**QUALITY DIP SAMPLE CASE TEMPLATE**

*(For individual care leaver case records)*

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| **Dip sample theme/scope** |  | | | |
| **Date (s) of sample** |  | | | |
| **Undertaken by**  *(Name and job title)* |  | | | |
| **mosaic ID** |  | | | |
| **Case Summary**  *updated in last 3 months?* |  | | | |
| **Contact Details**  *up to date tel. no/email/address?* |  | | | |
| **Date of Last Contact**   * *Is the contact up to date e.g., is there a recorded contact in last 8 weeks?* * *If no, when was the last recorded contact?* * *When was last face to face visit?* * *When was accommodation last seen?* |  | | | |
| **Case Recording**   * *Up to date and reflects current situation?* |  | | | |
| **Health Passport**   * *Evidence of being discussed with young person and uploaded to documents?* |  | | | |
| **Is Accommodation Suitable**  **Y/N?** |  | | | |
| *If No:*  *is young person in custody?*  *Please refer to practice standards* |  | | | |
| *If No:*  *Is young person in B&B?*  *Please refer to practice standards* |  | | | |
| *If No:*  *Please state why accommodation not suitable and refer to practice standards* |  | | | |
| **Is the young person in EET Y/N?**   * *If yes, is there progression planning to support young person to remain in EET?* * *If NEET, is there a clear reason why?* * *Is there evidence of planning to move from NEET to EET, including support where young person have stated they are NEET due to disability/illness?* |  | | | |
| **Pathway Plan**   * *Is it completed to timescale?* * *Is transition planning evident (where appropriate?)* * *Does it reflect development of independence skills?* * *Are accommodation plans in place, with contingency plans?* * *Does the plan reflect that young people feel safe in their accommodation?* * *Does it reflect family contact/input from significant others/ professionals?* * *Does it reflect EET plans?* * *Is the plan aspirational?*   + *Does it reflect financial plans/ rights and entitlements?*   + *Does it reflect discussions re diversity, safety and support?*   + *Evidence discussion re health including mental and emotional health and support available /GP and Dentist?*   + *Evidence of social/recreational activities?*   + *Evidence of discussion re life story work/access to records?*   + *Are ID documents recorded in the plan, if no does the plan evidence to obtain these?*   + *Exit strategies from age 20?*   + *Is young person’s contribution to the plan evident?*   + *Is there a SMART action plan?* |  | | | |
| **Case supervision**   * *Has supervision been recorded to timescale?*   *(8 weekly unless young person is in unsuitable accommodation, then increases to 4 weekly)*   * *Is supervision reflective?* |  | | | |
| **Young People’s Views/ Contribution**   * *Are young people’s views evident throughout the plan?* |  | | | |
| **Summary of findings** |  | | | |
| **Analysis of practice including managing and reducing risk** |  | | | |
| **Overall grade**  (Judgement made by Manager undertaking Dip Sample) | **Inadequate** | **Requires Improvement** | **Good** | **Outstanding** |
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**Check List for Dip Sampling Manager:**

* Input recommended action(s) as required into table below
* Contact relevant Manager to discuss findings
* Send this form to relevant Service/Team Manager and submit to the Quality Assurance and Partnerships Team: [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk)

**Check List for Manager of allocated worker:**

* Discuss and confirm recommendations and action with the Personal Advisor
* **Follow up progress at next Supervision to confirm action(s) completed**

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| **RECOMMENDED ACTIONS TABLE** | | | | | |
| **Mosaic ID** | |  | | | |
| **Date of dip sample exercise** | |  | | | |
| **Dip sample theme** | |  | | | |
| **Recommended action (s)** | | | | | |
| **No.** | **Action** | | **By whom** | **By when (date)** | **Date action completed** |
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**Check List for Personal Advisor receiving recommendations:**

* Complete actions
* Copy and paste **Recommended Actions Table** (above) with the date actions completed into a case note on mosaic
* Return copy of the completed **Recommended Actions Table** (above) to the Quality Assurance and Partnerships Team: [QAPaudits@dorsetcouncil.gov.uk](mailto:QAPaudits@dorsetcouncil.gov.uk)