**Social Work Audit-CiC-Auditor** 

# Audit details

**Child / Young person details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Mosaic ID** | **Date Of Birth** | **Age** | **Allocated worker** | **Allocated worker team** | **Allocated worker team manager** | **Case status****(CiC)** |
|   |   |   |   |   |   |   |   |

**This audit has been selected for moderation**

Yes

No

**Completed in conjunction with worker**

Yes

No

Partial

Reason for not

completing in

conjunction with

worker

**Auditor**

|  |  |
| --- | --- |
| **Name** | **Worker ID** |
|   |   |

**When auditing, it is really important to remember we are judging the service the child/ family received, not the individual worker. Also Refer to the practice standards to inform audit.**

# Audit

**1. Worker summary of the case.**

**2. Case details.**

**Did the worker know the child and family well and could articulate clearly and**

**succinctly**

Yes

No

Partial

Provide

brief

summary

of the

child’s

circumstances

**Did the worker provide a one page profile**

Yes

No

**Has the worker undertaken a child profile either in the case summary or in documents?**

**Grade as "Not applicable" only if a recent update was provided by another worker**

Yes

No

Not applicable

Date child last seen

**Seen in timescales in last 3 months**

Yes

No

**Seen alone at least twice in last 3 months**

Yes

No

**Chronology Updated in last 3 months**

Yes

No

**Does the chronology show significant events with impact for the child**

Yes

No

**Are the child details up to date such as d.o.b, address, telephone number,**

**relationships, professionals, gender, ethnicity, disability, school, legal status etc**

Yes

No

**Genogram completed that reflects the family to inform assessment and planning**

Yes

No

Partial

Comments

on above

case

details

**3. Have our interventions ensured the child is safe, and appropriate assessment and planning has taken place to identify risk or need and the support required.**

Refer to assessment guidance This relates to the identification and timely assessment of risk\* and need, crucially whether the child is safer as a result of the local authority actions and is being managed appropriately

Considerations; Wider family and environmental factors taken into consideration? Tools used? Child seen/seen alone as part of assessment and views recorded. If the last assessment was over 6 months ago has the need/risk changed that requires an updated assessment? Did it provide good analysis and outcomes.

\* Relevant risks include children who experience and/or are at risk of: exploitation, neglect, emotional abuse, sexual abuse, physical abuse, domestic abuse, absconding (not exhaustive)

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

**4. Direct work: Are interventions child centred with a clear understanding of the child’s lived experiences, Including, voice of the child to inform our planning and work.**

Does the child understand their story, and do we seek their views and include them in our planning and decisions about their life and is this captured in their file? Does ethnic, cultural and diversity factors inform interventions and placement discussions with the child, including the child understanding why they are in care? Are family members consulted? Child seen and seen alone?

What Tools were used to inform intervention e.g, understanding how/why they came into care? Was intervention restorative/strengths based?

**Has life story work commenced and been undertaken to a good standard?**

No

Partial

Not applicable

**Is there evidence on the file that the child/yp/care leaver understands why they were**

**in care and we have helped them to make sense of this as they grow up?**

Yes

No

Partial

**Was the CiC review person centred with child focused minutes?**

Yes

No

Partial

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

**5. Quality of management oversight and decision making is effective.**

Auditor:

Comments

Reflective discussions taking place and recorded in supervision/management oversight? Is this regular and consistent, and facilitates decision making with timely SMART actions? Guidance and oversight that has prevented drift and delay for the child and appropriate plans. Management oversight drives child centred plans. (not commenting on the individual as this relates to our oversight improving outcomes)

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

1. **Appropriate plans in place that are reviewed timely and address the risk and/or need identified.**

Does the plan address outcomes for the child? Is the plan multi-agency/good links to community and preparing for independence (when appropriate)? Is it SMART? When was the plan last updated? Does the child and family inform the plan and do they have a copy? Are the CiC reviews timely, including minutes for the child? Has the plan considered reunification or alternatives to care and or permanence?

**By the 2nd CiC review a permanency plan is in place and appropriate**

Yes

No

Partial

Not applicable

**Has planning or assessments considered appropriate contact with family or siblings?**

Yes

No

Partial

Not applicable

**Is the child’s current care status appropriate?**

Yes

No

(consider if permanence is being progressed timely)

Auditor: Grading on above

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

1. **Has the child’s emotional wellbeing and health been fully addressed?**

Consider: Health assessments completed in time, dentist and opticians, immunisations all in place, access to independent visitors if required, DoL’s etc

**Has the child had a SDQ undertaken?**

Yes

No

Not applicable

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

1. **Does the child/young person’s care arrangements provide a loving, stable environment in which they feel a sense of belonging?**

**Is the child's placement appropriately meeting the child's needs?**

Yes

No

**Has the child moved placement more than 3 times in the last 12 months?**

Yes

No

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

1. **Has a QARO been involved with this child that was in addition to chairing their views to ensure the needs of the child/young person continue to be met?** As set out in the: QARO practice standards and the Principles for Person Centred Reviews

**This could include escalation, case oversight, dip sample or audit, provided professional reflection etc?**

 Yes No Partial

**Would the child have benefited from QARO oversight?**

Yes

No

Not sure

**a. Actions identified by Auditor: These must be realistic and achievable and in line with improving the quality of practice.**

|  |  |  |
| --- | --- | --- |
| **Action** | **By whom** | **By when** |
| enter actions.. |  |  |

Auditor : Additional

considerations/

reflections that

are not a specific

action, for example

consideration needs

to be given to parent's

capacity to change

identified by the

Auditor.

**Auditor: Were any of the actions urgent to ensure or establish a child’s immediate**

**safety?**

Yes

No

**Please ensure service manager is notified and you are updated that the action has been completed.**

**10. Auditor to ascertain workers final reflection.**

What

supported

the

worker's

interventions

to

make a

difference,

what has

worked

well,

what

could we

improve

for the

child?

Is there

anything

they

think

they

could

have done differently?

# For completion by Auditor

**11. Auditor’s overall grading and reason.**

Ensure the audit guidance is utilised to identify the grading is **based on the outcomes and impact for the child, not individual managers or workers.**

**12. Family/Young Person Feedback: to be completed by the auditor.**

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

comments

**A. Does your worker provide opportunities for you to share your views, wishes and feelings?**

**Young Person**

Yes

Sometimes

No

Unable to contact

Under age of

5

 or

not appropriate

 to

seek feedback

Young

person

comments

**Family**

Yes

Sometimes

No

Unable to contact

Not appropriate to seek

feedback

Family

comments

**B. Do you feel included about decisions that involve you?**

**Young Person**

Yes

Sometimes

No

Unable to con

tact

Under age of 5 or not

appropriate to seek feedback

Young

person

comments

**Family**

Yes

Sometimes

No

Unable to contact

Not appropriate to seek

feedback

**C. Tell us about how often you had contact with your worker, was it…**

**Young Person**

About right

Too much

Too little

Unable to con

tact

Under age of 5 or not

appropriate to seek feedback

Young

person

comments

**Family**

About right

Too much

Too little

Unable to contact

Not appropriate to seek

feedback

**D. What difference has the support from your worker made to you and your family?**

**Young Person**

Got better

Stayed the same

Got worse

Unable to con

tact

Under age of 5 or not

appropriate to seek feedback

Young

person

comments

**Family**

Got better

Stayed the same

Got worse

Unable to contact

Not appropriate to seek

feedback

**Auditor**

Name

Date audit completed