**Social Work Audit-CIN/CP-**

**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****(CP/CIN)** |
|  |  |   |   |   |   |   |   |

**This audit has been selected for moderation**

Yes

No

**Completed in conjunction with Social Worker**

Yes

No

Partial

Reason for not

completing in

conjunction with

Social 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. SW summary of the case.**

**2. Case details.**

**Did the SW know the child and family well and could articulate clearly and succinctly**

Yes

No

Partial

Capture

summary

of child's

circumstances

being

audited:

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 case details up to date such as d.o.b, address, 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. Is the child safe, and appropriate assessment and planning has taken place to identify risk or need.**

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.**

Has the child’s lived experience been understood and captured in their file? Have we responded appropriately to wishes and feelings? Does ethnic, cultural and diversity factors inform

interventions and are family members consulted? Is there evidence of effective direct work leading to sustained changes or impact for this child and their family? Child seen and seen alone? Tools used to inform intervention e.g., graded care profile?

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

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

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

**6. 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, is it SMART, when was the plan last updated, does the child and family inform the plan and do they have a copy? Has drift occurred? Should the plan be escalated or stepped down? Is risk/need clearly identified with appropriate actions and outcomes and impact understood? Do we have contingency plans in place?

**7. Partner agency involvement well-co-ordinated and effective.**

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

Is consent for information-sharing well considered? Is joint work and information-sharing improving outcomes for this child?

Do the right agencies attend meetings such as strategy discussions, CP conferences, Team Around the Family TAF meetings and looked after children reviews? Are the right agencies involved and do we involve them appropriately? Also consider HRDA attendance (formerly MARAC). **Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

Comments

**8. Permanence has been considered or edge of care support in place.**

Are the child’s living arrangements permanent and providing stability and security? Be mindful of Private fostering, Reg 24, SGO’s, Child Arrangement Orders, temp S20 or previous episodes of care etc. Harbour referral? Vulnerable homeless protocol. Respite care, short breaks etc.

Auditor: Grading on above

Outstanding

Good

|  |  |
| --- | --- |
|  Requires improvement  | Inadequate |

Auditor:

Comments

**9a. 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: As a result of this audit did your actions identify that a step down referral is**

**required?**

Yes

No

**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 social workers final reflection.**

What

supported

the social

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

1. **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.**

**Auditor: Grading on above**

Outstanding

Good

Requires improvement

Inadequate

Auditor:

comments

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

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

**Young Person**

Yes

Sometimes

No

Unable to contact

5

Under age of

 or

 to

not appropriate

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

**Family**

Yes

Sometimes

No

Unable to contact

Not appropriate to seek

feedback

Family

comments

**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

**Family**

About right

Too much

Too little

Unable to contact

Not appropriate to seek

feedback

Family

comments

**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

**Family**

Got better

Stayed the same

Got worse

Unable to contact

Not appropriate to seek

feedback

Family

comments

**Auditor**

Name

Date audit completed