**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?*
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| **Case Recording*** *Up to date and reflects current situation?*
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| **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?*
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| **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?*
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| **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?*
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| **Young People’s Views/ Contribution*** *Are young people’s views evident throughout the plan?*
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| **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** |
|  |  |  |  |

**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

**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