



Children's Services - Case Audit Form

Auditor Name	Joe Bloggs		
Case Number	123456	Child's Name	Samuel Jones
Age of Child/Young Person	8 months		
Case Audited Previously	No	Date if Audited Previously	Click or tap to enter a date.
Case Team at Point of Audit	Assessment Team	Allocated Worker at Point of Audit	
Date of Audit	13/05/2021		
Date Discussed with Worker	10/05/2021		

AREA OF PRACTICE	Quality of child's experience Judgement (J) (Exceeds good/meets good/does not meet good)	Text - please keep this evaluative and succinct Evidence (E) Impact (I)
<p>Risk is identified, responded to and reduced in a timely way Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:</p> <ul style="list-style-type: none"> ▪ sexual exploitation ▪ neglect ▪ emotional abuse ▪ sexual abuse ▪ physical abuse ▪ domestic abuse 	<p>Does Not Meet Good</p>	<p>Evidence: There is clear identification of risk from the outset as outlined in the referral and that further followed through various information that has since come to light and most notably in the risk assessment carried out by Probation. However, the information both past and present has not been adequately reviewed to shape the intervention until very recently and since a change in social worker and the team manager escalating. There has to date been three separate social workers involved and including the current social worker and possibly a fourth social worker (student SW) who was involved at least in one previous assessment visit. These have all contributed to a struggle in reviewing past history and evaluating all the information we have to come up with a more compelling argument as to how to best to respond to the identified risk.</p> <p>Impact: Samuel is only 8 months old and in some ways by virtue of his age is not at immediate risk and especially around grooming; however it is clear that given his age and concerns around father possibly drug dealing and known for violence that all the children who reside at the family home will be at risk of physical harm and through some form of retribution due to drug dealing.</p>
<p>Children, young people and families are appropriately involved Is there evidence of impact of the involvement of children and their families in the assessment, planning and intervention. Are the views of significant males effectively gathered?</p> <p>Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice?</p> <p>Does it evidence individual work undertaken, including appropriate direct work?</p> <p>Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The communication is scanty up until recently and case recording had little about Samuel's mother. When attempts were made to engage mother this was limited due to her limited English and interpreters not being used. Samuel is not of an age where his voice can be heard and the coverage on him is minimal, with a handful of references which involved observations. This has been noticeably different since the new social worker has taken over and with specific reference to Samuel and observation of his care beginning to form an understanding of his lived experience.</p> <p>Impact: Most of the dealing with father has been to elicit his wishes and feelings about specific issues and his rebuttal has not been appropriately challenged and understood through other means and including direct work. The voice of mother has largely been ignored until recently and this has made it difficult to build any meaningful relationship with her and to probe deeper on the parental relationship. The visits and Child and Family assessment have</p>

		<p>focused too much on the adults and less so on the children and even less with Samuel as he is not able to verbalise his feelings.</p>
<p>Decision making is effective and timely Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made?</p> <p>Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?</p>	<p>Does Not Meet Good</p>	<p>Evidence: From referral there was some momentum in seeing the case progress but the second management oversight was some 5 weeks after the family were allocated to the social worker and did not go back to the original instructions. Although the management oversight did not capture a hint of reflection and there was no obvious opportunity to debate the findings of the assessment, the recommendation for it to progress to CiN was appropriate at the time. However, the father declined support under CiN and at this point it should have progressed to a strategy discussion and based on the refusal to engage. The recommendation to consider FSS was not in proportion to the type of worries and concerns we held at the time.</p> <p>It was not for a further 6 weeks that the matter was escalated to a strategy discussion based on parent’s refusal to engage. The Sec 47 was significantly delayed but there is management oversight to explain why this was. Although there are evidences of decision making in the case recording, it is not always clear what rationale was used to justify the decisions and in the absence of holistic assessment.</p> <p>There is adequate case recording and some momentum to how the concerns were responded to which gradually fizzled out. The case notes themselves were scarce in their quality and content and especially around the findings of the agency checks which gave no summary bar the Probation risk assessment. With respect to Samuel and his siblings, their voices were drowned out by the adults and mainly their father.</p> <p>Impact: The delay in acting in a timely and clear fashion may have given the family an impression that we ourselves may not be sure about what we are concerned about and in some respect, it can encourage the family to continue to behave as they have been. It has been a great reprieve that the decision to escalate paves the way in the correct understanding and interpretation of what the risks may be to the children without an appropriate intervention.</p>

<p>Assessments are timely, comprehensive, analytical and of high quality - and lead to appropriately focused help Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental capacity?</p>	<p>Does Not Meet Good</p>	<p>Evidence: There is a Child and Family assessment underway at the time of this audit. The earlier Child and Family assessment completed in February, was very superficial bar the domain under education. Most of the domains were not given adequate coverage and some of the domains no coverage was given and including 'Social Care History' which is vital in understanding the parent's past and concerns we already have. This and the failure to apply professional curiosity and probing has resulted with an assessment that failed to capture the extent of the worries and to argue the case an escalation.</p> <p>There is no evidence of tools being used relating to sexual exploitation and something to explore drug use and domestic abuse. The information needed probing and analysis and an early identification of the trajectory in being able to determine that CiN plan was not going to be a viable option even if the family agreed given the legitimate worry around disguised compliance. The assessment was completed in a timely fashion and the recommendation for FGC and leaving it to the family to work out what was best was far from ideal.</p> <p>Impact: There is no reason to believe that the children and Samuel are being negatively impacted as a result of the assessment which is still in progress. The case trajectory is still under review after the team manager intervened to escalate and it would appear for now that the worries are better understood and the relevant information is being sought.</p>
<p>Coordination between agencies is effective Is joint working, information sharing in improving and sustaining the experience and progress of children and young people?</p>	<p>Meets Good</p>	<p>Evidence: There is good communication that has taken place between the agencies and including Probation who have been the key agency. Given the complexity involved it appears that Probation were pushing for outcome on this and it should have been the other way around. A network meeting early on to review the information would have helped in highlighting the risk and have a consensus on the way forward.</p> <p>Impact: The input in relation to Samuel was very minimal and it is difficult to argue how the information obtained on Samuel added much value to the evaluation of the risk to him.</p>
<p>Consideration and impact of diversity For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.</p>	<p>Does Not Meet Good</p>	<p>Evidence: The demographics are not filled out but there is enough information to pick up that the family are British Pakistani. The Child and Family assessment gives very little coverage on diversity issues. The family functioning, relationships and parenting approach are not being understood in light of the family's racial and cultural heritage. Failure to use interpreters consistently highlights that the voice of mother in particular was not</p>

		<p>prioritised and that no attempt was made to fully understand why Samuel’s mother could not see the risks to her children or that she has no idea about her husband’s activity outside of the home. There is reference in the assessment that the men and women have set roles and indicating that this is driven by culture. More should have been done to probe how diversity issues shape the way the family live their life and the impact it was having on them.</p> <p>Impact: Samuel is only 8 months old and his age does not feature in any of the risk assessment or how it shapes the parenting he is receiving. Two families live under the same roof and with serious concerns around overcrowding and yet the family themselves did not appear to be concerned or unable to change the situation until children’s services became involved. There has not been a focus in forging a meaningful relationship with mother meaning that her voice is still not being listened to and it is the men who dominate the conversations. Samuel is only 8 months old and his age does not feature in any of the risk assessment or how it shapes the parenting he is receiving.</p>
<p>Quality of plans Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic?</p> <p>Are they implemented? Consider length of plan or any themes?</p> <p>Do they show quality of management oversight?</p> <p>Are they influenced by views of children and parents/carers and diversity issues?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The family are still undergoing a Child and Family assessment but there is a plan of action going forward and in light of a better framing of the worries and robust conclusion around parenting ability to safeguard.</p> <p>Impact: The risk to Samuel and the children could have been missed leading to the children being at risk of harm and exposure to behaviours emanating from their father’s criminality and drug related offences.</p>
<p>Permanence is achieved without delay and reflects assessed needs In this context permanence relates to all children. For example, decisions about children on CP Plans which result in children remaining at home should be considered to be a permanent plan.</p>	<p>Meets Good</p>	<p>Evidence: The children are living with a family that heightens the worry for them because they are under the same roof; and there are worries for the father and uncle and potentially other family members.</p>

<p>Are plans for permanence, including adoption, in the best interests of children and young people, and achieved without delay?</p> <p>Evaluate the quality of preparation for placement.</p>		<p>Impact: The family live in an overcrowded housing but with their own house but if there was retaliation/retribution relating to any of the adults in their lives then they will be at risk of harm. The living conditions are not conducive to their needs and are in the process of bidding different property.</p>
<p>Children and young people participate in and benefit from effective regular reviews</p> <p>Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress.</p> <p>What is the influence and impact of Independent Reviewing Officer/Child Protection?</p>	<p>Meets Good</p>	<p>Evidence: There has been a review of the risk and this has led to a change in the decision making and the plan going forward.</p> <p>Impact: It is likely that as a result of the review of the case it is likely to result in Samuel and the other children being safer and having all their needs adequately met.</p>
<p>The quality of the child’s living arrangements</p> <p>Are children’s living arrangements consistent with their assessed needs?</p> <p>Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for the child’s living arrangements (including adoption support)</p>	<p>Meets Good</p>	<p>Evidence: The children reside with their cousins and this is not conducive to their needs as there are 6 children and four adults living in a two bedroom property. This has been recognised and help is being provided to address this.</p> <p>Impact: As a result of their assessed needs the family are being supported in applying for accommodation on their own and somewhere it is more suitable to the needs of the children.</p>
<p>Are young people prepared for independence and are they living in high quality accommodation that meets their needs</p> <p>Is it safe, permanent and affordable (children at home or looked after)?</p>	<p>Meets Good</p>	<p>Evidence: Samuel is 8 months old. The assessment has not identified issues around independence for Samuel although it is clear that, given his age, he will need space and the environment to grow and explore.</p> <p>Impact: Samuel will benefit from the support to secure more suitable accommodation.</p>
<p>How has the help provided improved outcomes?</p> <p>This domain should record judgements about the impact of outcomes and how they have affected the life of each child.</p> <p>Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being).</p>	<p>Does Not Meet Good</p>	<p>Evidence: The work in this case is progressing towards meeting good. In a short space of time the family’s situation has been reviewed and it has now been determined that worries for Samuel and his siblings need to be responded to in such a way that it will guarantee their safety as much as possible. There was a slow start to the work initially and missed opportunities to fully grasp all the key issues.</p>

Do children have developed networks within their community and are they safe?		Impact: Samuel and the children will benefit from the current work that is underway.
Auditors Overall grading This judgement should reflect a judgement based upon aggregated impact on outcomes and in coming to your judgement, you should consider whether progress has been sufficient and appropriately timely. Consider whether other action(s) could have been taken and whether the pace of change was appropriate.	Does Not Meet Good	Up until very recently when the team manager reviewed the case and decided on escalation, there would have been a real possibility that the risks to the children would have been missed. The Child and Family assessment was not in-depth enough to allow a robust conclusion. This is a family with a worrying history and the recent events surrounding the release of the uncle and father's own criminal history including drug dealing and violence, already evidences limited insight into the risk of his own children. The parent's response to-date can only be assessed as disguised compliance at best and in light of indirect contact that has gone on for years between the uncle and the children when it should never have been allowed. Involving a student social worker to carry out an assessment visit was not appropriate in a case like this as the type of challenge and professional curiosity may not have been applied. There is confidence however that the work is on the right track and that the risks have been appropriately understood and there are proportionate steps being planned to mitigate for future risks.
Auditors Additional Comments		
We are in the process of completing an assessment and a Sec 47, which is not ready for me to review but in talking to the team manager I feel somewhat reassured that there have been poor management of the risks and this being an exception rather than the norm. My review has focused on the material available to me and this is largely from the previous social workers; however there is now a distinctive difference in how the case is being worked and encouraging to see that each of the children including Samuel receiving good attention and as reflected in the most recent case recordings and statutory assessment visits.		
Agreed actions to achieve good outcomes for child		
Action required	By Whom	By When
Update demographics including father's details, and religion, language and ethnicity.	Social Worker	13/05/2021
		Click or tap to enter a date.
		Click or tap to enter a date.

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Local Authority-Case audit template

Auditor name	Jo Smith Moderator – Sandy Wilson
Tracked case number	123456-Carla
Audited previously	No
Age band	Care Leaver
Strand	Adoption/ Care Leavers
Date	01/02/2017 Moderated – 1/2/17

Field	Quality of child's experience Judgement (J) (Exceeds good/meets good/does not meet good)	Text (please keep this evaluative and succinct) Evidence (E) Impact (I)
<p>Risk is identified, responded to and reduced in a timely way. Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:</p> <ul style="list-style-type: none"> ▪ sexual exploitation ▪ neglect ▪ emotional abuse ▪ sexual abuse ▪ physical abuse ▪ domestic abuse 	<p>Does not meet good</p>	<p>Evidence: Carla has not had a clear identification of her needs or how these will impact on her long term stability as she moves to independence. There is evidence that the team manager has identified the potential for risk in terms of education breakdown, accommodation, return to birth family, and mental health. This has not translated into the current planning though, despite the manager noting on the system that this is required. The social worker has not understood the need to work closely with the sister of Carla, who is an open case to the department to understand the risk to both siblings when they spend time at home with their mother.</p> <p>Impact: We are unclear as to the risks Carla is facing and therefore we are not supporting</p>

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		<p>her to respond to these. This could be increasing the risk of harm to her and the possibility of further breakdown of the relationships with her family. The impact on Carla is she could miss an opportunity to progress her education. But it also seems her poor mental health is a barrier and this has not been responded to, therefore the long term impact of her mental health is poor and likely to increase her isolation. She is happy in her relationship with boyfriend, but she is highly vulnerable to drug use and his controlling behaviours which are already becoming evident this will only serve to isolate her more and increase her dependency on this relationships.</p>
<p>Children, young people and families are appropriately involved</p> <p>Is there evidence of impact of the involvement of children and their families in assessment, planning and intervention. Are the views of significant males effectively gathered?</p> <p>Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice? Does it evidence individual work undertaken, including appropriate direct work? Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?</p>	<p>Does not meet good</p>	<p>Evidence: Carla is being informed about reviews and planning meetings and appears to be contributing to these. She is being met alone. However, her voice seems lost in the plans themselves and there is a risk of them seeming doing 'To'. There is not clear evidence of work that has already been undertaken and the progress of this. The plans are written in a way which seems to highlight Carla's vulnerabilities but then do not identify how these will be met by input or services. There is limited direct work that is happening and although Carla is a care leaver her support needs still seem to suggest that she would benefit from more direct working to support her with improving her resilience and regulating her emotions so she does not have the angry outbursts that are evident at the moment which further impacts</p>

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		<p>on her mental health and stability of accommodation. There is no evidence of her family being involved in the present planning yet she has returned to her mother on a temporary basis whilst determining her next steps. Given the family history it would be beneficial for mother's contribution to the planning to be included.</p> <p>Impact: There is a risk that Carla may continue to struggle to fulfil the objectives set for her. As it is unclear whether these are her objectives or the social workers it becomes difficult to understand how she responds to the objectives set and whether the lack of reaction is that she does not identify with the proposed plans and tasks set against the plan. Without Carla's mother's contribution we are limiting our understanding of the impact of this relationship on both Carla and her mother.</p>
<p>Decision making is effective and timely. Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made? Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?</p>	<p>Does not meet good</p>	<p>Evidence: There is clear and strong management directive recorded on the system to introduce timely actions in response to planning, supervision (frequency of meetings and uploading notes, practice actions (e.g. genogram, contact with Carla) contact with mother, etc.). There is not yet evidence of this being fully responded to by the worker despite it being more than 3 month since this instruction was given. There appears no consequence to the lack of actions, and as such Carla's situation is not improving as a result of managerial oversight.</p>

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		<p>Case Note recording is highlighting ongoing changes but it is superficial and does not translate to any form of planning or improvement in Carla's immediate situation.</p> <p>Impact: There is a risk of drift with this case compounding the uncertainty around Carla's life choices at this stage of significant change. These changes include her accommodation, ETE prospects, change of worker, living with family, new partner, etc. The records recognise Carla's vulnerability and difficulty in assertively making decisions and this is being compounded further due to the lack of active intervention from children social care and the workers to support her as she strives for independence.</p>
<p>Assessments are timely, comprehensive, and analytical and of high quality - and lead to appropriately focused help. Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental capacity?</p>	<p>Does not meet good</p>	<p>Evidence: Although the assessment is up to date – completed November 2016, and was completed within appropriate timescales, along with the relevant statutory plans, the management direction to update the Chronology, Genogram and Planning following significant life changes do not yet seem to have been fulfilled. Moreover, the current assessments do not seem to be exploring and responding to the many dynamics in this case.</p> <p>Impact: From the paperwork it is not clear that we fully understand Carla's experience presently and historically. Moreover, not analysing or responding to her needs in a timely fashion is not supporting a renewed understanding and the provision of the necessary supports.</p>

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<p>Coordination between agencies is effective. Is joint working, information sharing in improving and sustaining the experience and progress of children and young people.</p>	<p>Does not meet good</p>	<p>Evidence: there is evidence that the inter-team work around ETE is good exploring various options following the recent education breakdown. Similarly the availability of housing support from the housing team is positive. This could be improved with more urgent responding when these needs first present. The lack of response from the appropriate services to support Carla's mental health however is undermining any positive progress being made by agencies. More could be done by the workers in support of health professionals in support of her medication, counselling and dental care. These are all areas of concern and yet little action is taken to address these. In speaking with the worker it was difficult to understand how progress will be made in these areas as she was unable to identify supportive responses that could be in place to improve the agencies responses to Carla in these areas.</p> <p>Impact: Carla is being provided with an improved range of options to support her with her next steps. Better join up between the respective social workers could significantly improve care and risk assessment for both young people (Carla's sibling). Carla's poor mental health and the negative experience of not managing at University, plus a return home need to be addressed and needed to have been pro-actively addressed when Carla was leaving university. It is not clear that Carla was offered pro-active support at what must have been</p>
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<p>Consideration and impact of diversity. For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.</p>	<p>Does not meet good</p>	<p>a difficult time.</p> <p>Evidence: Whilst some information is provided about this area, it appears superficial. More could be done to explore the effect of her past experiences on her identity, she is in a new relationship and has declined sexual health support but only vaguely recollects sexual health lessons from school. There is no clarity from the worker of what is understood about the impact of Carla's life experience on present controlling relationship that she has entered into.</p> <p>We haven't considered her stance towards her mother's value system that relies on the use of public service (benefits and health) and her views about what she sees her responsibility in the community in terms of work ethics and aspirations for the future. There is limited understanding of her identity and how this impacts on her life choices.</p> <p>Impact: By attending to this superficially we might be missing important information to better support Carla. Also, given her relational history it seems important for us to create a space in which Carla has an opportunity to explore this and consider the effect of it on her present life experience and choices.</p>
<p>Quality of plans. Are they: up to date and updated, timely, comprehensive, specific with measureable outcomes and dynamic? Are they implemented? Consider length of plan or any themes? Do they show quality of management oversight? Are they influenced by</p>	<p>Does not meet good</p>	<p>Evidence: Current planning is not up to date nor responsive to the current transitional state Carla is in. The plans also risk requiring Carla to do most of the work, without demonstrating an appreciation of what support she may need in completing some of these tasks.</p>

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<p>views of children and parents/carers and diversity issues?</p>		<p>Impact: many of the tasks may be missing the mark, or may remain undone. This will not help Carla to be proactive in her decision making and she could continue in a somewhat unresolved state indefinitely. The plans outcomes are task driven and not aspirational. Given her poor mental health, not coping with University a more pro-active supportive relationship would have a greater positive impact.</p>
<p>Permanency is achieved without delay and reflects assessed needs. Are plans for permanency, including adoption, in the best interests of children and young people, and achieved without delay? Evaluate the quality of preparation for placement.</p>	<p>Does not meet good</p>	<p>Evidence: The next steps in terms of accommodation remain unclear alongside relationship with birth family and how her present relationship fits within her situation and the plans she has. There is however, abundant evidence of an intention by the service to care for Carla through offers of education, accommodation, staying-put, and financially investing in these things. This is reinforced through the actions of the worker, managers and senior managers. However Carla has gravitated back to her birth family with little assessment or evidence that the social worker has sought to understand this with Carla and the impact on her in returning to a household which is one where violence is a daily occurrence and how this will impact on Carla's emotional wellbeing.</p> <p>Impact: Carla has gravitated back to her birth family but there is little evidence through the record that we have contributed to preparing Carla or her family for this. We also do not seem to be preparing her for her current placement either with partner, family, or independently. This</p>

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		places a great deal of responsibility on Carla to manage this, when we have evidenced on the record that she struggles to make positive life choices independently of services and struggles to follow through actions. There is therefore a greater risk that she may struggle with the options she decides on, and remain dependent on the service to support her.
<p>Children and young people participate in and benefit from effective regular reviews Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress. What is the influence and impact of Independent Reviewing Officer/Child Protection?</p>	Does not meet good	<p>Evidence: Carla has not been afforded a robust intervention from her IRO. Whilst Carla seems included in her reviews, there does not seem much reflection and challenge in these either for the worker, for Carla or other accountable parties as to lack of progress with planned actions.</p> <p>Impact: The result of this is clear evidence of drift and limited progress for Carla. As she moves to independence she has not been given the necessary skills to respond to situations in life where she will have to make choices independently of services.</p>
<p>Quality of placement (at home or looked after) – Are children appropriately placed according to their assessed needs? Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for placements (including adoption support)</p>	Does not meet good	<p>Evidence: See Permanence section, but in addition to this there does not seem to be a risk assessment for her return to living with her mother. The social worker recognised that there is an over-reliance on Carla's appearance as a measure of safety and is committed to revisiting this.</p> <p>Impact: We cannot be clear what the impact of living with mother, or planning to live with partner is having on her and this needs to be better understood.</p>
Are young people prepared for	Does not meet	Evidence: We have not worked

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<p>independence and are they living in high quality accommodation that meets their needs. Is it safe, permanent and affordable (children at home or looked after)?</p>	<p>good</p>	<p>'With' Carla to better understand her expectations and aspirations, and shared ours with her. As these remain largely undefined, the steps that Carla is making are only partial. We can better define these and making our planning towards these more explicit. Impact: We are not supporting Carla to define her next steps through a period of significant transition. This compounds delay and decision by default which may not result in good outcomes for her.</p>
<p>How has the help provided improved outcomes? Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being). Do children have developed networks within their community and are they safe?</p>	<p>Does not meet good</p>	<p>It is clear that Carla was suffering harm living with her mother and as such she spent the majority of her adolescence life in care. This was not a positive experience and her vulnerabilities are not clearly identified and do not therefore result in appropriate planning to support Carla as she moves towards independence. The support offered to her whilst in care has afforded her the opportunity to stabilise and pursue positive outcomes however these seem to rely on Carla actioning the objectives of the plans with limited support offered by services. There is a risk that Carla has entered a controlling relationship which will further impede her ability to make positive changes to enter adulthood.</p>

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Agreed actions to achieve good outcomes for child	By whom	By when
1. All outstanding actions in the management directives to be completed and checked in supervision.	Team Manager	Add Date
2. An urgent assessment of risk to be undertaken of Carla's current living arrangements.	Social Worker	Add Date
3. Carla's health support needs to be identified and put in place.	Social Worker	Add Date

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Children's Services - Case Audit Form

Auditor Name	Karen Bloggs		
Case Number	123123		
Age of Child/Young Person	14 YO	Child's Name	Olivia
Case Audited Previously	No	Date if Audited Previously	Click or tap to enter a date.
Case Team at Point of Audit	Assessment Team - Chilterns	Allocated Worker at Point of Audit	
Date of Audit	11/05/2021		
Date Discussed with Practitioner	06/05/2021		

AREA OF PRACTICE	Quality of child's experience Judgement (J) (Exceeds good/meets good/does not meet good)	Text - please keep this evaluative and succinct Evidence (E) Impact (I)
<p>Risk is identified, responded to and reduced in a timely way Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:</p> <ul style="list-style-type: none"> ▪ sexual exploitation ▪ neglect ▪ emotional abuse ▪ sexual abuse ▪ physical abuse ▪ domestic abuse 	<p>Does Not Meet Good</p>	<p>Evidence: In November 2021 (following a MARF from the school) the team manager identified the potential for risk of family breakdown resulting from Olivia's older sister Harry's (Ivy), deteriorating MH and challenging behaviour. There is some evidence of the impact this was having on Olivia and the other siblings. However, this was not immediately followed up, despite the manager noting on the system that a C & F was required.</p> <p>A C&F assessment was carried out in Dec 2020 by the CWD team however this was focussed on older sibling Christopher's needs and failed to sufficiently assess the impact on the other children.</p> <p>Following a further MARF on 12 Feb 2021 a further C&F assessment was completed this did assess the level of risks and recommend a CIN plan and referral for longer term support from Help & Protection.</p> <p>The focus of recent work has been a S47 investigation followed Harry's allegations of physical and verbal abuse by her father and this is currently being completed. The SW has reported that the outcome of this still pending.</p> <p>Impact: Harry's recent behaviour, allegations, and move to Mother's care, have had a significant impact on the other siblings including Olivia, who has experienced additional anxieties and deteriorating MH this has impacted her relationships and her performance in school.</p> <p>A lack of a consistent focus on Olivia's needs alongside those of her siblings may, in the future, lead to further isolation and alienation whilst the impact of Harry's behaviour on Olivia may increase her MH difficulties.</p>

<p>Children, young people and families are appropriately involved Is there evidence of impact of the involvement of children and their families in the assessment, planning and intervention. Are the views of significant males effectively gathered?</p> <p>Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice?</p> <p>Does it evidence individual work undertaken, including appropriate direct work?</p> <p>Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?</p>	<p>Meets Good</p>	<p>Evidence: Olivia has contributed to the most recent C&F assessment. However, her contribution was minimal, and her needs have become rather overshadowed by those of her siblings. There is limited direct work being done with Olivia although there is ongoing support from the school who have been able to express and support Olivia’s needs and wishes. It is hoped the HEALIOS assessment which she recently participated in will suggest further support that she would benefit from, including more direct working to support her with improving her resilience and confidence.</p> <p>There is evidence that both of Olivia’s parents and her stepmother have participated willingly in the assessments and accepted the advice and support offered. Their voices are heard directly in the C&F assessments, and in the recent direct work done by the SW has helped to stabilise the situation.</p> <p>Harry’s dysregulated behaviour and angry outbursts evident in the past appear to have been reduced following the supported move to mother’s full time care, however the recent allegations and subsequent S47 investigation have undermined this stability and appears to reflect ongoing unresolved problems.</p> <p>There is some evidence of the wider family being involved in the present planning with the referral for a FGC. Given the family history and instability of the current arrangements it would be beneficial for the wider family’s contribution to the planning to be included as soon as possible.</p> <p>Impact: The children, their parents and wider family have all been willing to cooperate in trying to identify the supports needed for the family and to stabilise the living arrangements. This has, to an extent had a positive impact on the family dynamics and relationships. Harry’s supported move to her mother’s care and the work done by the SW and the school has reduced the immediate risks of family breakdown which in turn has helped to reduce the impact on Olivia’s MH and isolation. However there appear to be ongoing unresolved issues and stresses including mother’s ability to manage Harry alongside the other children in the long term - this still needs to be urgently addressed.</p>
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<p>Decision making is effective and timely Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made?</p> <p>Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?</p>	<p>Meets Good</p>	<p>Evidence: Overall the quality of management oversight and decision making is good. Over the past 6 months there are regular records of management oversight in case notes, most of these have clear direction and decisions, though not all have followed the agreed practice standard format. The SW informs me that he has had regular case discussed with his line manager and good direction in the case.</p> <p>The case recording generally reflect the work done, and is of an adequate standard, though the case summary has not been updated since February 2021. Recording does not sufficiently reflect the children’s lived experience, especially for Olivia.</p>
		<p>Impact: Good management oversight has helped to manage a volatile and at times high risk situation. It has provided the allocated worker with a framework in which to operate. Case recording does provide a picture of how the situation in the family is developing which helps to understand where future work may be required.</p>
<p>Assessments are timely, comprehensive, analytical and of high quality - and lead to appropriately focused help Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental capacity?</p>	<p>Does Not Meet Good</p>	<p>Evidence: There is evidence of 2 C&F assessments been completed in the last 6 months. A MARF was received in Nov 2020. This resulted in a clear recommendation for a C&F assessment however this does not seem to have been actioned. There is an assessment on file which was completed in Jan 2021 but this was done by the CDW SW following a request for respite for Christopher from the family, this was narrowly focussed on Christopher’s needs and did not adequately address the wider concerns in the family or provide a clear comprehensive plan. A second, C&F assessment was complete by the allocated SW in mid-March 2021. This followed a second MARF received in February 2021. The 2nd C&F was more comprehensive and does provide a clear plan and framework for future work. There is currently a S27 investigation being carried out by her allocated SW but at the time of writing this has yet to be completed.</p>
		<p>Impact:</p>

		<p>Previous assessments do not give a clear understanding of Olivia’s experience and situation. They have tended to be focussed on the high levels of need for the other children in the family, as a result they have failed to respond specifically to Olivia’s needs in a timely fashion. Though this has to some extent been addressed in in the most recent assessment.</p> <p>This delay from Nov 20 to March 21 contributed to the significant deterioration in the children’s situation. The MARF received on 12th February 2021 highlights clearly this further deterioration and the impact this has had on Olivia’s mental health. The recent allegations made by Harry may to some extent have resulted from this delay and the lack of consistent support or planning in the past.</p>
<p>Coordination between agencies is effective Is joint working, information sharing in improving and sustaining the experience and progress of children and young people?</p>	<p>Does Not Meet Good</p>	<p>Evidence: There is evidence of good inter-agency work around the recent safeguarding referral for Harry and previously following the MARF received from the school in February 2021. There is evidence of inter team working between CWD (who have responsibility for Christopher and James and recent good communication between the FGC coordinator and social worker.</p> <p>However, there is also evidence of poor communication and delays in coordination; including the failure to recognise that the C&F assessment recommended in Nov 2020 had not been followed up (it appears to have been referred in error to the CWD team). There is evidence of delay in the referral to the FGC service first made in January 2021 but not allocated until April. There is also evidence of delay in progressing the proposed transfer of the case from the Assessment to the Help and Protection team.</p> <p>Impact: Better and more timely working between the respective teams and agencies could significantly reduce the risks for all the children in the family. Both Olivia’s and Harry’s poor mental health and the negative experience of home life could be improved by timely interventions.</p>
<p>Consideration and impact of diversity For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.</p>	<p>Meets Good</p>	<p>Evidence: 2 of the children, Christopher and James have serious disabilities which have resulted in their meeting the threshold for service from the Children with Disabilities team. There is evidence of consistent support and planning from</p>

		<p>their allocated CWD social worker, who has a good understanding of these children’s needs, and who has supported the allocated SW in gaining their wishes and feelings.</p> <p>Ivy’s desire to be known as Harry and their exploring of their gender identity has been one of the significant factors in the recent conflicts in the family. This has been recognised in the C&F assessment and the allocated SW has been able to use the Gender Intelligence Service to support Harry and their mother in discussing this issue with sensitivity and understanding.</p> <p>Impact: There has been an improvement in the relationship between Harry and their mother which has had a positive impact on stabilising the current living arrangements for all the children.</p> <p>The involvement of the CWD SW has helped the network to gain a better understanding of the needs to Christopher and James and the impact their needs have had on the family.</p>
<p>Quality of plans Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic?</p> <p>Are they implemented? Consider length of plan or any themes?</p> <p>Do they show quality of management oversight?</p> <p>Are they influenced by views of children and parents/carers and diversity issues?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The current plan is of a reasonable standard, but it is now out of date as it is based on the C&F assessment completed in Mid-March and does not take enough account of more recent changes in the family circumstances and the Section 47. Investigation.</p> <p>Management oversight of the recently completed plans are comprehensive and of sufficient standard, however as mentioned earlier previous plans were not completed in timescales and where not comprehensive enough to provide a clear framework for intervention. (see assessment section).</p> <p>Impact: The lack of consistent planning and intervention for the whole family has contributed to the recent crisis and the deterioration in Olivia’s and Harry’s MH. The family would benefit from a more consistent intervention through allocation on a longer-term team. This could be provided either under a Child in need plan or under a Child Protection plan, depending on the outcome of the current S47 investigation.</p>

<p>Permanence is achieved without delay and reflects assessed needs In this context permanence relates to all children. For example, decisions about children on CP Plans which result in children remaining at home should be considered to be a permanent plan.</p> <p>Are plans for permanence, including adoption, in the best interests of children and young people, and achieved without delay?</p> <p>Evaluate the quality of preparation for placement.</p>	<p>Does Not Meet Good</p>	<p>Evidence: The long-term plan for Olivia is for her to remain in the current shared care arrangement living with her father and stepmother's in the week and at her mother's at weekends, this is her expressed wish and is supported by the family and by her school. However, it is not clear how her sibling Harry's living arrangements might impact on Olivia's situation. The plan for Harry's is not clear enough especially if they were to return to the previous arrangement living with their father.</p> <p>Impact: Harry's move to living full time at their mother's home seems to have had a positive impact on Olivia's stability and MH. However, this may not be a stable arrangement in the long term. If Harry were to return to the father's care this would be likely to have a negative impact on Olivia's MH. The current FGC needs to provide a framework for future extended family support to reduce further conflict and uncertainty.</p>
<p>Children and young people participate in and benefit from effective regular reviews Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress.</p> <p>What is the influence and impact of Independent Reviewing Officer/Child Protection?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The SW recognises that the primary focus in in previous family interventions has been directed towards the other children in particular James and Christopher who have long term support through the CWD service, and on Harry who has diagnosis of ASD/Anxiety and challenging behaviours. In his C&F assessment the SW had tried to ensure that Olivia's voice and needs are addressed and he has identified some interventions that would benefit her however he recognises that this could have been stronger.</p> <p>Impact: Olivia is receiving support from her family her school. This has helped her to manage her anxiety, but further support is needed. In the future the HALIOS assessment and a more consistent intervention should help to explicitly consider Olivia's needs and reflect her wishes and feelings.</p>
<p>The quality of the child's living arrangements Are children's living arrangements consistent with their assessed needs?</p> <p>Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for the child's living arrangements (including adoption support)</p>	<p>Meets Good</p>	<p>Evidence: As stated Olivia would like to maintain the current living arrangements; with Harry at their mother's full time whilst she lives with her father during the week and visiting her mother at weekends. There is some evidence from her school that this is working well and meeting her needs. However, the impact on Olivia if Harry eventually returns to their father's care has not been fully explored.</p>

		<p>Impact: the current situation seems to be working well for Olivia, Harry's absence seems to have given her a breathing space where she feels more settled and relaxed. However, the instability of the situation in respect of Harry continues to have a negative impact on Olivia's MH.</p>
<p>Are young people prepared for independence and are they living in high quality accommodation that meets their needs Is it safe, permanent and affordable (children at home or looked after)?</p>	<p>Meets Good</p>	<p>Evidence: There is some evidence from school and from family members that Olivia's current living arrangements are meeting her basic needs and providing her with most of the skills she will need, Olivia herself has expressed that she wishes to continue these arrangements. However, Olivia remains anxious and withdrawn due to the uncertainty and instability of the current arrangements.</p> <p>Impact: The uncertainty is having a negative impact on Olivia's MH and confidence, in the future this could lead to her becoming isolated and may lead her to struggle in employment and education.</p>
<p>How has the help provided improved outcomes? This domain should record judgements about the impact of outcomes and how they have affected the life of each child. Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being).</p> <p>Do children have developed networks within their community and are they safe?</p>	<p>Meets Good</p>	<p>Evidence: Olivia has received consistent support through her school in the form of regular counselling, The SW has met with Olivia on several occasions over the last 3 months and been able to build up a relationship with her. She has recently been assessed by HEALIOS and the SW is awaiting the outcome of this assessment which needs to inform future.</p> <p>Other children in the family are also being supported. James is currently being assisted to find suitable accommodation that can meet his needs, Christopher is being supported by his mother at home with support from his CDW SW.</p> <p>Although Harry's situation had become more stable following recent interventions and ongoing support from CAMHS and their school Harry's future remains the most challenging and uncertain at the moment as it is still not clear where she is going to be living and who is best placed to provide the support she needs. This instability remains the most immediate threat to the stability of the family. This is highlighted by the recent allegations made by Harry and the current S47 investigation.</p> <p>Impact: The support for Olivia needs to continue and to be more consistently applied to ensure her voice is heard and incorporated into planning. There also needs</p>

		to be a more holistic approach that can balance the needs of each member of the family in order to prevent future breakdowns.
<p>Auditors Overall grading This judgement should reflect a judgement based upon aggregated impact on outcomes and in coming to your judgement, you should consider whether progress has been sufficient and appropriately timely. Consider whether other action(s) could have been taken and whether the pace of change was appropriate.</p>	<p>Does Not Meet Good</p>	<p>There is evidence of positive work being done in particular since the SW was allocated to do the C&F assessment in February 2021, he has worked well with family members, partner teams (CWD) and agencies (School, FGC coordinator and Helios) to produce a good C&F plan that did encompass some recognition of Olivia’s needs alongside those of her sister Harry. There is also evidence of recent good management oversight.</p> <p>However, there is also evidence of delay in several key areas that has impacted on the effectiveness of the work being done; Delay due to C&F referral not being picked up in November 2020 Delay in FGC accepting the referral (made in Jan but only actioned in April) Delay in the case being transferred to H&P resulting in the Assessment team having to continue to case hold and now deal with the S47 investigation. Finally there is evidence that Olivia’s voice and lived experience was not sufficiently understood or represented in the assessments and planning.</p>
<p>Auditors Additional Comments</p>		
<p>Agreed actions to achieve good outcomes for child</p>		
<p>Action required</p>	<p>By Whom</p>	<p>By When</p>
<p>C&F Plan to be reviewed and updated (to take account of current situation and the Section 47 investigation)</p>	<p>Allocated SW</p>	<p>07/06/2021</p>
<p>Olivia’s assessment to be added to the file and used to inform and updated plans.</p>	<p>Allocated SW</p>	<p>31/05/2021</p>
<p>This case to be transferred to Help and Protection without further delays following the conclusion of the current S47 investigation</p>	<p>Team Manager</p>	<p>31/05/2021</p>
<p>Case to transfer to the CWD team where the other children in the family are already open.</p>		



Children's Services - Case Audit Form

Auditor Name	Jane Smith		
Case Number	987654	Child's Name	Lilly Jones
Age of Child/Young Person	15 years		
Case Audited Previously	No	Date if Audited Previously	Click or tap to enter a date.
Case Team at Point of Audit	Help & Protection Team - Aylesbury	Allocated Worker at Point of Audit	
Date of Audit	12/05/2021		
Date Discussed with Practitioner	17/05/2021		

AREA OF PRACTICE	Quality of child's experience Judgement (J) (Exceeds good/meets good/does not meet good)	Text - please keep this evaluative and succinct Evidence (E) Impact (I)
<p>Risk is identified, responded to and reduced in a timely way Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:</p> <ul style="list-style-type: none"> ▪ sexual exploitation ▪ neglect ▪ emotional abuse ▪ sexual abuse ▪ physical abuse ▪ domestic abuse 	<p>Does Not Meet Good</p>	<p>Evidence: There is evidence to suggest that there is some understanding of Lilly's lived experiences, from her early childhood trauma of being born prematurely and subsequently adopted due to concerns of neglect. There is a safety plan in place for Lilly which is reviewed.</p> <p>Impact: The risks posed to Lilly have been identified when considering her MH. However, she has now experienced a further relationship breakdown with her parents (adopters) and is residing with her PGM. There is little reference to the impact of emotional harm posed to Lilly and how this can be addressed. Has this been challenged with Parents? They report in the C & F assessment that historically there were concerns around environmental factors and state that they have tried everything to help Lilly.</p>
<p>Children, young people and families are appropriately involved Is there evidence of impact of the involvement of children and their families in the assessment, planning and intervention. Are the views of significant males effectively gathered?</p> <p>Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice?</p> <p>Does it evidence individual work undertaken, including appropriate direct work?</p> <p>Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?</p>	<p>Meets Good</p>	<p>Evidence: There is evidence to suggest that Lilly and her family are appropriately involved in the assessment and CIN meetings. Parents are involved in the plans but appear to be less part of the intervention. However, it is acknowledged that Mother's contact with Lilly seemingly triggers her MH.</p> <p>The only significant male involved appears to be Lilly's Father presently. He is visiting her weekly and this appears to be a positive relationship. Her Uncle was also a significant male and was caring for her with Aunt when the breakdown occurred initially in Nov/Dec 2020. This appears to be attributed to cousins living at the address and perhaps a lack of understanding of Lilly's needs.</p> <p>Lilly is seen alone and regularly by the allocated SW. Due to COVID -19 – these visits have been out in the community and there is evidence of direct work which centres around Lilly's diary where she shares her innermost thoughts. This appears to have been a positive way for the SW to build a relationship with Lilly as it has been held in the community and Lilly has led what they do and/or talk about. There is some evidence that Lilly is spoken to about her</p>

		<p>education and requests updates. She attended the last CIN meeting and is being offered the opportunity to attend future meetings. This is having to be carefully managed when considering her relationship with her Mother. It is less clear in the meeting minutes what it is everyone is trying to achieve and her views but they are well attended.</p>
		<p>Impact: It appears that Lilly’s most stable and effective relationships are with her PGM, CAMHS Worker and SW. Lilly has been able to voice her concerns about her anxieties about returning to school or having contact with her Mother. She appears to feel listened to and communications between agencies ensure that risks are minimised.</p>
<p>Decision making is effective and timely Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made?</p> <p>Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?</p>	<p>Does Not Meet Good</p>	<p>Evidence: There is no evidence of timescale upon allocation to the current SW for tasks to be completed. Further management oversights do not provide consistent timescale for tasks to be completed. There is evidence of supervision on the record during the last 6 months. There is some rationale noted for decision making.</p> <p>Strategy meeting not recorded formally – but in case notes. This is not in accordance with the Children’s Services Practice Standards.</p> <p>Case recording is clear and demonstrates some progress for Lilly.</p> <p>Impact: There is a risk that without clear direction and timescales recorded that the intervention to drift and the SW and professionals could lose sight of ensuring that Lilly’s needs are prioritised.</p>
<p>Assessments are timely, comprehensive, analytical and of high quality - and lead to appropriately focused help Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental capacity?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The last assessment undertaken was completed out of the 45 day timescales and needs to be updated to reflect the current circumstances. It is not of high quality. Parents appeared to have refuted the information gathered in the last C & F assessment. The current SW has not been inside the family home or PGM’s due to risks associated with COVID-19 to challenge one of the issues for the previous SW – which is that there were only photos up in the family home of the birth children.</p>

		<p>The chronology recorded is lengthy in places and in the early years of social care involvement does not give the details of what has happened for Lilly and why there was social care involvement. The case summary gives a fuller understanding of the history, interventions and current professionals involved and a pen picture. Strengths, Risks, Need and protective factors are identified.</p>
<p>Coordination between agencies is effective Is joint working, information sharing in improving and sustaining the experience and progress of children and young people?</p>	<p>Meets Good</p>	<p>Impact: The C & F assessment undertaken 6 months ago does not provide a clear view on parenting capacity (and how they were parented) and what/who it is they have tried to gain support for Lilly in recent years. Parents views are that they have tried (they disengaged with support in 2016) when offered and argue that environmental factors are not the reason for Lilly's responses and her behaviours and responses are all attributed to her diagnosis of FAS and attachment disorder. Is this true? Lilly's relationship has broken down with her Mother and I remain unclear how this will impact Lilly at a later date. CAMHS are working with Lilly around this to understand the relationship dynamics.</p> <p>Evidence: There is evidence within Lilly's record that there is joint working between agencies with CAMHS and Education (SEN) attending every CIN meeting. CAMHS are meeting with Lilly in School twice weekly to provide strategies to support her in managing her anxieties and she is also taking medication. Lilly shares a positive relationship with CAMHS. CAMHS are in contact with Parents and Grandmother twice weekly by telephone. All agencies appear to be focused on Lilly and her needs.</p> <p>Impact: Lilly is receiving targeted support to assist in managing her MH and appears to have built a relationship with her CAMHS worker and SW. She does appear to continue to self-harm leaving superficial cuts, however it is felt by family and professionals that she appears settled in her Grandmother's care. Lilly has also said that she is proud that she has sat her exams and is looking forward to going back to dancing.</p>

<p>Consideration and impact of diversity For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.</p>	<p>Does Not Meet Good</p>	<p>Evidence: There is evidence within Lilly’s records of this area and within case notes depicts a pen picture of her. This narrative also captures Lilly’s diagnosis of Foetal Alcohol Syndrome (FAS) and attachment disorder and how this presents and impacts on a daily basis. There is less evidence of Lilly’s faith or belief or sexual orientation</p> <p>Impact: The SW and ATM were able to reflect on how Lilly’s twin sister remains living in the family home despite having the same diagnoses. Could it be that as she is already in a residential placement for prolonged periods, parents and siblings need only to manage her behaviour intermittently? Is she more compliant? Is it because she is receiving good support from the placement that she is able to manage when at home? Lilly does not appear to be struggling with the separation from her twin, however none of these reflective conversations/hypothesis are recorded on the file.</p>
<p>Quality of plans Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic?</p> <p>Are they implemented? Consider length of plan or any themes?</p> <p>Do they show quality of management oversight?</p> <p>Are they influenced by views of children and parents/carers and diversity issues?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The initial CIN meeting for the family was held in Jan 2021 by the assessment Team and the current allocated SW attended. This is recorded as a case note and is not SMART. Subsequent CIN meetings have been held in a timely manner with the plan updated. The meetings are well attended and have parental input. Lilly has also attended the last meeting. Actions have been reviewed at the last meeting. There is management oversight added to each review meeting held.</p> <p>Impact: Parents feel that they have done all they can for Lilly and are unable to have her return home. They report they have re-mortgaged their home to make applications for an EHCP and the other siblings (Lilly’s twin and the birth siblings) are being adversely affected by Lilly’s behaviour. Grandmother (80 years old) is caring for Lilly who is presenting with poor MH and is required to be monitored and regular reviews of safety planning. Lilly has said that she does not want to return to the care of her parents and is settled with her PGM. Does she feel rejected/abandoned by her parents? Is she re- living her early childhood trauma?</p>
<p>Permanence is achieved without delay and reflects assessed needs In this context permanence relates to all children. For example, decisions about children on CP Plans which result in children remaining at home should be considered to be a permanent plan.</p>	<p>Does Not Meet Good</p>	<p>Evidence: It remains unclear what the permanency plan is for Lilly. There is a strong focus on a residential education placement being agreed at Boveridge College, but little about her planning identified for post 18? Grandmother is 80 years old – what is the contingency plan if she were to become too unwell to care for Lilly or pass away? It appears that she would have to be placed into</p>

<p>Are plans for permanence, including adoption, in the best interests of children and young people, and achieved without delay?</p> <p>Evaluate the quality of preparation for placement.</p>		<p>foster care as both placements with parents and Aunt/Uncle have broken down in quick succession.</p> <p>I am unclear whether Lilly should be determined as a 'looked after child' under section 20 as parents are stating that they and no other family members can have care of Lilly should the placement breakdown with PGM. Did Social Care broker the arrangement with PGM? Is this determined as a Private arrangement or Reg 24? What financial support is PGM receiving? There is no evidence on the record from managers or supervision which confirm Lilly's current legal status.</p>
<p>Children and young people participate in and benefit from effective regular reviews</p> <p>Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress.</p> <p>What is the influence and impact of Independent Reviewing Officer/Child Protection?</p>	<p>Choose an item.</p>	<p>Evidence: N/A</p>
<p>The quality of the child's living arrangements</p> <p>Are children's living arrangements consistent with their assessed needs?</p>	<p>Meets Good</p>	<p>Evidence: There is evidence to suggest that Lilly's current placement with her Grandmother is stable and in accordance to what Lilly wants. She has been subject to much instability and change of carers in the last 6 months. A MH placement was being requested by parents initially and a foster placement was considered, however Lilly appears to have responded positively to the 1:1 attention and support of her PGM.</p>

<p>Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for the child’s living arrangements (including adoption support)</p>		<p>The contact in place with parents and her twin appears to be in accordance to what Lilly wants and needs presently.</p> <p>Impact: The placement with PGM appears to be having a positive impact on Lilly and although there still remains concerns about her MH – it is acknowledged that this placement solely will not solve the complex issues she is experiencing. Lilly appears to continue to have a positive relationship with her twin sister and Father.</p>
<p>Are young people prepared for independence and are they living in high quality accommodation that meets their needs Is it safe, permanent and affordable (children at home or looked after)?</p>	<p>Meets Good</p>	<p>Evidence: Lilly is currently living with her PGM which meets her needs presently. CAMHS and Social Care are of the strong opinion that Lilly should be provided with a funded place at Boveridge College. This will not only meet her educational needs but also meet her social and emotional needs. The SW and ATM have informed me that they offer the support to prepare Lilly for supported/ semi-independent living. It will also provide her with the opportunity to build on her relationship with her twin sister who already has been accepted there. Lilly enjoys school and wants to learn.</p> <p>Impact: There is a strong emphasis on SEN and Complex Needs Panel agreeing this placement which I am aware will be expensive for the Local Authority. The alternative appears to be a local College who do not appear able to meet Lilly’s needs and could mean that her education, social and MH deteriorates and her placement with PGM would likely breakdown as she has said that she could not look after Lilly on a permanent basis of weekends and school holidays.</p>
<p>How has the help provided improved outcomes? This domain should record judgements about the impact of outcomes and how they have affected the life of each child. Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being). Do children have developed networks within their community and are they safe?</p>	<p>Meets Good</p>	<p>Evidence: The current support in place has improved Lilly’s present situation in terms of ensuring she is safe and settled in her placement with Grandmother. Lilly appears to share a positive relationship with her CAMHS worker and they have built a relationship together which enables the CAMHS worker to risk assess and manage Lilly’s MH with her. Lilly also appears to trust her SW and shares with her, her diary entries of her innermost thoughts and feelings and the direct work is undertaken in the community with Lilly leading what she would like to do.</p>

		<p>Impact: Lilly and her twin sibling were placed for adoption with their parents at approximately 15 months old. It is unclear what they knew and/or understood about the impact of the neglect that they had experienced and whether they were prepared for their subsequent diagnosis of Foetal Alcohol Syndrome (FAS). Lilly has reported the SW that she has always shared a difficult relationship with her Mother and felt like an 'outcast' within the family. Whilst there has been support put in place to fulfil Lilly's potential in education and support from CAMHS, I question whether any earlier interventions with Parents could have been identified to help them understand Lilly's needs better and the impact of them rejecting her again? Family therapy may be an intervention to be considered at a later date in order to improve family relationships- particularly with her Mother.</p>
<p>Auditors Overall grading This judgement should reflect a judgement based upon aggregated impact on outcomes and in coming to your judgement, you should consider whether progress has been sufficient and appropriately timely. Consider whether other action(s) could have been taken and whether the pace of change was appropriate.</p>	<p>Does Not Meet Good</p>	<p>There have been some good pieces of practice identified during this audit but I believe that overall there is some further curiosity to be had around impact for Lilly when considering her lived childhood experiences and contingency planning in the event that the current placement breaks down. An updated assessment is required and an examination of Lilly's current legal status.</p>
<p>Auditors Additional Comments</p>		
<p>The SW is a newly qualified worker who wants to ensure that Lilly's life chances are improved. When speaking with her, she has a lot of knowledge about the family. Lilly's family history and her needs are complex. The SW appears to lack confidence in her ability/understanding of Lilly's complex history and what may have led to her relationship to have broken down particularly with her Mother. The SW has expressed that she was initially concerned about Mother's seemingly 'coldness' towards Lilly but believes that parents are strong advocates for her. I remain concerned about Lilly and her Mother's relationship and how Mother appears to be a trigger for Lilly's poor MH. Why is that? I think it would be useful for the SW to read through Lilly's history and assessments of parents. This will in part inform the C & F assessment and potentially assist in determining gaps for support for Lilly or the family. The SW and ATM are also in agreement that there should be some contingency planning put in place whereby family fully participate using the FGC service.</p>		
<p>Agreed actions to achieve good outcomes for child</p>		
<p>Action required</p>	<p>By Whom</p>	<p>By When</p>
<p>Adoption files/records to be requested</p>	<p>SW</p>	<p>24/05/2021</p>
<p>Exploration of Lilly's current legal status and whether she is determined to be a 'looked after child'.</p>	<p>SW/TM</p>	<p>26/05/2021</p>

Referral to Post Adoption Order Service to consider Life Story work to commence with Lilly. This to be discussed at the next CIN meeting with Lilly's and CAMHS views taken into account.	SW	15/06/2021
C & F assessment to be initiated and updated to reflect current circumstances. Home visits to be undertaken during the assessment to Parents and PGM homes.	SW	02/06/2021
Referral to FGC for family and social care to consider contingency plan for if PGM is not able to care for Lilly	SW	02/06/2021

EXEMPLAR



Children's Services - Case Audit Form

Auditor Name			
Child ID (LCS/EHM)			
Child's Name	J T	Age of Child/Young Person	18 years
Case Audited Previously	Yes	Date if Audited Previously	Click or tap to enter a date.
Practitioner Team at Point of Audit	Choose an item.	Practitioner at Point of Audit	
Date of Audit	Click or tap to enter a date.		
Date Discussed with Practitioner/ Manager	Click or tap to enter a date.		

<p>AREA OF PRACTICE</p>	<p>Quality of child's experience Judgement (J) (Exceeds good/meets good/does not meet good)</p>	<p>Text - please keep this evaluative and succinct Evidence (E) Impact (I)</p>
<p>Risk is identified, responded to and reduced in a timely way Where relevant, include evaluation of identification and response to children who experience and/or are at risk of:</p> <ul style="list-style-type: none"> ▪ sexual exploitation ▪ neglect ▪ emotional abuse ▪ sexual abuse ▪ physical abuse ▪ domestic abuse 	<p>Meets Good</p>	<p>Evidence: There are no presently known risk identified but it is clear that J has been living with his mother since October 2020 and that J went into care in 2018 because of significant worries around his mother's substance misuse (crack-cocaine) and leading to J experiencing neglect in his early teenage years. I am not able to locate any historical risk assessment before J returned to live with his mother. J has now been living with his mother for well over 10 months and no harm has come to him, but his return to his mother's care did not receive the attention it deserved and to ensure that we were clear of any potential risk to J. The PA has identified that J's mother no longer smokes cannabis and her mood has been stable.</p> <p>Prior to J going into care, the family have been known to CS's on and off and relating to domestic abuse between parents and his father abusing drugs and this resulted in mother also subsequently abusing drugs. With respect to J himself, past concerns have included poor mental ill health that have led to episodes of self-harm historically. J's past relationship with his girlfriend and which has now ended has also had some element of control which J regrets. The SW also identified vulnerability factors in J that may make him susceptible to certain things. These are vulnerabilities linked to isolation or having a limited social network which may lead to him being trapped in negative thoughts, and potential difficulties with managing emotional relationships; however, it is clear in the case recordings that J is well capable of developing all of his capacities in these areas to mitigate these risks.</p> <p>Impact: J has returned to his mother's care and whilst no risk assessment was carried out at the time, it was apparent that his mother due to her own health complications was forced to stop her drug habits. J's return home appears to have worked out for his good as he now seems to have a better relationship</p>

		<p>with his mother and there is stability and security. J has a good insight into his mum's difficulties and the boundaries that he needs to keep with her and is well supported by key individuals in his life and including an older brother who lives at the family home and regarded as a protective factor.</p>
<p>Children, young people and families are appropriately involved Is there evidence of impact of the involvement of children and their families in the assessment, planning and intervention. Are the views of significant males effectively gathered?</p> <p>Are children seen, and seen alone, and do they benefit from stable and effective relationships? Do children and parents/carers have an equal voice?</p> <p>Does it evidence individual work undertaken, including appropriate direct work?</p> <p>Is this linked to the plan and the reduction of risk? What is the impact of this for children and their families?</p>	<p>Meets Good</p>	<p>Evidence: J will be 19 in August 2021 and as such most of the interactions and communication his PA has been having has always been kept to J directly. The PA has had cite of his mother on many visits and beyond greetings and due to confidentiality, the PA has not involved J's mother in any meetings she has had with J and in line with J's own wishes. J has been seen regularly on a monthly basis and his wishes and feelings sought. It is clear that the consistent message from J has been that he is managing well and settled whilst living with his mother. There is good enough rapport and an established relationship between the current PA and J. I have had cite of most of the case recording between the PA and J and there is good evidence for probing around what is going on for J and if he has any present worries whilst living with his mother. There have been no direct reference to any tools and direct work that have been used to elicit information from J, although it appears this has been happening but not always recorded and captured.</p> <p>Impact: There is a palpable sense that the PA has a good working relationship with J and there is a mutual respect and understanding of each other. J feels at ease in talking to his PA and will make himself readily available for communication and face to face interaction. The discussions by and large focus on those things that have been identified in J's pathway plan.</p>
<p>Decision making is effective and timely Is there evidence of effective and timely management oversight and direction on cases, and clearly recorded rationale for decisions being made?</p> <p>Is case recording clear, comprehensive and reflective of work undertaken and focused on the experience and progress of children and young people?</p>	<p>Does Not Meet Good</p>	<p>Evidence: The Management Oversight appears scanty and with the most recent MO (12th July) showing the appropriate summary of the status of the case and written in compliance with the MO guidance. The only other MO in the last 6 months relates to the one in January 2021 and whilst this and the other MO are appropriate in nature, they tend to focus on process and less on any risks and worries we have and offer no particular challenge or a forum for capturing critical reflection with the PA. Equally, there are 2 supervision recorded in the last 11 month or so and the most recent corresponding with the MO on the 12th July. The most recent supervision record queries why J</p>

		<p>decided to leave the university course and return home to live with his mother and brother and this is the only place I have seen where this event is brought up for further exploration but no hypothesis or conclusions are made available.</p>
		<p>Impact: Despite the limited and rigorous supervision offered to the PA, J has continued to be in a stable placement and most of his needs have been responded to via the PA and with the awareness of management. J dropping out of university was sudden and unexpected and to this day no explanation or hypothesis has been offered and it would have been helpful to know why everyone was caught by surprise and if more support could have been offered to prepare and support J during this stage of his life.</p>
<p>Assessments are timely, comprehensive, analytical and of high quality - and lead to appropriately focused help Do they incorporate historical factors, informed by up to date case chronology? Do they identify risk, needs and protective factors, including parental capacity?</p>	<p>Meets Good</p>	<p>Evidence: There is at present a Pathway Plan dated April 2021. All of the domains are filled out appropriately and giving a strong sense of understanding what is going on for J. The PA has shared with me that she has only been J's allocated PA in the past 6 months or so and had written the Pathway Plan in April this year and with a limited knowledge of him and now that she knows J better she hopes to include more reflections and write a more comprehensive report next time round.</p>
		<p>Impact: All of J's needs and progress have been well captured and there is at present no sense that he is lacking in anything. Past history and harm are well understood and although not always captured in the case recording the PA clearly has the past in mind when talking to J. There is a recognition of the marked improvement in the situation at the family home and what the protective factors are.</p>
<p>Coordination between agencies is effective Is joint working, information sharing in improving and sustaining the experience and progress of children and young people?</p>	<p>Meets Good</p>	<p>Evidence: There are indications of communication with agencies that matter and maybe not all the case recording reflects the work that has gone on in the background. There is mention of the University and 'Transitions UK' who feature a great deal and a mention of Job Centre (Employment coach). It is worthy of praise that J was supported to apply and secure university place although he dropped out early on but this would have required a lot of communication with the university staff and the Leaving Care team.</p>

		<p>Impact: There is adequate communication that meant all of J's needs were responded to in a timely fashion. It has been the combined effort of the University, the LA and the 'Transitions UK' that resulted in boosting J's confidence to apply for a university place and it has now enabled J to secure an apprenticeship.</p>
<p>Consideration and impact of diversity For example, age, disability, ethnicity, faith or belief, gender, identity, language, race and sexual orientation.</p>	<p>Does Not Meet Good</p>	<p>Evidence: Other than what is mentioned in the demographics there is very little mention of diversity issues. The Pathway Plan makes no explicit reference to diversity issues and case recording make no mention of J's sense of identity. Case recording makes a broad reference of the harm J has suffered and attempts that have been made to provide J avenue to talk through his past, but this has been repeatedly declined. It was helpful to here that J is able to hold deep and meaningful conversation with his mother and they are able to do things together like cooking and this is reflective of the missed years between a parent and child. Although J does not readily offer up his views about the past, there is no doubting that his past has formed his sense of identity and these needs to be explored at some point in the future.</p> <p>Impact: J has to some extent been described as a private man and not sharing very much about his feelings and rather wanting to keep a smaller network. The loss of his father must be a cause of some distress and anger for J and at the present time there has been no mention of this in any of the recording. J has spoken about not wanting to get married and based on the legacy that his parents have left. There are clearly deep-rooted issues in J's past and now that he is an adult it has been even harder to insist on support.</p>

<p>Quality of plans Are they: up to date and updated, timely, comprehensive, specific with measurable outcomes and dynamic? Are they implemented? Consider length of plan or any themes? Do they show quality of management oversight? Are they influenced by views of children and parents/carers and diversity issues?</p>	<p>Meets Good</p>	<p>Evidence: There is a Pathway plan which was last updated in April 2021. There is one update that is needed in regard to J finding an apprenticeship. The contents are good enough and based on what information the PA knew of J at the time, but the PA admits that now that she knows J better, she can be confident of a more comprehensive review of the plan. The plan themselves appear realistic and achievable. It is clear that J is at the heart of the plan and his wishes and aspirations come through clearly. MO on this has been somewhat limited in evidencing progress of the plan, but in spite of what is recorded, good progress has been made.</p> <p>Impact: J feels supported and knows he can access his PA anytime. He is fully aware of the network around him to enable him to achieve success. Unlike a lot of YP who come out of care, J appears to value and recognise the benefit of linking up the Leaving Care service. There has been a lived experience that the plans aimed for have been achieved and reassured J that he will be supported in the future.</p>
<p>Permanence is achieved without delay and reflects assessed needs In this context permanence relates to all children. For example, decisions about children on CP Plans which result in children remaining at home should be considered to be a permanent plan. Are plans for permanence, including adoption, in the best interests of children and young people, and achieved without delay? Evaluate the quality of preparation for placement.</p>	<p>Meets Good</p>	<p>Evidence: J is happy living with his mother and older brother. There is no pressure for him to leave and if and when he decides to leave, the PA believes if anything that his mother will be sad to have J move on.</p> <p>Impact: Although the circumstances under which J has ended up living with his mother was sudden and unexpected, it does appear to have worked out well. J is now an adult and although there remain unresolved issues, there has been no issues around forgiveness and blame, and that his mother has seized the opportunity to care for her son again and in spite of her own needs.</p>
<p>Children and young people participate in and benefit from effective regular reviews Are reviews scrutinised and challenged robustly to ensure that they support children in making good progress.</p>	<p>Meets Good</p>	<p>Evidence: There was a regular review before J turned 18. Now that J is 18 his PA has regular contacts with him and through text, e/mail and face-to-face contact. This is further reviewed by the PA's line manager and although not always reflected in the case recording this is happening regularly. There is no sense that Michel's needs have been allowed to drift.</p>

<p>What is the influence and impact of Independent Reviewing Officer/Child Protection?</p>		<p>Impact: The PA is aware of J’s past and vulnerabilities and will regularly and readily ask about his well-being and about the home environment. There are no worries at present that the situation has changed for J and since moving into his mother’s house.</p>
<p>The quality of the child’s living arrangements Are children’s living arrangements consistent with their assessed needs? Evaluate the effectiveness of: matching, stability and maintenance of contact with family/friends support for the child’s living arrangements (including adoption support)</p>	<p>Meets Good</p>	<p>Evidence: J lives with his mother and older brother in a three-bedroom property. J has his own bedroom that is clean and well kept. The house itself presents as adequate in meeting the needs of J. The house has all the amenities and is easily accessible and with good transport links.</p> <p>Impact: J has had the opportunity to apply for Social Housing and has deliberately declined this offer several times. This has been accredited to J in that he wants to remain living with his mother and knows what he can take on at this stage in his life. J does have the aspiration to live by himself but is firmly of the view for now that this is not the time to put himself with added pressures and accountability.</p>
<p>Are young people prepared for independence and are they living in high quality accommodation that meets their needs Is it safe, permanent and affordable (children at home or looked after)?</p>	<p>Meets Good</p>	<p>Evidence: J has been described as an independent young man by his PA. He knows how to access a lot of things and can cook for himself and manages his finances well. He was at university for a short while and was able to secure his own apprenticeship on Indeed website and was interviewed and successful in his application. J has a weekly budget that he has been able to steward well and now that he will be having an income his benefits will stop or decrease.</p> <p>Impact: J now has an improved confidence and described by his employer as very smart. His PA speaks of him as someone who thinks and behaves more mature than his age. There is no doubting that if forced to J can manage by himself but for now has chosen to draw closer to his mother.</p>
<p>How has the help provided improved outcomes? This domain should record judgements about the impact of outcomes and how they have affected the life of each child.</p>	<p>Meets Good</p>	<p>Evidence: J feels safe, happy and secure and appreciates the support that is around him. He is aware that he has been supported to apply for university and has been encouraged to make progress in his lie. J has welcomed the supported provided by his PA and has made himself readily available for communication. J does not mind the Leaving Care team being actively</p>

<p>Are children supported to achieve their full potential? Evaluate impact (including education, physical health, and their emotional well-being).</p> <p>Do children have developed networks within their community and are they safe?</p>		<p>involved in his life and sees the benefit of the network around him. The circumstances under which J has ended up living with his mother was both sudden and premature. There was no attempt to evaluate the worries in light of the past and the narrative was always that J will only stay with his mother for a short period of time. As it happens, this has not materialised, and J has continued to stay with his mother and with no end date in sight. Not by plan but through the unfolding of events, it would appear that the outcome has been favourable toward J and he is now in a safe, stable and secure setting. His mother is much improved in her own MH and there appears to be a development of a positive relationship between J and his mother. Both of J's older siblings have also contributed to this sense of stability.</p>
<p>Auditors Overall grading</p> <p>This judgement should reflect a judgement based upon aggregated impact on outcomes and in coming to your judgement, you should consider whether progress has been sufficient and appropriately timely. Consider whether other action(s) could have been taken and whether the pace of change was appropriate.</p>	<p>Meets Good</p>	<p>Impact: During the last 6 months or so, J's PA has kept the momentum of contact and change. J has a mentor who has contributed in building his confidence and there has been a great deal of reflection and thinking that have now led in J securing an apprenticeship. This would not have been possible if J is in a state of influx.</p> <p>I am aware that this case was previously audited although I cannot locate what the findings of a previous audit highlighted. The obvious worry to flag up is in relation to how J has ended up returning to his mother's care without the evaluation of previous concerns. Ultimately, the decision to return to his mother would have laid with J given that he was 18 at the time but some sort of risk assessment would have been helpful for us to feel reassured that any worries are contained and understood. I am reassured that there is good awareness of the historical worries as well as an understanding of current status of things for J. There is an awareness that J's mother is better in her mental health and drug taking behaviour are no longer an issue for J's mother. Whilst overall I concede that the case recording is generally less than desirable that this is a case where the PA has good grip and is well acquainted with the strengths and areas of concern for J. It is clear that the PA has a good relationship with J and a lot of good work has gone into getting J to this point, albeit not all captured in the recording.</p>
<p>Auditors Additional Comments</p>		

It was clear to me that the SW knows J well and speaks fondly of him. I was very reassured by how well she knew this young person and with a particular eye on all the potential areas of vulnerabilities but also in celebrating achievements to-date.

Agreed actions to achieve good outcomes for child

Action required	By Whom	By When
Upload any direct work and complete any past case recording.	SW	19/07/2021
		Click or tap to enter a date.
		Click or tap to enter a date.

EXEMPLAR