review</p>
	<p><b>Subsequent LAC Reviews</b> Not more than six months after any previous reviews.</p>
	<p><b>Notification of LAC reviews</b> Social workers should notify meeting attendees (including child) at least 10 working days before the LAC review.</p>
	<p><b>LAC review report and Care Plan/ Pathway Plan</b> 3 working days before an Initial Review and 5 working days before a subsequent review.</p>
	<p><b>LAC review minutes</b> within 15 working days of the review.</p>
	<p><b>LAC visits</b></p> <ul style="list-style-type: none"> <li>• On the day the child is placed, to assist in the placement process;</li> <li>• Within one week of the start of any placement;</li> <li>• Then at intervals of no more than six weeks during the first year of any placement;</li> <li>• Thereafter, at intervals of not more than 6 weeks (or 3 months if the placement is intended to last until the child is 18)</li> </ul>
Young people Leaving Care	<p><b>Pathway plan</b> Within 3 months of becoming Eligible &amp; by the young person's 16th birthday.</p>
	<p><b>Visits</b> Aged 18-21 minimum of every 8 weeks (or as requested by the young person) Aged 21+ as agreed in the pathway plan.</p>
	<p><b>Pathway plans reviews</b> Every 6 months</p>



## 7. Review

This guidance will be reviewed within 18 months - April 2022